

# **NEW JERSEY OUTBREAK PLAN**

**FOR**

**JUNIPER VILLAGE AT WILLIAMSTOWN**

**1640 S. BLACKHORSE PIKE**

**WILLIAMSTOWN, NEW JERSEY**

**08094**



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## CORONAVIRUS (COVID-19) ASSOCIATE AND RESIDENT TRAINING

Effective Date: 3/3/2020  
Revision Date: 6/2/2020

**Policy:** *It is the policy of Juniper Village to have a plan related to COVID-19 training of Associates*

**Purpose:** To assist in maintaining the health and wellness of residents, associates and visitor.

**Procedure:**

1. All Associates receive training in universal precautions and infection prevention at the time of hire and annually
2. All Associates receive training regarding the use of Personal Protective Equipment at the time of hire and annually.
3. All Associates receive training on hand hygiene at the time of hire and annually.
4. All Associates received training related to COVID-19 which included the following information:
  - a. An educational PowerPoint entitled: Coronavirus: Juniper's Playbook for Minimizing Impact to your Community
  - b. CDC Flyer: What you need to know about coronavirus disease.
  - c. CDC Flyer: Stop the Spread of Germs
  - d. CDC Flyer: Symptoms of Coronavirus Disease 2019
  - e. CDC Flyer: Sequence for Putting On PPE
  - f. CDC Flyer: Watch for Symptoms in Yourself and Others
  - g. CDC Flyers: How to Safely Remove PPE
  - h. An educational PowerPoint reviewing the CDC Information regarding the conservation of PPE
5. In addition to COVID-19 specific training, all Associates receive re-training on
  - a. Handwashing protocol
  - b. Pandemic Influenza Plan
  - c. Infection Control policies including the CDC guidance on infection control
6. Should an Associate be absent with a positive COVID-19 diagnosis, the Associate is re-trained regarding COVID-19, Infection Control and Handwashing protocol utilizing the information delineated above.
7. Residents receive education regarding COVID-19
  - a. CDC educational materials are utilized



**Effective Date:** 3/3/2020  
**Revision Date:** 6/3/2020

**I acknowledge that:**

- [illegible]



## CORONAVIRUS—VISITOR SCREENING QUESTIONNAIRE ACKNOWLEDGEMENT

Effective Date: 3/3/2020  
Revision Date: 7/16/2020

Community: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Visitor Address: \_\_\_\_\_

1. Have you experienced signs or symptoms of respiratory infection, fever, cough, shortness of breath, sore throat **OR** other flu-like symptoms in the last 14 days? ☐ Yes ☐ No
2. Has anyone in your household experienced signs or symptoms of respiratory infection, fever, cough, shortness of breath, sore throat **OR** other flu-like symptoms in the last 14 days?  
☐ Yes ☐ No
3. To the best of your knowledge, have you had any direct contact with anyone who has tested positive or under investigation for COVID-19 or are ill with respiratory illness in the last 14 days? ☐ Yes ☐ No

If YES, where and when:

4. Have you traveled to areas heavily impacted by COVID-19 with sustained community transmission in the last 30 day Do you reside in a community where community-based spread of COVID-19 is occurring? ☐ Yes ☐ No

If YES, where: \_\_\_\_\_

5. Do you or does anyone in your household work, volunteer, or attend school at a location that is known to have or has had any positive cases of COVID-19 in the last 30 days? ☐ Yes ☐ No

If YES, which community: \_\_\_\_\_

6. In the last 14 days, have you been on a cruise ship or participated in other settings where crowds are confined to a common location? ☐ Yes ☐ No

**YOU AGREE THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.  
YOU AGREE THAT YOU WILL NOTIFY MANAGEMENT  
IMMEDIATELY OF ANY CHANGES TO YOUR ANSWERS.**



## CORONAVIRUS—COVID ACKNOWLEDGEMENT SCREENING TOOL

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Effective Date: 3/3/2020

Revision Date: 8/12/2020

This screening tool is designed to help you further screen Associates and Visitors, Vendors and Families who respond “YES” to any of the questions on the COVID Acknowledgement Form.

If an Associate, Visitor, Vendor or Family responds “YES” to one of the screening tools, the ED, DOW/Wellness Nurse or MOD will determine the following:

Discuss with the Associate, Visitor, Vendor or Family if they have experienced any of the following:

- Direct Contact with a confirmed COVID-19 person within 14 days of symptom onset
  - Discuss extent of exposure: live with person? Dropped groceries off at door of person with COVID-19? Had short/long encounter?
- Has a history of travel to an area (refer to the Juniper List) with ongoing community transmission within 14 days of onset
- Has new onset of symptoms within 14 days of having direct contact with patients with signs/symptoms of respiratory illness or their clinical specimens

*If the answer is “Yes” to any of the above questions **AND** the Associate, Visitor, Vendor or Family has a **FEVER (99.8 degrees Fahrenheit or greater)***

***WITH LOWER RESPIRATORY SYMPTOMS, the Associate, Visitor, Vendor or Family should not work/visit and seek medical guidance.***



## CORONAVIRUS (COVID-19)—CLEANING AND DISINFECTING

Effective Date: 3/3/2020  
Revision Date: 4/20/2020

**Policy:** *It is the policy of Juniper Village to have plan related to Coronavirus.*

**Purpose:** To assist in maintaining the health and wellness of residents.

- **Cleaning** refers to the removal of germs, dirt, and impurities from surfaces. It does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
- **Disinfecting** refers to using chemicals, for example, EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.
- **All surfaces must be cleaned first and then disinfected after cleaning.**

**Procedure:**

1. This policy works in concert with the Policies and Procedures that govern Environmental Services and Infection Control—Environmental Services.
2. The CDC COVID-19 Cleaning and Disinfecting Recommendations are followed:  
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
3. All Environmental Services associates are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard.
4. All Environmental Services associates comply with OSHA's standards on Bloodborne Pathogens including proper disposal of regulated waste, and PPE.
5. All Environmental Services associates will comply with any local or state health department mandates regarding cleaning and disinfection requirements.
6. All Environmental Services associates performing cleaning, laundry, and trash pick-up activities are trained to recognize the symptoms of COVID-19 and have been provided instructions on what to do if they develop symptoms 14 days after their last possible exposure to the virus.
7. All Environmental Services associates are trained on when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
8. All Environmental Services associates are trained on proper handwashing protocol.
9. Isolation and quarantine resident rooms will follow Terminal Cleaning Checklist protocol.

### CLEANING AND DISINFECTING

#### **Hard (Non-porous) Surfaces**

1. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
2. For disinfection, most common EPA-registered household disinfectants should be effective.
  - a. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on the EPA website: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>



- b. Disinfectant products that are utilized must have an emerging pathogen EPA registered kill claim or a human Coronavirus kill claim.
- c. Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.

#### **Soft (Porous) Surfaces**

1. For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - a. If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
  - b. Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces

#### **Electronics**

1. For electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines, remove visible contamination if present.
  - a. Follow the manufacturer's instructions for all cleaning and disinfection products.
  - b. Consider use of wipe able covers for electronics.
  - c. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

#### **Linens, Clothing, and Other Items That Go in the Laundry**

1. In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
2. Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
3. Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

#### **Personal Protective Equipment (PPE) and Hand Hygiene**

1. **The risk of exposure to cleaning staff is inherently low.**
2. **Environmental Services associates should wear masks, disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
3. Gloves and gowns should be compatible with the disinfectant products being used.
4. Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
5. Environmental Services associates should immediately report breaches in PPE such as a tear in gloves or any other potential exposures to their supervisor.





