



Premier Cadbury Outbreak Plan as of 4/1/2022

Lessons Learned

Since March of 2020, we have had the opportunity to reflect on how COVID-19. Below are some of the lessons we have learned thus far from the pandemic:

- A. Personal Protective Equipment works. The proper use of face masks, gloves, and gowns helps to eliminated the spread of the virus.
- B. Social distancing of at least 6 feet or more helps to reduce the spread of the virus.
- C. Screening staff when entering and leaving the community helps with identifying those who may potential have to have been exposed to the virus.
- D. Frequent testing of staff and residents helps to control/reduce the spread of the virus.
- E. Handwashing is extremely effective and important in reducing the spread of the virus.
- F. Be flexible—the COVID-19 virus is a pandemic and we continue to learn new things daily. With this, directives/guidance changes frequently.

PLAN

1. Communication with family members/residents on mitigating actions implemented by the facility to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered include:

- Emails being sent via family/resident list serv
- Letters sent via US Mail to POAs
- Letters distributed to residents
- Automated PCC call system that alert POAs of any updates
- Memos distributed to residents with updates

2. In order to provide cumulative updates for residents, their representatives, and families of those residents in the facility, a weekly (at least) e-mail is sent to resident's POA via the electronic medical record system, PCC. In addition, memos are distributed to residents to keep them informed about any new information.

3. Virtual Communication-- The Director of Activities (aka Virtual Visitation Coordinator) would be the point of contact to set up facetime calls with family members so communication between residents and their families could continue. The Director of Activities has established a web based program for family members to log on and select available days and times for the calls to occur. If a family member is unable to use this system, they can make arrangements over the phone with the Director of Activities. Activity assistants will bring a facility owned ipad to the resident and help facilitate the call(s).

4. Plan to secure staff in the event of a new outbreak of COVID-19

The purpose of this plan is to establish contingency strategies to staff and operate the facility within the regulations of the DOH and CMS.

1. SITUATION:

During times of Pandemics or other catastrophic situations, the facility is still required to operate and provide life-sustaining care to nursing home residents. It is during such situations that staffing could be depleted due to quarantines and government placed restrictions.

2. CONSIDERATIONS:

This plan factors in the following considerations which were used in the development of the contingency options.

- a. Data provided by the DOH and CMS establishing minimum staffing requirements (if state designated) during normal conditions.
- b. Data provided by the CDC, Local, State and Federal Government in accordance with Pandemics or other catastrophic situations in which critical staffing shortages could occur.
- c. Data provided by the DOH, CMS and any level of government establishing waivers during said situations.

3. AUTHORITY:

Emergency delegation shall be established as the highest-ranking employee on-site during said situation in accordance with Emergency Preparedness Manual. Authority in preparation for said situation would be established in reverse order from Administration down.

4. CONTINGENCIES:

Based on the considerations above, the following contingency options are recommended for implementation to staff and operate the facility during the first 72 hours following declaration of said situation and ongoing as needed when staffing levels go below regulation requirements.

- a. Staffing by using PRN and PT employees that are not currently scheduled (overtime bonus offers for full time critical employees and others if needed)
- b. Notify State Knowledge Center, if applicable of unmet needs

- c. Staffing from Sister facilities in the same state (preferred)
- d. Staffing from Sister facilities from out of state (seek regulatory approval-waivers) (set up shelter in place provision for meals, rest, and lodging)
- e. Staffing from Temporary staffing agency (select a familiar organization with criminal history screening standards).
- f. Consider Shelter in Place of all staff
 - i. Set up a command central as a location for all staff to report needs and to get assignments
 - ii. Report meal needs to dietary
 - iii. Report projected lodging needs to environmental services
 - iv. Set up cots, rest areas, dining areas, and areas of privacy as needed.
 - v. Notify staff if determination is to go forward
- g. Staffing from Emergency nursing staffing programs (contact the appropriate oversight agency for guidance and assistance in accessing volunteers from out of state-waivers)
- h. Internal restructuring will occur while waiting for the implementation of contingencies a thru c

This restructuring includes the following:

