



Priority Actions for All Post-acute Care Settings in Response to COVID-19

REVISED Date: March 30, 2020

Public Health Message Type: Alert Advisory Update Information

Intended Audience: All public health partners Healthcare providers Infection preventionists
 Local health departments Schools/child care centers ACOs
 Animal health professionals Other:

Key Points:

- SARS-CoV-2 (COVID-19) is **currently circulating** in New Jersey and the surrounding areas with many healthcare facilities, including the post-acute care setting, **being heavily impacted**.
- **Rapid action is needed NOW** to stop the introduction and spread of this virus in post-acute care facilities.

Immediate Action Items:

1. **Restrict persons** entering the facility, except in certain compassionate-care situations.
2. Implement **active screening** of patients/residents and persons in the facility for fever and other COVID-19 signs and symptoms, **per shift**. Beware of atypical presentation in older adults. **Vital signs** should include heart rate, blood pressure, temperature, pain and **pulse oximetry**.
3. Advise any persons who entered the facility to **monitor for fever and other COVID-19 symptoms** for at least 14 days after exiting the facility. If symptoms occur advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the persons they were in contact with, and the locations within the facility they visited.
4. **Create separate wing/unit or floor** to accept **asymptomatic patients/residents** coming or returning from the hospital. This may mean moving patients/residents in facility to create a new wing/unit. Limit staff working between wing/units as much as possible.
5. **Create separate wing/unit to accept COVID-19 (+) patients/residents** and care for those suspected or confirmed with COVID-19.
6. **Stop current communal dining** and all group activities. Encourage patients/residents to **stay in their room**.
7. Utilize **telemedicine and alternate means of communication** to maintain social distancing orders
8. **Inventory all personal protective equipment (PPE)** and develop a strategy to obtain emergency supplies with your local health department.
9. Implement **universal masking of all persons (e.g., staff members, visitors, clergy) entering the facility, with a surgical or isolation mask (not a respirator)**. Symptomatic patients/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.
10. 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>.
11. **Bundle** tasks to optimize PPE and limit exposures. Consider cross-training to conserve resources.
12. Dedicate **staff and mobile equipment** exclusively to a unit/wing to minimize exposures and transmission throughout a facility and in-between facilities.
13. Review or develop **staff contingency plans** to mitigate anticipated shortages.

Contact Information:

- Jessica Arias, Infection Preventionist or Rebecca Greeley, Infectious Disease Team Lead at haiar@doh.gov, (609) 826-5964
- The Communicable Disease Service at (609) 826-5964 during business hours

References and Resources:

- APIC Free Long-term Care Resources <https://apic.org/free-ltc-resources/>
- CDC COVID-19 Manage Anxiety & Stress <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>
- CDC COVID-19 What's New <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- NJDOH COVID-19 <https://www.nj.gov/health/cd/topics/ncov.shtml>
- NJHA COVID-19 Toolkit of Resources for Long-term Care Facilities <http://www.njha.com/media/595075/NJHA-COVID-19-Toolkit-LTC.pdf>