## COVID-19 RESIDENT ROOM TERMINAL CLEANING CHECKLIST

Effective Date: 3/3/2020  
Revision Date: 4/21/2020

Resident Name: \_\_\_\_\_

Room #: \_\_\_\_\_

Associate Name: \_\_\_\_\_

Date: \_\_\_\_\_

COMPLETED	CLEANING TASKS
<input type="checkbox"/>	Prepare equipment and load cleaning cart with everything needed for task
<input type="checkbox"/>	Don the appropriate Personal Protective Equipment (gloves, mask, goggles, gowns)
<input type="checkbox"/>	Perform hand hygiene and don gloves before entering room
<input type="checkbox"/>	Be aware of signage that indicates special precautions
<input type="checkbox"/>	Always knock and enter slowly and greet the resident
<input type="checkbox"/>	Survey the room and straighten furnishings and pick up loose debris
<input type="checkbox"/>	Empty and line waste containers
<input type="checkbox"/>	Remove all soiled linens
<input type="checkbox"/>	Perform high dusting with microfiber wand if room is unoccupied
<input type="checkbox"/>	Dust curtain rods, tops of doors and recessed lights if room is unoccupied
<input type="checkbox"/>	Use microfiber cloths to spot clean walls
<input type="checkbox"/>	Use microfiber cloths to wipe door frame, furniture, chairs, and chair arms
<input type="checkbox"/>	Use microfiber cloths to wipe window sills and spot clean windows
<input type="checkbox"/>	Damp wipe all vertical surfaces, counters, ledges and sills
<input type="checkbox"/>	Use microfiber cloths to wipe all surfaces of headboard, remote
<input type="checkbox"/>	Wipe the top and front of footboards
<input type="checkbox"/>	Wipe desktops, tabletops, telephone, arm chairs, door and cabinet handles, light switches, handles and other high touch areas
<input type="checkbox"/>	Dust mop floor beginning in the far corner of the room with a microfiber mop (if vinyl flooring)
<input type="checkbox"/>	Damp mop room floor (if vinyl flooring) and then bathroom floor using microfiber mop
<input type="checkbox"/>	Clean the bathroom mirror using disposable microfiber cloth
<input type="checkbox"/>	Clean the sink area, including the counter, faucet and handles, and sink basin with a microfiber cloth
<input type="checkbox"/>	Clean and disinfect shower
<input type="checkbox"/>	Clean other surfaces of the bathroom with a microfiber
<input type="checkbox"/>	Clean and disinfect toilet
<input type="checkbox"/>	Restock bathroom supplies
<input type="checkbox"/>	Empty and line waste containers
<input type="checkbox"/>	Vacuum rugs beginning in the far corner of the room
<input type="checkbox"/>	Inspect room
<input type="checkbox"/>	Remove PPE according to protocol
<input type="checkbox"/>	Perform hand hygiene and don new gloves
<input type="checkbox"/>	Deposit used cloths and mops in community approved container
<input type="checkbox"/>	Clean all tools and equipment and return to cart
<input type="checkbox"/>	Remove gloves and perform hand hygiene



## CORONAVIRUS—INFECTION CONTROL

Effective Date: 3/3/2020  
Revision Date: 3/19/2020

**Policy:** *It is the policy of Juniper Village to have plan related to Coronavirus.*

**Purpose:** To assist in maintaining the health and wellness of residents.

**Procedure:**

1. Utilize the CDC Infection Control Recommendations:  
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
2. The following Policies and Procedures will provide additional training and guidance during this COVID-19 Pandemic. Please review these policies with associates to foster proper adherence to protocol.

Health—Safety—Wellness Infection Control Manual General Interdisciplinary Section

- Communicable Disease
- Exposure Control Plan
- Handwashing/Hand Hygiene
- Infection Control
- Infection Control, Standard and Contact Precautions
- Infection Precautions, Categories of
- Influenza/Controlling the Spread of Disease
- Outbreak Surveillance Form--Associates
- Outbreak Surveillance Form—Residents
- Pandemic Influenza Emergency Plan
- Post Exposure Evaluation and Follow-Up
- Standard Precaution/Bloodborne Pathogens/Personal Protective Equipment
- Using Gloves
- Using Gowns
- Using Masks
- Using Protective Eyewear

Health—Safety—Wellness Infection Control Manual Wellness Section

- Infection Control Log Line Listing
- Infectious Waste, Handling of
- Isolation, Discontinuing
- Isolation, Initiating
- Isolation Notices
- Isolation, Visitation During

Health—Safety—Wellness Infection Control Manual Dietary Section

- Dietary Department
- Infection Control Checklist

Health—Safety—Wellness Infection Control Manual Environmental Services Section

- Environmental Services – Housekeeping
- Environmental Services - Laundry
- Laundry/Linen

## CORONAVIRUS—EXPOSURE CONTROL

**Effective Date:** 3/3/2020  
**Revision Date:** 6/3/2020

**Policy:** *It is the policy of Juniper Village to have plan related to Coronavirus.*

**Purpose:** To assist in maintaining the health and wellness of residents.

**Procedure:** CDC provides guidance on the use masks, gowns and face shields including suggestions on what to do if extended wear protocols need to be implemented. Extended wear protocol can be utilized when there is a temporary period of PPE shortages. During an outbreak of a disease, such as COVID, extended wear protocol can assist with the optimization of PPE.

- These recommendations continue to protect from droplet exposure (which is how COVID-19 and most other respiratory viruses are spread). We believe these recommendations help preserve PPE supply given the dire shortage.
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Type of Control	Option	Comments
Engineering Controls	<ul style="list-style-type: none"> <li>• Immediately place resident in private room</li> <li>• Use glass partitions</li> </ul>	
Administrative Controls	<ul style="list-style-type: none"> <li>• Limit number of residents going to hospitals</li> <li>• Exclude HCP not directly involved in patient care</li> <li>• Exclude visitors</li> <li>• Provide facemasks for residents with symptoms</li> </ul>	Use techniques with all isolation patients, not just PUI or confirmed coronavirus cases
	<ul style="list-style-type: none"> <li>• Cohort residents</li> <li>• Cohort healthcare personnel</li> <li>• Telemedicine</li> <li>• Limiting respirators and PPE during training</li> </ul>	In the event of surge
PPE Control	Use respirators after their intended self-life	Will hold onto expired respirators
	Extend use: wearing the same N95 for repeated close contact encounters with several different patients, without removing the respirator between patient encounters. Extended use may be implemented when multiple residents are infected with the same respiratory pathogen and residents are placed together in dedicated areas	Could consider during surge
	Reuse: refers to the practice of using the same N95 respirator by one HCP for multiple encounters with different patients but removing it after each encounter. Only appropriate for diseases in which contact spread is not a concern	Could consider during surge



## CORONAVIRUS (COVID-19) TESTING PROCESS FOR MAGNOLIA LAB

Effective Date: 3/3/2020  
Revision Date: 4/10/2020

**Policy:** *It is the policy of Juniper Village to have a plan related to COVID-19 testing*

**Purpose:** To assist in maintaining the health and wellness of residents, associates and visitors.

**Procedure:**

Ordering

1. Obtain Lab Requisition
2. Gather Associate Roster with date of birth
3. Complete Resident information lab request spreadsheet
4. Email documents to John Bains at Magnolia Diagnostics (see Ordering Policy)

Obtaining Consents

5. Create COVID-19 Consent Forms for Residents and Associates (see Forms Attached)
6. Obtain Resident/Responsible Party and Associate signatures on Consent Forms

Test Administration

7. Set up testing space for Associates (ensure space is confidential)
8. Resident testing to be completed in Resident Rooms only
9. Designate licensed staff to complete swab testing
10. All swab testing specimen vials will be labeled with Resident/Associate Name, Date of Birth and Date and Time of the specimen collection
11. Licensed staff to utilize Test Administration Tracking Form to keep track of Residents and Associates tested, date of testing and testing administrator
12. Ensure all necessary PPE equipment is in place
13. Ensure all infection protocol followed during testing

Returning Tests to Lab

14. Collect specimens and package for shipment to Magnolia Diagnostics (See Policy)
15. A completed COVID-19 Test Administration Tracking Form for Residents and Associates will be included in the box with the specimens being shipped to Magnolia Diagnostics for processing.