- a. Assigning Administrative nursing to floor assignments
 - b. Rearranging shifts to provide overlapping coverage
 - c. Reassigning non-licensed required duties to ancillary non clinical staff
- i. Notify DOH of PPD less than established minimum, if required by the State DOH. Document all attempts to obtain staff and report on staff utilization to ensure best coverage possible.
 - j. Establish pick up and drop off points if/when public transportation is unavailable due to emergent crisis.
 - a. Pull current transportation drivers to pick up nursing staff as needed
 - b. Notify staff of availability of transportation—facility will attempt to contract with drivers and transport companies such as Lyft and Uber if necessary.
5. In order to be in compliance with CMS rule 42 CFR 483.80, each time a single confirmed infection of COVID-19 is identified in the Skilled Nursing Center (aka Health Care Center) and/or whenever three or more residents or staff with new-onset of respiratory symptoms occur within 72 hours of each other, the residents representatives in the skilled nursing center will be notified promptly. This communication is achieved by e-mail. Residents are notified via memo.
6. On our website, the phone number for **the Corporate Compliance Officer** can be found in the event that an urgent call or complaint needs to be addressed. Thomas Parsons

267-369-9800. You may also call the **main number at 856.667.4550** and ask to speak with Tamara Moreland, **Executive Director or email ed@premiercadbury.com**

7. If in-person visitation is unable to occur, virtual visitations would be established. The Director of Activities (Virtual Visitation Coordinator) would be the point of contact to set up face time calls. Please see the above, number 3 for more details. For any resident or family members who have questions regarding what is occurring at the Community, they can call or email the Executive Director. Furthermore, when an update regarding an outbreak or the like occurs, the Administrator will send out an email via the Community's list serve to all Skilled Nursing residents.

If needed, zoom calls with family members may occur to help transmit information and answer questions. If this is something the facility chooses to initiate, the effort will be coordinated by the Executive Director.

Testing of Staff and Residents with COVID-19 Symptoms or Signs

Fully vaccinated staff and residents do not have to be routinely tested except when a facility must engage in outbreak testing of all staff regardless of vaccination. Unvaccinated staff must be tested based on weekly regional CALI level. Staff with symptoms or signs of COVID-19 must be tested and are expected to be restricted from the facility pending the results of COVID-19 testing. If COVID-19 is confirmed, staff should follow Centers for Disease Control and prevention (CDC) guidelines "Criteria for Return to Work for Healthcare Personnel with SARS-CoV2 Infection."

Residents who have signs or symptoms of COVID-19 must be tested. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions (TBP) in accordance with CDC guidance. Once test results are obtained, the facility must take the appropriate actions based on the results.

Contact Tracing

The facility will do contact tracing per CDC/regulatory guidelines for residents and employees who are positive. Residents who are exposed to employees or other residents who are positive will then be placed on observation/quarantine as per CDC guidelines. Residents who are exposed will cohort appropriately according to CDC/regulatory guidelines.

Staff members who are tested positive who have worked in facility will have contact tracing done indicating residents/employees and/or units/floors/areas in facility that need to be quarantine/under observation

Testing of Staff and Residents in Response to an Outbreak

An outbreak is defined as a new COVID-19 infection in any healthcare personnel (HCP) or any nursing home onset COVID 19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission. A resident who is admitted to the facility with COVID-19 does not constitute a facility outbreak.

Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents would be tested, and all staff and residents that tested negative should be re-tested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. See CDC guidance “Testing Guidelines for Nursing Homes” section Non-diagnostic testing of asymptomatic residents without known or suspected exposure to an individual infected with SARS-CoV-2.

Routine Testing of Staff

Routine testing of staff should be based upon the extent of virus in the community for those unvaccinated, therefore facilities should use their county positivity rate in the prior week as the trigger for the staff testing frequency. Facility will also follow all directives and guidance set forth by the State of New Jersey. At time of this publication, the State of New Jersey is requiring weekly testing of all staff members.

Testing Turn Around Time

If the 48-hour turn around time cannot be met due to community testing supply shortages, limited access or inability of laboratories to process testes within 48 hours, the facility will have documentation of its efforts to obtain quick turnaround test results with the identified laboratory or laboratories and contact with the local and state health departments.