Reporting Results

16. Upon the receipt and completion of testing at Magnolia Diagnostics, the lab results will be available on the Magnolia Diagnostics Portal for review within 24—48 hours
17. Regional Clinical Director and the Director of Wellness will review results upon receipt
18. Resident/Responsible Parties/Associates/Parents of Associates will be notified by the Director of Wellness within 24 hours of receipt.

## MAGNOLIA HOW TO SWAB FOR RESPIRATORY INFECTIONS—NASAL


Effective Date: 3/3/2020  
 Revision Date: 6/30/2020


# HOW TO SWAB FOR RESPIRATORY INFECTIONS

## A Handy Reference Guide for Proper Influenza & Respiratory Sample Collection

1

Choose a Universal Transport Media (red cap) with a flexible plastic handle and flock tip, such as the Puritan Uni-Tranz-RT Transport System 3mL, provided by Magnolia.







Insert swab into one nostril straight back (not upwards) and horizontally to the nasopharynx up to the measured distance on the swab handle.

2

3

Rotate the swab up to 5 times and hold in place for 5-10 seconds to collect sample material. Repeat on the opposite nostril.







Remove swab and insert into the vial containing 3mL of viral transport media.

4

5


Break the swab handle at scored breakpoint line.





Label the vial with patient's name and DOB.

6




**CONTACT US**

469-759-3325    magnolia@dx.com

972-707-9929    CustomerCare@magnoladiagnostics.com

**SOURCE:**



**Puritan**  
Quality since 1959



## MANAGEMENT OF TEST RESULTS

Effective Date: 3/3/2020  
Revision Date: 6/30/2020

**Policy:** *It is the policy of Juniper Village to have a plan related to COVID-19 management of test results*

**Purpose:** To assist in maintaining the health and wellness of residents, associates and visitors.

**Procedure:**

General Instructions

1. Each Director of Wellness will receive a log on to the Magnolia Diagnostics portal and the Dascena Lab portal.
2. The Director of Wellness or Designee reviews the test results for Residents and Associates and prints out test results for Resident and Associate files
3. The Director of Wellness, Executive Director and Regional Director of Operations will discuss the results and develop a communication plan to:
  - a. Communicate and implement notification protocols for Residents and Associates who test negative for COVID-19.
  - b. Communicate and implement notification and isolation protocols for Residents who test positive for COVID-19.
  - c. Communicate and implement notification protocol for Associates who test positive for COVID-19.
    - i. Determine staffing and scheduling needs related to Associates who will be absent.

Resident Test Results

1. The Talking Points for Test Results—Residents is utilized to communicate with Residents and Responsible Parties

Associate Test Results

1. The Talking Points for Test Results—Associates is utilized to communicate with Associates.
2. The Temperature and Symptom Log is provided to each Associate who tests positive
3. The Associate Letter is provided to each Associate who tests positive.

Family Test Results

1. The Talking Points for Test Results—POA is utilized to communicate with Responsible Parties



## CORONAVIRUS (COVID-19) CONTACT TRACING

Effective Date: 3/3/2020

Revision Date: 5/18/2020

**Policy:** *It is the policy of Juniper Village to have a plan related to COVID-19 contact tracing*

**Purpose:** To assist in maintaining the health and wellness of residents, associates and visitors.

**Guidance:** Contact tracing is a core disease control measure that is utilized by Juniper and is a key strategy for minimizing further spread of COVID-19. Juniper will work to respond quickly and work collaboratively with public and private agencies to limit the disease transmission.

**Procedure:**

1. Each community will identify at least two associates who will serve as the contact tracing point persons.
2. Associates who are identified will have the following attributes:
  - a. Ethical and professional conduct
  - b. Active listening
  - c. Open communication
  - d. Critical thinking and problem solving
  - e. Negotiating skills
  - f. Cultural humility and competency
  - g. Emotional intelligence
  - h. Flexibility and adaptability
3. Associates who will be involved in contact tracing will complete contact tracing training which includes content related to medical terms, confidentiality and ethical aspects from either:
  - a. Johns Hopkins University On Line Course
  - b. CDC Contact Tracing On Line Courses
4. The associates who are involved with community-based contact tracing will do the following each day:
  - a. Log onto the lab portal to review COVID-19 test results of residents and associates.
  - b. Identify residents and associates who have received a positive COVID-19 test result.
  - c. Begin by contacting resident/associate/associate responsible parties regarding positive test results
  - d. Inform individual of positive results using a calm and empathic approach. (see talking points)
  - e. Assure the individual that their identity will remain confidential.
  - f. If the individual is an Associate, determine if the Associate has been in the workplace within the last seven days.
  - g. Assist individual with recalling who they may have had close contact during the time while they may have been infectious.
  - h. Provide individual with education regarding signs and symptoms of COVID-19, self- isolation, and daily monitoring.
  - i. Refer the individual to local health resources.
  - j. Contact individuals with whom the COVID-19 positive individual has been in contact.
  - k. Complete steps d—I for each contact.
5. Documentation of contact tracing will be entered within the data base

## COVID-19 COHORTING

Effective Date: 4/09/2001  
Revision Date: 5/18/2020

**Policy:** *The community has an established policy and procedure related to COVID-19 Cohorting.*

**Purpose:** To maintain health and wellness.

**Guidance:**

Cohorting is only one element of infection prevention and control measures used for outbreak control. The community should develop a cohorting plan before the identification of the first case. This plan should consider resources including the availability of testing, personal protective equipment (PPE) and staffing. When testing capacity is available and community spacing permits, residents and associates should be organized into cohorts.

**Procedure:**

1. The community will create a plan that includes the creating of cohorts to manage COVID-19.
2. Associates will be assigned to a specific cohort in which to work.
3. Cohort areas are clearly marked.
4. Equipment will preferably be assigned to one specific cohort area.
5. Equipment that must be shared between cohort areas will be fully cleaned and disinfected between use.
6. Full PPE must be used to care for residents in Cohort 1 (COVID-19 positive) and Cohort 2 (COVID-19 negative/potentially exposed)
7. Cohort 3 (COVID-19 negative) should be a far away from Cohort 1 and 2 areas.
8. Residents who have inconclusive COVID-19 testing results will be moved to the Cohort 2 (COVID-19 negative/potentially exposed)
  - a. Cohort 1 – COVID-19 Positive (RED):

This cohort consists of both symptomatic and asymptomatic patients/residents who test positive for COVID-19, including any new or re-admissions. If feasible, care for COVID-19 positive patients/residents on a separate closed unit. Patients/residents who test positive for COVID-19 are known to shed virus, regardless of symptoms; therefore, all positive patients/residents would be placed in this positive cohort.
  - b. Cohort 2 – COVID-19 Negative, Exposed (YELLOW):

This cohort consists of symptomatic and asymptomatic patients/residents who test negative for COVID-19 with an identified exposure to someone who was positive. All symptomatic COVID-19 negative patients/residents should be considered exposed but should also be evaluated for other causes of their symptoms. To the best of their ability, long-term care facilities (LTCFs) should separate symptomatic and asymptomatic patients/residents, ideally having one group housed in private rooms. Even though symptomatic COVID-19 negative patients/residents might



not be a threat to transmit COVID-19, they still may have another illness, such as influenza. Asymptomatic patients/residents should be closely monitored for symptom development.

c. Cohort 3 – COVID-19 Negative, Not Exposed (GREEN):

This cohort consists of patients/residents who test negative for COVID-19 with no COVID-19 like symptoms and are thought to have no known exposures. The index of suspicion for an exposure should be low, as COVID-19 has been seen to rapidly spread throughout the post-acute care setting. In situations of widespread COVID-19, all negative persons in a facility would be considered exposed. Cohort 3 should only be created when the facility is relatively certain that patients/residents have been properly isolated from all COVID-19 positive and incubating patients/residents and staff. Facilities may not be able to create this cohort.



## PHASED REOPENING VISITATION AND SERVICE RESUMPTION (NEW JERSEY ONLY)

Effective Date: 4/17/2020  
Revision Date: 8/26/2020

**Policy:** *Juniper Communities in New Jersey abide by the NJ Phased Reopening, Visitation and Service Resumption requirements.*

**Purpose:** To assist in maintaining the health and wellness of residents, associates and visitors.

### **Procedure:**

#### Outbreak Plan

1. The community has an Outbreak Plan that includes:
  - a. A protocol for isolating and cohorting residents
  - b. A Communication Plan that includes notification of residents, families, visitors and associates in the event of an outbreak
  - c. Laboratory Testing protocols
  - d. Monitoring processes for residents and associates to identify an outbreak
  - e. Reporting to federal, state and local agencies as required
2. The Outbreak Plan is posted on the community website

#### Attestations Required to Initiate or Continue Phased Reopening

3. The Executive Director will complete and submit all state required Attestations per regulation. These Attestations include:
  - a. Reopening Attestation
  - b. Infection Control Contract
  - c. Infection Control Employee
  - d. Respiratory Protection Program Implementation
  - e. PPE Stockpile
  - f. National Health Safety Network Data Reporting
  - g. End of Outbreak, if applicable
  - h. No Outbreak Experienced, if applicable
  - i. Phase 2 Indoor Visitation Attestation

#### Communication Plan

4. A comprehensive communication plan regarding COVID-19 and outbreaks is in place for the New Jersey communities.
5. Communication will occur utilizing a multitude of modalities that include
  - a. One Call System calls made to families, residents and associates
  - b. Email blasts to families, residents and associates
  - c. Email communication to families, residents and associates
  - d. Written communication to families, residents and associates that include posting of information



## HEALTH SAFETY AND WELLNESS MANUAL--ALF/SL INFECTION CONTROL SECTION--GENERAL/INTERDEPARTMENTAL

- e. Hand delivered written notices to resident
  - f. Written time clock postings for associates
  - g. Zoom meetings/Face time is utilized for virtual tours, virtual visiting with residents and families, virtual meetings with associates, residents and families, virtual health visits with providers
  - h. Social media postings
  - i. Website postings
  - j. Hubspot
6. All department heads have been trained on the utilization of all these communication modalities.
  7. NJ communities have been set up with Zoom accounts as a communication modality. All department heads and Connections activities staff have been trained on how to utilize the platform.

### Communication Plan—No Outbreak

8. One Calls are made to residents and families on Monday—Wednesday—Friday
9. Monthly family calls are made by the Executive Director
10. Monthly associate communication is provided by the Executive Director.

### Communication Plan—Outbreak

11. If resident positive: notify responsible party/POA within one hour of positive test result
12. Within 24 hours of known case (either resident or associate), notification out to all families via one call and email
13. Within 24 hours of known case (either resident or associate), notification to all associates via one call, email, and hard copy posted in break room
14. Mon-Fri one calls to families and residents (non-MC), until case(s) have resolved per CDC guidelines
15. If cases rise to level of outbreak, as defined by the appropriate regulatory agency
  - a. Personal phone call to all families in addition to above continuing communication
  - b. Personal contact to all associates, via phone call or face to face at shift change
16. If cases rise to level of outbreak, as defined by the appropriate regulatory agency:
17. Monthly family calls
18. Associate updates as required based on case count, location, etc., likely daily during shift report

### Communication and Notification Grid

Notification Grid for Resident/Staff Positive Test

	RDO/RDOW	Time line	Responsible Party	Time line	Families	Time line	Residents	Time line	Staff	Time line	County Health Dept	Time line	State Regulatory Body	Time line	Local Emergency Mgmt	Time line
Resident Suspected	X	I	X	I					X	SD						
Resident Tested	X	I	X	I					X	SD	X	SD	X	SD		
Resident Confirmed	X	I	X	I	X	SD	X	SD	X	SD	X	SD	X	SD	X	SD
Staff Suspected	X	I							X	SD						
Staff Tested	X	I							X	SD	X	SD	X	SD		
Staff Confirmed	X	I			X	SD	X	SD	X	SD	X	SD	X	SD	X	SD

I Immediate  
SD Same Day

### Staffing

19. The Associate Staffing/Emergency Staffing of the Pandemic Emergency Plan is followed

### Testing

20. Associate and Resident testing is followed per NJ regulations, Juniper policies, guidelines and protocols found in this manual section.
21. A contract with Magnolia and Dascena Labs are in place for community wide testing



Monitoring of Residents

22. Residents have their temperatures and pulse oximeter tests completed daily.
23. Residents are monitored for signs and symptoms of COVID-19 during routine wellness checks on a daily basis.
24. Upon return to the community, residents are retested and monitored for signs and symptoms of COVID-19.

Monitoring of Associates

25. Associates are screened and have temperatures taken and sign attestations per policy before entering the community at the beginning of each shift.
26. Upon return to work from a leave, associates are retested and monitored for signs and symptoms of COVID-19.

Key Precautions Required for Each Phase of Service Redemption

27. New Jersey communities follow the New Jersey Department of Health Key Precautions required for each phase of service resumption found in this section of the manual.
28. Components of the Key Precautions required include:
  - a. Resident Testing
  - b. Associate Testing
  - c. Infection Control
  - d. Reporting via the National Healthcare Safety Network
  - e. Symptom Screening
  - f. Visitation
  - g. PPE
  - h. Resident Cohorting
  - i. Personnel Restriction

Infection Control

29. All policies regarding Infection Control are followed including the Coronavirus Infection Control Policy located within this manual.
30. The CDC recommendations in Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings is followed:  
<https://www.cdc.gov/hicpac/recommendations/core-practices.html#:~:text=CDC%20healthcare%20infection%20control%20guidelines%203-19%20were%20reviewed%2C,HCP%20on%20infection%20prevention%2C%20injection%20and%20medication%20safety%29.>

## PHASE SPECIFIC PRECAUTIONS

(NEW JERSEY ONLY)

Effective Date: 4/17/2020

Revision Date: 8/26/2020



**Key Precautions Required For each Phase of LTC Service Resumption**

	PHASES OF LTC SERVICE RESUMPTION	MAXIMUM RESTRICTIONS	STAGE 1 (+14 DAYS)	STAGE 2 (+14 DAYS)	STAGE 3 (+14 DAYS)
	<u>STAGES OF STATE REOPENING</u>	PHASE 0	PHASE 1	PHASE 2	PHASE 3
RESIDENT TESTING	All tested weekly until conditions met	✓	✓	✓	✓
	Previously positive retested per guidance	✓	✓	✓	✓
	If newly symptomatic, retest at symptom onset	✓	✓	✓	✓
STAFF TESTING	All tested weekly until NJDOH guidance changes	✓	✓	✓	✓
	<u>Previously positive retested per guidance</u>	✓	✓	✓	✓
	If newly symptomatic, retest at symptom onset	✓	✓	✓	✓
INFECTION CONTROL	1+ individuals trained, assigned to on-site management of Infection Prevention and Control Program (IPC) and compliance N.J.A.C 8:39	✓	✓	✓	✓
	<u>Internal quality improvement audits</u>	✓	✓	✓	✓
	<u>Policies and procedures</u>	✓	✓	✓	✓
	<u>Staffed Infection Prevention and Control Program (IPC)</u> (If facility has ventilator beds, this must include requirements under N.J.S.A. 26:2H-12.87(a) to (d).)	✓	✓	✓	✓
	<u>Respiratory protection program, including medical evaluations, training, and fit testing</u>	✓	✓	✓	✓
	Social distancing with physical separation	✓	✓	✓	✓
	Education of residents, staff, visitors	✓	✓	✓	✓
	Essential cleaning and disinfection supplies	✓	✓	✓	✓
REPORTING VIA <u>NATIONAL HEALTHCARE SAFETY NETWORK AT LEAST TWICE WEEKLY</u>	COVID-19 cases: residents and facility personnel	✓	✓	✓	✓
	COVID-19 deaths: residents and facility personnel	✓	✓	✓	✓
	Resident beds and census	✓	✓	✓	✓
	Staffing shortages	✓	✓	✓	✓
	PPE and hand hygiene supplies status	✓	✓	✓	✓
	Ventilator capacity and supplies for units	✓	✓	✓	✓