Sharing of Resident COVID-19 Status

Premier Cadbury will inform resident transportation services (such as non-emergency medical transportation) and receiving healthcare providers (such as hospitals) regarding a resident’s COVID-19 status to ensure appropriate infection control precautions are followed.

Routine communication between Premier Cadbury and other entities about the resident’s status will occur prior to the resident leaving the facility for treatment. In addition any new admission testing positive the information will be relayed to sending facility. Coordination between the facility and the other healthcare entity is vital to ensure healthcare staff are informed of the most

up to date information relating to the residents health status, including COVID-19 status, and to allow for proper planning of care and operations.

Additionally, the facility will maintain communications with the local ambulance and other contracted providers that transport residents between facilities, to ensure appropriate infection control precautions are followed as described by the CDC.

Refusal of Testing

Staff who have signs of symptoms of COVID-19 and refuse testing are prohibited from entering the facility until return to work criteria are met. If outbreak testing has been triggered and a staff member refuses testing, the staff member should be restricted from the facility until the procedures for outbreak testing have been completed. Premier Cadbury will follow local and state policies with respect to any asymptomatic staff who refuse routine testing.

Residents (or resident representatives) may exercise their right to decline COVID-19 testing in accordance with the requirements under 42 CFR 483.10 (c)(6). When discussing testing with residents, the importance of testing COVID-19 will be explained. Residents who have signs or symptoms of COVID-19 and refuse testing will be placed on Transmission Based Precautions (TBP) until the criteria for discontinuing the TBP have been met. If outbreak testing has been triggered and an asymptomatic residents refuses testing, Premier Cadbury will be extremely vigilant and will conduct additional monitoring to ensure the resident maintains appropriate distance from other residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.

Retesting of COVID 19 positive residents and staff

According to the CDC recommendations at the time of this publication, staff and residents who have recovered from COVID-19 and are asymptomatic do not need to be rested for COVID-19 within 3 months after symptom on-set. Re-testing should begin again 3 months after the date of symptom onset with the prior infection.

Procedure:

- The Facility has an agreement with a certified lab to provide testing as available and in accordance with the New Jersey Governors Executive Order as stated above and is FDA approved testing to provide testing kits and test results for all tests in a timely manner.
- Employees shall be required to submit written consent to testing and releasing testing results to the facility. If an employee refuses to submit to testing per this Directive and Policy and refuses to consent/authorize the testing facilities to release said test results to the facility, shall be excluded from work until otherwise the employee consents.

- Person's submitting to the testing shall be provided with the following information:
 - Information on how and when to obtain test results
 - Information for contacting the local health official within the jurisdiction where the individual resides
 - Information on obtaining follow-up medical care if the individual's test results are positive for COVID-19, in accordance with guidance as issued and/or amended by the CDC and/or the New Jersey Department of Health and;
 - Information about public health actions such as self-isolation to be taken based upon the individual's test results.
 - Facility will test per the guidelines of the CDC/DOH/CMS/Local Health department
 Staff: Upon hire and return to work form FMLA, LOA, vacation and presents with symptoms
 Residents: will be evaluated upon admission for any necessary/required testing for the COVID-19 virus.
- The Facility will ensure that testing, provided by the facility, is reasonably accessible for its personnel. Off premises test site locations list will be maintained by department heads and staff shall be informed to check with their departments if they do not or cannot utilize the facility testing.

The following are local testing sites:

Rite Aid in Barrington, NJ

Must go online to the Rite Aid web site and register for a time. The test is FREE. No insurance or prescription are required.

Patient First urgent care, RT 70, Cherry Hill

Call for an appointment. Will need insurance card.

Jefferson Cherry Hill/Cooper Hospital

Will need to call your physician to get a script and schedule a test.

- A spreadsheet will be utilized to track the testing of all personnel, including all employees, contract staff, medical staff, operators, and administrators, for COVID-19. Staff compliance is mandatory.
- The Facility shall maintain records of personnel testing and results for a period of one year.
- All employees, contract staff, medical staff, operators, and administrators that refuse testing shall not be permitted to enter or work at the facility until such test is performed and this list shall be maintained at the front lobby desk of the main entrance and the HCC entrance.