## PHASE SPECIFIC PRECAUTIONS

(NEW JERSEY ONLY)

Effective Date: 4/17/2020

Revision Date: 8/26/2020



**Key Precautions Required for Each Phase of LTC Service Resumption**

	PHASES OF LTC SERVICE RESUMPTION	MAXIMUM RESTRICTIONS	STAGE 1 (+14 DAYS)	STAGE 2 (+14 DAYS)	STAGE 3 (+14 DAYS)
	<u>STAGES OF STATE REOPENING</u>	PHASE 0	PHASE 1	PHASE 2	PHASE 3
SYMPTOM SCREENING	All Persons: before entry to the facility	✓	✓	✓	✓
	Staff: Beginning of each shift	✓	✓	✓	✓
	All persons: For 14+ days after exiting facility	✓	✓	✓	✓
	Residents: During every shift (at minimum)	✓	✓	✓	✓
	Residents: Daily (at minimum)	✓	✓	✓	✓
VISITATION	Require use of cloth face coverings/masks	✓	✓	✓	✓
	Require visitors to practice social distancing	✓	✓	✓	✓
	Limit hours and number of visitors	✓	✓	✓	✓
	Informed consent from visitors and residents	✓	✓	✓	✓
	Identify visitation location	✓	✓	✓	✓
	Prohibit visitation upon COVID-19 screening and/or if visitor has not discontinued isolation per <a href="#">NJDOH</a> and <a href="#">CDC guidance</a>	✓	✓	✓	✓
	Instruction on hand hygiene, PPE, limiting surfaces touched, limiting physical contact, etc.	✓	✓	✓	✓
	Prohibit visitation upon inability to demonstrate proper infection prevention and control	✓	✓	✓	✓
	Restrict movement within indoors of facility	✓	✓	✓	✓
	<a href="#">Prohibit visitation by persons subject to 14-day quarantine travel advisory</a>	✓	✓	✓	✓
PPE	<a href="#">Adequate emergency stockpile of PPE</a>	✓	✓	✓	✓
	<a href="#">Staff trained and provided PPE per CDC guidance</a>	✓	✓	✓	✓
	Staff should wear cloth face covering or PPE, as indicated	✓	✓	✓	✓
	<a href="#">Universal source control implemented</a>	✓	✓	✓	✓
Resident Cohorting	<a href="#">Separate COVID-19 positive and negative residents</a> (Following <a href="#">NJDOH</a> and <a href="#">CDC</a> criteria for COVID-19 recovered residents)	✓	✓	✓	✓
Personnel Restriction	Prohibit entry of non-essential service personnel	✓	✓	*Limited	X
	Prohibit entry of volunteers	✓	✓	✓	X

### PHASE SPECIFIC ACTIVITIES ALLOWED

(NEW JERSEY ONLY)

Effective Date: 4/17/2020

Revision Date: 8/26/2020

#### ACTIVITIES ALLOWED DURING EACH PHASE OF REOPENING, VISITATION & SERVICE RESUMPTION



	<u>STAGES OF STATE REOPENING</u>	MAXIMUM RESTRICTIONS	STAGE 1 (+14 DAYS)	STAGE 2 (+14 DAYS)	STAGE 3 (+14 DAYS)
	PHASES OF LTC REOPENING	PHASE 0	PHASE 1	PHASE 2	PHASE 3
VISITATION	Virtual visitation (see <a href="#">CMS recommendations</a> )	✓	✓	✓	✓
	EMS personnel in emergency situations	✓	✓	✓	✓
	<a href="#">State Long-Term Care Ombudsman</a> (direct or through use of technology pursuant to SSA sections 1819(c)(3)(A) and 1919(c)(3)(A), 42 CFR 483.10(f)(4)(i)(C), and the CARES Act)	✓	✓	✓	✓
	<a href="#">Indoor end-of-life visitation</a>	✓	✓	✓	✓
	<a href="#">Indoor compassionate care visitation</a>	✓ * (Not Routine)	✓	✓	✓
	Indoor Essential Caregiver visitation	✓	✓	✓	✓
	<a href="#">Outdoor visitation of COVID-19 recovered and COVID-19 negative/asymptomatic residents</a>	✓	✓	✓	✓
	<a href="#">Indoor visitation of pediatric residents</a>	X	✓	✓	✓
	<a href="#">Indoor visitation of residents with intellectual and/or developmental disabilities</a>	X	✓	✓	✓
	<a href="#">Indoor visitation by appointment only</a> , except visitors prohibited upon screening or symptoms	X	X	✓	Visitation per LTC
	Indoor visitation per facility procedures	X	X	X	✓
COMMUNAL DINING	COVID-19 negative, asymptomatic residents and COVID-19 recovered residents	Limited*	✓	✓	✓
GROUP ACTIVITIES	COVID-19 negative, asymptomatic residents and COVID-19 recovered residents	Limited*	✓	✓	✓
TRIPS OUTSIDE FACILITY	<a href="#">Medically necessary trips (with face mask/covering)</a>	✓	✓	✓	✓
	Outings for COVID-19 negative, asymptomatic residents and COVID-19 recovered residents	X		✓	✓
	Volunteers allowed entry	X	X	X	✓
NON-ESSENTIAL PERSONNEL /CONTRACTORS	Limited entry allowed as determined necessary by facility for COVID-19 negative, asymptomatic residents and COVID-19 recovered residents	✓	✓	✓	✓
	As determined necessary by facility	X	X	✓	✓

\*Limitations, precautions, and restrictions may apply per guidance and directives.

## PHASE SPECIFIC VISITATION

(NEW JERSEY ONLY)

**Effective Date:** 4/17/2020

**Revision Date:** 8/26/2020

### What Long-Term Care Facility Visitation Is Allowed?

According to NJDOH Executive Directive No. 20-026 (Issued August 10, 2020)

<u>Stages of State Reopening</u>	Maximum Restrictions	Stage 1 (+14 days)	Stage 2 (+14 days)	Stage 3 (+14 days)
Phases of LTC Reopening*	LTC Phase 0**	LTC Phase 1	LTC Phase 2	LTC Phase 3
<u>End-of-life visitation</u>	✓	✓	✓	✓
<u>Compassionate care visitation</u> <sup>1</sup>	✓ (Not routine)	✓	✓	✓
Essential Caregiver visitation, except of COVID-19 quarantined/isolated and or COVID-19 symptomatic residents <sup>2</sup>	✓	✓	✓	✓
EMS personnel in emergency situations	✓	✓	✓	✓
State Long-Term Care Ombudsman <sup>3</sup>	✓	✓	✓	✓
Virtual, remote, and "window" visitation	✓	✓	✓	✓
<u>Outdoor visitation of COVID-19 recovered residents and of COVID-19 negative, asymptomatic residents</u>	✓	✓	✓	✓
<u>Indoor visitation of pediatric residents</u>	X	✓	✓	✓
<u>Indoor visitation of residents with intellectual and/or developmental disabilities</u>	X	✓	✓	✓
Limited indoor visitation by appointment only	X	X	✓	✓ <sup>4</sup>
Indoor visitation following facility procedures	X	X	X	✓

\* Facilities are not permitted to initiate a Phased Reopening until requirements specified in NJDOH Executive Directive No. 20-026 are met.

\*\* LTC Phase 0 includes all facilities with current outbreaks of COVID-19 among residents/patients and/or staff.

<sup>1</sup> "Compassionate care situation" does not exclusively refer to "end-of-life situations."

<sup>2</sup> 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. Facilities must establish policies and procedures for how to designate and utilize an Essential Caregiver.

<sup>3</sup> Visitation by the State Long-Term Care Ombudsman may occur through direct or via technology in accordance with state and federal regulations.

<sup>4</sup> Indoor visitation is allowed per the facility plans and procedures.



## INDOOR END-OF-LIFE COMPASSIONATE CARE AND ESSENTIAL CAREGIVER VISITATION (NEW JERSEY ONLY)

Effective Date: 4/17/2020

Revision Date: 8/26/2020

**Policy:** *Juniper Communities in New Jersey abide by the NJ Phased Reopening, Visitation and Service Resumption requirements.*

**Purpose:** To assist in maintaining the health and wellness of residents, associates and visitors.

**Procedure:**

1. Indoor End-of-Life, Compassionate Care, and Essential Caregiver visitation is allowed for all residents, including those covered by the Americans with Disabilities Act (ADA) or the Law Against Discrimination (LAD), in all phases of reopening.
2. The community will ensure that all of these visits are conducted as safely as possible and must require infection control practices, hand washing and appropriate PPE in accordance with CDC guidance
3. All Residents can be visited in **limited** situations as follows:
  - a. End-of-life situations
  - b. Compassionate Care situations
4. The community will work with families, healthcare providers and residents to determine when visits for compassionate care situations are appropriate and can be safely conducted.
5. Essential Caregiver Visitation is allowed for all residents except for those that 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.
6. An essential caregiver could be an individual who was previously actively
7. 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.
8. 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, the community will work cooperatively with the resident and family to work out a schedule to accommodate the Essential Caregivers.
9. The community will work with the resident and Essential Caregiver to identify a schedule visitation that meets state regulation based upon the Community's current phase designation
10. The scheduling of Essential Caregiver visits takes into account the number of Essential Caregivers in the building at the same time and time limits may be altered to ensure overall resident safety.



## PANDEMIC INFLUENZA EMERGENCY PLAN—COVID-19 ADDENDUM

Effective Date: 4/17/2020

Revision Date: 4/17/2020

**Policy:** *It is the policy of Juniper Village to have an emergency plan related to the COVID-19 pandemic/*

**Purpose:** To assist in maintaining the health and wellness of residents, associates and visitors.

**Procedure:**

1. This policy works in concert with community's existing Pandemic Influenza Emergency Plan and the Disaster/Emergency Plan.
2. Juniper will utilize and follow the guidance and recommendations of the Center for Disease Control and Prevention, federal and state licensing agencies and state and local departments of health.
3. The CDC recommended COVID-19 screening of associates, residents, visitors and essential vendors will be followed.
4. Copies of the local and state Department of Health and Human Services COVID-19 Plans (if available) will be secured and incorporated within this plan as Appendix 1B.
5. The community specific COVID-19 Pandemic Plan 2020 is developed and attached to this plan as Appendix 1A.
6. The community specific COVID-19 Pandemic Plan 2020 will also include a Staffing Stratification Plan and a Neighborhood Pandemic Schedule that is based upon the cohorting of residents' guidance from CMS, NCAL and AHCA. Additionally, state specific guidance related to the cohorting of residents will be followed.
7. Residents with known or suspected COVID-19 may be grouped together in one area of the community. The community will delineate this area within the COVID-19 Pandemic Plan 2020.
8. Segregated neighborhoods may be set up within the communities. The specific community segregated neighborhoods will be delineated within the COVID-19 Pandemic Plan 2020.
9. **Associates assigned to working in affected areas will be restricted to those areas.**
10. Staffing assignments will create at least two teams within the community. These staffing assignments will be delineated within the staffing stratification plan.
11. Within the staffing stratification plan, the Executive Director and the Director of Wellness will not be assigned to the same team.

## PANDEMIC INFLUENZA EMERGENCY PLAN – ASSOCIATE STAFFING / EMERGENCY STAFFING

Effective Date: 4/17/2020

Revision Date: 6/24/2020

**Policy:** *It is the policy of Juniper Village to have plan related to pandemic influenza emergencies for staffing support and ensuring staffing to meet the needs of residents.*

**Purpose:** To assist in maintaining the health and wellness of residents, associates and visitors.

**Procedure:**

1. During an active outbreak or isolation period (RED or YELLOW), communities will complete special actions (below) to ensure adequate staffing. Adequate staffing is defined as completed essential care and service tasks for residents. Time units, quantity of tasks nor regulation, do not measure it.
  - a. All associates should be screened at the beginning of their shift for fever (take temperature) or symptoms (cough, shortness of breath, difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, new olfactory [smell] and taste disorder(s); consider also rhinorrhea, diarrhea, nausea or vomiting). Any associates member with identified illness (as defined above) should immediately don a facemask (if not wearing one) and leave the community. These associates will be excluded from work based on return-to-work criteria.
  - b. Reinforce sick leave policies. Remind associates not to report to work when ill with even mild symptoms. This may include verbal reminders and postings in associate areas or reminders on PCC message board or other media source.
  - c. Universal worker model. As many staff as possible should be trained in universal worker training in order to ensure global completion of service tasks. Universal workers may be utilized for non-licensed functions – refer to universal worker training
  - d. Emergency Staffing – It should be posted and all associates must be made aware of emergency staffing procedures.
    - a. This may include the holdover of staff to cover shifts and the requirement for extended work schedule. In some cases, a licensed staff member may not leave their post without a replacement, which may result in resident abandonment. In this case, the associate would be required to stay on premises and continue essential duties until replacement is found. Holdover of staff will be limited based upon state specific labor laws.
    - b. At both hire, annually and when needed, Leadership team members should also be reminded of emergency staffing in which they will be required to act as a universal worker or provide services in accordance with their license. This may include the re-issuance of Emergency Staffing requirements along with review of previously executed notices.
      - i. There are no exceptions for leadership team support of emergency staffing, failure to abide by emergency staffing requirements may result in immediate termination, and if required additional reporting for resident abandonment or complaint to licensing board regarding misconduct.
      - ii. Each department head/ leadership team member is responsible for the provision of services and assurance of essential service completion during emergencies without exception.
      - iii. The Executive Director may, at any time and for any reason, reassign any leadership team member to any department or any role as required with the

exception of replacement of a licensed position. This may include the temporary assignment of a team member to a department for an extended length of time. For example, a director of sales may be assigned to the dining department or as connections associate or other.

2. Leadership team will review staffing daily in order to ensure proper levels of staff to meet the needs of the residents. This may include review of more acute resident needs with considerations for additional code according to staffing patterns to meet these special needs. The Director of Wellness may during an emergency elect to suspend point-of-care in order to maintain essential service care needs only. The Director of Wellness in consultation with the Medical Concierge May create a list of essential service needs for specific residence which then should be considered for adequate staffing. This may range from routine well-being checks to a temporary modification of service plans to address essential service needs only.
3. It is recommended that staffing be reviewed daily and this should include calls texts or emails to associates reminding of them of the emergency staffing schedule and requirements in addition to screening and illness protocols. This may include associate message towards using ADP, point click care, flock, or any other media source to promote a high level of coordinated scheduling and communication. At no time should any confidential information be posted to any message board related to staffing.
4. As authorized by the regional director and Executive Director, a community may enact Special payment incentive programs. These may include: surge (HERO) pay, covid-pay, GREAT Program incentive increase or other specialized program as authorized.
5. Increase staffing hours should be considered to 12 to 16-hour shifts in order to reduce overall contacts. This should be done in coordination with pandemic plan co-housing and neighborhood assignments for living arrangements as required.
6. Special Living Arrangements. It may also be required that coordination and set up of special living arrangements for associates with full consideration of social distancing and cohort and guidelines be provided. In some cases, this may require the procurement and set up of housing/trailers/residence outside the community but immediately on the campus.
  - a. During a pandemic outbreak, allowing family members to reside in the community is not permitted. It is understood that during other disasters this has been a practice and is generally a great support to associates and their families. However, do to strict infection control requirements, Associate family members and children are never permitted to reside or visit the community during a pandemic outbreak for any reason.
7. In the case of a shortage of staffing, the Executive Director is authorized to utilize a staffing agency with a contract stipulation for exclusive staff. Exclusive staff refers to the assignment of the staff to this community only. It may also be of benefit to coordinate a staffing sharing arrangement with a provider/partner in caring. For example, some hospice groups may not be providing services during a pandemic outbreak but would be desirous of having their associates continue to have regular work arrangements. In this case, an executive director may elect to consider a specialized exclusive contract with the provider to provide staff sharing. Any staff sharing arrangement or agency arrangement must include orientation of that staff member/associate for emergency plans and basic community orientation.
8. Also, in the case of a shortage of staffing, it may be necessary to loan or share staff from a sister-community. This is not permitted if the sister community is also actively in an outbreak and cannot result in the shortage of the staffing for that community as well. In the event that a community is able



to provide supportive staff, those associate staff members must be assigned for a period of 3 to 4 weeks with a two-week isolation period post their assignment. Any assigned associate is not permitted to work at both buildings at one time nor any other location. The use of associates from a sister community is at the discretion of both Executive Directors from their respective communities.

9. The use of volunteers may be considered with exclusivity stipulation in that these persons may not visit or provide services to other communities and must abide by all infection control practices and cohorting requirements. The use of volunteers is at the discretion of the Executive Director.
10. The Executive Director is responsible for restoring regular staffing as soon as possible and ensuring staffing is transitioned in a manner to minimize interruption to resident services. Emergency staffing is extremely disruptive to community operations, residents and family members and especially associates. Therefore, it is essential to over-communicate and provide plans and goals for associates and leadership team to understand the process of emergency staffing and restoring regular staffing in a safe manner. It may be necessary to secure a variety of support for your associates including meals, EAP services, off-site childcare, transportation, PPE needs or any other variety of support that might be helpful to your associates during this time.



## PANDEMIC EMERGENCY PLAN—COMMUNITY SPECIFIC

Effective Date: 4/17/2020

Revision Date: 4/17/2020

Attach Williamstown Community Specific COVID-19 Pandemic Plan 2020 and  
Community Specific Staff Stratification and Neighborhood Pandemic Schedule  
Plans Here

Juniper Village at Williamstown  
Neighborhood Pandemic Schedule

Team Leaders:	Village 1	Village 2	Village 3	WS 1	WS 2	WS 3
Wellness CNA 1 7A-3P	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1
Wellness CNA 2 7A-3P	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2
Wellness CNA 3 7A-3P	Cover 3	Cover 3	Cover 3	Cover 3	Cover 3	Cover 3
Wellness CNA 4 7A-3P	Cover 4	Cover 4	Cover 4	Cover 4	Cover 4	Cover 4
Wellness CNA 5 7A-3P	Cover 5	Cover 5	Cover 5	Cover 5	Cover 5	Cover 5
Wellness CNA * 7A-3P						
Wellness CNA 1 3P-11P	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1
Wellness CNA 2 3P-11P	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2
Wellness CNA 3 3P-11P	Cover 3	Cover 3	Cover 3	Cover 3	Cover 3	Cover 3
Wellness CNA 4 3P-11P	Cover 4	Cover 4	Cover 4	Cover 4	Cover 4	Cover 4
Wellness CNA * 3P-11P						
Wellness CNA 1 11P-7A	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1
Wellness CNA 2 11P-7A	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2
Wellness CNA * 11P-7A						
Wellness CMA 1 7A-3P	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1
Wellness CMA 2 7A-3P	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2
Wellness CMA 1 3P-11P	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1
Wellness CMA 2 3P-11P	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2
Wellness CMA 11P-7A	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1
Dining Cook 7:30 - 2:30	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1
Dining Cook 12:30-7:00	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2
Dining 3 B - 2	Cover 3	Cover 3	Cover 3	Cover 3	Cover 3	Cover 3
Dining 4 B-1	Cover 4	Cover 4	Cover 4	Cover 4	Cover 4	Cover 4
Dining 5 4-7	Cover 5	Cover 5	Cover 5	Cover 5	Cover 5	Cover 5
Dining 4:30 - 7						
Dining 4:30 - 7						
House Keeping 1 7A-3p	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1	Cover 1
House Keeping 2 9 - 2	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2	Cover 2
House Keeping 1 7A-3p	Cover 3	Cover 3	Cover 3	Cover 3	Cover 3	Cover 3
House Keeping 2 9 - 2	Cover 4	Cover 4	Cover 4	Cover 4	Cover 4	Cover 4

Concierge and Dining will be cross trained to handle a variety of tasks, to include care services.

There will be one designated associate to handle isolated patients, all meds, dining will be funneled through this person and will be done in a minimal way so as to avoid multiple exposure.

Housekeeping to be kept to a minimum including cleaning if bathrooms and sterilizing of surfaces, no vacuuming !  
All associates will be assigned to either Wellspring or Village

Staffing based on standard 7.5 hour scheduling, should staffing be lost, associates could be moved to modified, if needed.



## HEALTH SAFETY AND WELLNESS MANUAL--ALF/SL INFECTION CONTROL SECTION--GENERAL/INTERDEPARTMENTAL



### HEALTH SAFETY AND WELLNESS MANUAL--ALF/SL INFECTION CONTROL SECTION--GENERAL/INTERDEPARTMENTAL

## PANDEMIC INFLUENZA EMERGENCY PLAN

Effective Date: 4/09/2001  
Revision Date: 2/28/2020

**Policy:** *It is the policy of Juniper Village to have plan related to pandemic influenza emergencies*

**Purpose:** To assist in maintaining the health and wellness of residents, associates and visitors.

**Procedure:**

1. The Safety Committee will serve as the multidisciplinary planning committee to specifically address pandemic influenza preparedness. Members of the committee include the Executive Director, Director of Wellness, Wellness Nurses, Staff Development Coordinators, Environmental Services Director, Dietary Services Director and other members of the Leadership Team.
2. The Director of Wellness will serve as the Pandemic Response Coordinator.
3. Points of contact will be identified for the following:  
Local Health Department: GLOUCESTER COUNTY HEALTH DEPT 856-218-4101 \_\_\_\_\_  
State Health Department: NJDHSS 609-633-8991 \_\_\_\_\_  
State Long Term Care Association: LTC OMBUDSMAN 877-652-1148 \_\_\_\_\_  
City Emergency Preparedness: EOM (W'TOWN) 856-728-9800 \_\_\_\_\_  
County Emergency Preparedness: GLOUCESTER COUNTY OEM 856-307-7100 \_\_\_\_\_
4. Local Hospitals will be identified for emergency care of residents:  
Hospital Name and Phone: JEFFERSON/WASH TWP 856-582-2500 \_\_\_\_\_  
Hospital Name and Phone: INSPIRA/MULLICA HILL 856-508-1000 \_\_\_\_\_  
Hospital Name and Phone: \_\_\_\_\_  
Hospital Name and Phone: \_\_\_\_\_
5. Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan as well as available state, regional and local plans are secured and incorporated into the community's pandemic influenza emergency plan.
6. The Director of Wellness monitors that the policies and procedures are in place for infection control, standard precautions, hand washing, controlling the spread of disease and infection surveillance and are followed.
7. Associates will follow policies and procedures related to infection control, hand washing, standard precautions, and controlling the spread of disease
8. The Director of Wellness is responsible for monitoring federal and state public health advisories.
9. The Executive Director and/or the Director of Wellness is responsible for monitoring as well as communicating information to the Leadership Team, associates, residents and families, related to the status and impact of the transmission of influenza among residents and associates in the community.
10. The Director of Wellness is responsible for communications with public health authorities during a pandemic.





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**HEALTH SAFETY AND WELLNESS MANUAL--ALF/SL**  
**INFECTION CONTROL SECTION--GENERAL/INTERDEPARTMENTAL**

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11. The Executive Director is responsible for coordinating education and training on pandemic influenza.
12. Associates, residents and visitors will be reminded of respiratory hygiene and cough etiquette practice that includes covering nose and mouth when coughing and sneezing, use of tissues and proper hand washing techniques.
13. Visitor and Move-In Restriction policies and procedures will be implemented during a pandemic influenza outbreak.
14. Residents exhibiting signs and symptoms and their exposed roommates will be confined to their rooms.
15. Residents with known or suspected pandemic influenza may be grouped together in one area of the community.
16. Associates assigned to working in affected areas will be restricted to those areas.
17. The Safety Committee will develop an associate sick plan that considers the minimum number of associates to provide care.
18. The Director of Wellness is responsible for assessing the day to day clinical associate staffing needs during an influenza pandemic.
19. During a Pandemic Influenza Emergency, the Executive Director will implement a liberal sick leave policy. Associates exhibiting signs and symptoms will be sent home and will be allowed to take time off to care for ill family members if necessary. Associates will be educated to self-assess and report any symptoms for pandemic influenza before reporting to work.
20. Leadership Team members will provide additional assistance with resident care as necessary during a pandemic influenza emergency.
21. The Director of Wellness will work with the community's Home Health and Hospice providers to provide increased services during a pandemic influenza emergency.
22. The Director of Wellness will work with the community's Pharmacy provider and the Department of Health to provide vaccine and/or antiviral prophylaxis to residents and associates.
23. The Director of Wellness will work with the community's Pharmacy and Durable Medical Equipment providers to obtain proper amounts of PPE (personal protective equipment). McKesson purchasing group will also be utilized to secure needed items.





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**HEALTH SAFETY AND WELLNESS MANUAL--ALF/SL**  
**INFECTION CONTROL SECTION--GENERAL/INTERDEPARTMENTAL**

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## HEALTH SAFETY AND WELLNESS MANUAL--ALF/SL INFECTION CONTROL SECTION--GENERAL/INTERDEPARTMENTAL

### Staffing Stratification Plan – Williamstown

<p>Divide the building into areas-neighborhoods</p>	<p><b>COVID NEIGHBORHOOD</b> Describe Exact? How many rooms? Which can staff use for rest?</p> <ul style="list-style-type: none"> <li>• Open rooms</li> <li>• 5 WS</li> <li>• 9 ALF</li> <li>• Assisted Living is more difficult – looking at the 2-3 apt extensions as isolation area.</li> <li>• Wellspring has more well-defined hallways. Can isolate A&amp;B but would have to move some residents. Would be much easier.</li> <li>• Review of hand off of PPE and consistent staff.</li> </ul>	<p>Other:</p>
<p>Determine minimum staffing levels for areas</p>	<p>Review care levels and what will be needed?</p> <ul style="list-style-type: none"> <li>• For COVID area <ul style="list-style-type: none"> <li>◦ Licensed person in with COVID</li> <li>◦ Have Colleen do meds and pull 1 RA for that unit.</li> <li>◦ 2 RA and MT do rest.</li> </ul> </li> <li>• Same thing at WS but would have to rearrange assignments <ul style="list-style-type: none"> <li>◦ 2 RA and MT do rest</li> <li>◦ Leah do Meds for COVID WS</li> </ul> </li> <li>• Make sure you get virtual nursing visits proficient.</li> <li>• Question about nightshift? <ul style="list-style-type: none"> <li>◦ We only have 2 at night.</li> <li>◦ Hire more night shift people to have <ul style="list-style-type: none"> <li>▪ 1 RA in COVID</li> <li>▪ Others for rest</li> <li>▪ Have Janet hire as temp night shift and do the 8 hr training and get on-line.</li> <li>▪ Make priority for hire.</li> </ul> </li> </ul> </li> <li>• <u>Have a plan to staff three people at night. So get hired and train now.</u></li> </ul>	



## HEALTH SAFETY AND WELLNESS MANUAL--ALF/SL

### INFECTION CONTROL SECTION--GENERAL/INTERDEPARTMENTAL

Assign teams to each neighborhood	<p>See EXCEL Sheet – Team A B C D</p> <ul style="list-style-type: none"> <li>• Need to create A &amp; B team for each building</li> <li>• MC could be team lead (colleen and Leah)</li> <li>• Assign all L team</li> </ul>	
Implementing the Universal Worker	<p>Whom will need trained?</p> <ul style="list-style-type: none"> <li>• We have some wellness whom previously worked in Dining               <ul style="list-style-type: none"> <li>◦ 3 cross-trained</li> </ul> </li> <li>• We have some PT looking for more people.</li> <li>• COVID Area               <ul style="list-style-type: none"> <li>◦ RA would need to be doing the hskpg.</li> <li>◦ Dining person just assigned to COVID</li> <li>◦ All associates will have to be universal workers</li> <li>◦ Start cross-training now</li> </ul> </li> </ul>	
What to do when you only have one nurse/med tech/QMAP for med pass	<p>Plan for less licensed staff?</p> <ul style="list-style-type: none"> <li>• Elise phone or face time</li> <li>• Split into groups</li> <li>• Stagger exposure.</li> <li>• Someone can come back after 14 days and they should take care of COVID</li> <li>• Mary Jane can help sub in.</li> <li>• Mary Ann ? can also</li> <li>• Some other LPNs</li> </ul>	



## HEALTH SAFETY AND WELLNESS MANUAL--ALF/SL

### INFECTION CONTROL SECTION--GENERAL/INTERDEPARTMENTAL

Plan for alternative scheduling. Please note, it is not necessary to look at this from a "traditional shift" perspective. You may need to implement a different schedule during this time.	What kind of shifts will you run? <ul style="list-style-type: none"> <li>We have snow storm prep kits and mattresses.</li> <li>Have already done.</li> </ul>	
Look at the time of day to see if the team size could be adjusted. For instance, can the team be smaller overnight.	When can you adjust <ul style="list-style-type: none"> <li>na</li> </ul>	
How will your mobile equipment be separated to avoid contamination?	<ul style="list-style-type: none"> <li>Dining – review with ray to separate</li> <li>Wellness – we have enough to make own areas</li> <li>Meds – moving to automated so can create a mini med cart to ensure all separated.</li> <li>PCC – have ipads and pull one for area or elise will donate a laptop or they will let don know if they need more.</li> <li>If only 2 associates they can share and use.</li> </ul>	
Other issues for your community?	<ul style="list-style-type: none"> <li>Make sure staff are not COHORTING like in a break room, smoking, other.</li> <li>Make sure they are not eating together.</li> <li>Assign COVID unit own break room and bathroom.</li> </ul>	
Other issues for your community?	<ul style="list-style-type: none"> <li>Anyone with symptoms cannot go in wellness dept</li> </ul>	
Other issues for your community?	<ul style="list-style-type: none"> <li>It is preferred that masks not go home.</li> <li>Use paper bags</li> <li>Washable masks cleaned in building. Use a sharpie and mark.</li> <li>Extend paper masks for more than one day</li> </ul>	



## HEALTH SAFETY AND WELLNESS MANUAL--ALF/SL INFECTION CONTROL SECTION--GENERAL/INTERDEPARTMENTAL

	<ul style="list-style-type: none"><li>• Using 50 masks/week (1RA, 1 MT)</li><li>• 15 per day/ bldg</li><li>• If clean and properly folded they can extend wear when taking care of like population.</li><li>• Dawn and Elise talk off-line re PPE use.</li></ul>	
Other issues for your community?	<ul style="list-style-type: none"><li>• PPE – dawn send pattern for gowns. Elise force her mother-in-law to work and sew.</li></ul>	
State	<ul style="list-style-type: none"><li>• Call from Maxine asking about virus and then started to read memo about masking all staff for sub-acute.</li><li>•</li></ul>	