- Staff which test positive shall be removed from the schedule and not permitted to enter or work at the facility as per current CDC guidelines.. And state guidance for return to work shall be followed.
- All staff who test positive shall be reported in a prescribed format through the portal designated by the Office of Emergency Management (OEM) and shall include Testing Dates, Number of staff and residents/patients tested, Aggregate testing results for the staff and resident/patient populations and any other information requested by DOH.
- At least weekly all information regarding COVID-19 testing shall be reported through the HSNS System per the CMS Guidelines.
- All staff will receive Inservice Education on the NH Covid 19 Testing policies/procedures.

On-going testing:

Premier Cadbury COVID 19 Testing Policy

In accordance with Executive Directive No. 20-013 as mandated by the State of New Jersey Department of Health on May 13, 2020, all long term care and assisted living facilities shall include in their current disease outbreak plan, a COVID-19 testing plan for all staff and patients/residents. “Staff” to be tested in compliance with this order include all direct care workers and non-direct care workers within the long term care and assisted living facilities.

If you test Positive: If you test positive for COVID-19 (symptomatic or asymptomatic), you will be required to be off of work until Premier Cadbury, subject to Centers for Disease Control and/or New Jersey Department of Health recommendations as to timeframes and requirements, is permitted to allow you to return to work.

Testing for newly hired employees is required as part of the employment pre-screening process as long as this order is in effect.

Failure to submit and comply with all testing requirements mandated by the Centers for Disease Control and Department of Health will jeopardize your employment with Premier Cadbury including disciplinary action up to termination.

Premier Cadbury COVID 19 Testing Policy--RESIDENTS

In accordance with Executive Directive No. 20-013 as mandated by the State of New Jersey Department of Health on May 13, 2020, all long term care and assisted living facilities shall include in their current disease outbreak plan, a COVID-19 testing plan for all staff and patients/residents of a “long term care facility.” This includes residents of a nursing home or an assisted living residence.

If you test Positive: If you test positive for COVID-19 (symptomatic or asymptomatic), you will be required to be moved to the COVID positive cohort if you are a health care center resident.

I understand I have the right to decline being tested for COVID-19. If I decline, I understand that I will be placed in the PUI-Person Under Investigation section for 14 days if I am a health care center residents. If I am an Assisted Living resident, I will need to self-quarantine in my apartment for 14 days.

I, acknowledge receipt of this policy and agree to comply with its requirements.

Employee Name (Printed)

Date

Employee Name (Signed)

Post-testing protocols for patients such as cohorting of residents/patients and separation of those with laboratory confirmed COVID-19 infections from others

The facility has established appropriate guidelines pursuant to recommendations from the Local Public Health, State Department of Health, CMS and the Federal Centers for Disease Control (CDC). The policy addresses resident, staff and visitor behavior and responsibilities to try to prevent the transmission of communicable diseases.

Symptoms:

Per CDC, prompt detection, triage, and isolation of potential infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel (HCP) and visitors at the facility.

Symptoms may appear in as few as 2 days or as long as 10 days after exposure. Symptoms may range from mild to severe. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetics, seem to be at a higher risk for developing more severe complications from the COVID-19 illness. Reported illnesses have ranged from people with little to no symptoms to being severely ill and dying.

Common signs and symptoms

- * fever
- * cough
- * Shortness of breath
- * muscle aches, headache
- * sore throat
- * chills; chills with shaking
- * confusion or change in mental status. If noted, check pulse oximetry for O2 Sats
- * runny nose
- * chest pain
- * diarrhea, nausea and vomiting
- * myalgia
- * sudden onset of loss of taste/smell
- *traveled to an area NJDOH deems as a “hot spot”

Human corona virus spreads just like the flu or cold:

- * through the air by cough/sneezing
- * close personal contact such as touching or shaking hands (less than 6 ft. distance)
- * touching an object or surface with the virus on it
- * possible spread thru just speaking, (still not proven fact)

Procedure:

1. The facility, consistent with federal regulations, implements universal, standard infection control practices. This may include information pertaining to:
 - * Standard Precautions
 - * Transmission Based Precautions
 - * Hand hygiene
 - * Respiratory hygiene
 - * Vaccinations
 - * Signs and symptoms of common communicable diseases

To prevent the spread of respiratory germs WITHIN the facility, monitor/screen employees for fever or respiratory symptoms. The screener wears full PPE during the screening process. For

COVID -19 screening, the facility will monitor employee temperatures prior to starting shift and at end of shift or based on State specific DOH guidance. Staff will be asked about travel and signs/symptoms of COVID-19 and if anyone answers yes, they will meet with DON or designee for further assessment.

Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a facemask (if tolerated). Obtaining a pulse ox on the resident may be needed to be completed based on respiratory status. A physician order will be obtained with specific information for completion.

- a. In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and/or Droplet Precautions with mask/eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
- b. The facility monitors the Federal CDC website and state and local health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described above for residents with acute respiratory infection, the facility shall also consult with local health authorities for additional guidance.
- c. Signs should be posted throughout the facility describing ways to prevent the spread of germs. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>
- d. Hand and respiratory hygiene as well as cough etiquette by residents, visitors, and employees is imperative. Everyone is encouraged to wash their hands using soap and water or hand sanitizer frequently.
- e. Employees are educated and reminded to clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).
- f. Put alcohol-based hand rub in common areas, including hallways. Encourage staff, residents and visitors to wash hands with soap and water or to use the hand sanitizer frequently.
- g. It is recommended that tissues be available and any sink is well-stocked with soap and paper towels for hand washing.
- h. If able, the facility will identify a separate area of the facility or a designated wing/unit to provide care for residents with COVID -19. Also, if able, the facility will identify a

designated wing/unit to monitor new admissions/readmissions residents that may have been exposed to COVID prior to admission.

- i. If able, the facility will identify dedicated employees to care for COVID-19 patients and provide infection control training.
- j. Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
- k. Make PPE, including facemasks, eye protection, gowns, and gloves, available outside of the resident room or close proximity to resident room when it's determined PPE is needed for the resident.
- l. Position a trash can near the exit in the resident room to make it easy for employees to discard PPE. Perform hand hygiene upon exiting patient rooms.

Facilities who are notified of a resident in the facility or recently transferred to the hospital and notified by the hospital that a resident tested positive for COVID 19, need to follow guidance for care of that resident/residents based on CDC and Local and State Health Departments. These agencies are to be notified of a presumptive positive or confirmed positive resident for further guidance of care. CEO/COO/Regional Clinical Nurse/VP Buildings & Grounds should be notified of any Suspicious, Presumptive Positive or Positive resident.

Discontinuation of Transmission-Based Precautions for Residents with COVID-19

Transmission-based precautions are used by healthcare facilities to care for patients with confirmed or probable COVID-19, or in response to known or suspected exposure to COVID-19. These guidelines apply to healthcare facilities where transmission-based precautions are used.

The decision to discontinue [Transmission-Based Precautions](#) for patients with confirmed COVID-19 should be made using either a test-based strategy or a symptom-based (i.e., time-since-illness onset and time-since-recovery strategy) or time-based strategy as described below. **Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.**

Symptomatic residents with COVID-19 should remain in Transmission- Based Precautions until:

- o At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**
 - * Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - * At least 10 days have passed *since symptoms first appeared*

Residents with laboratory confirmed COVID 19 who have not had any symptoms should remain in Transmission-based Precautions as per the current CDC guidelines.

Discontinuation of Empiric Transmission Based precautions for residents suspected of having COVID-19

The decision to discontinue Empiric Transmission-Based Precautions by excluding the diagnosis of COVID-19 for a suspected COVID-19 patient can be made based upon having negative results from at least one FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARSCoV-2 RNA.

- If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2 RNA.
- If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the *symptom-based strategy* described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

For skilled nursing facilities and other long-term care facilities: Discontinuing “exposed” or “affected” status for a unit or facility

To declare a unit or facility that has housed COVID-19-positive residents unaffected by COVID-19, **all** of the following conditions must apply:

- All residents on the unit who were confirmed or probable cases of COVID-19 must have met the criteria for discontinuation of transmission-based precautions
- A minimum of 10 days have passed since the date of symptom onset for the last clinical case
- A minimum of 10 days have passed since the implementation of transmission-based precautions for COVID-19 and other infection prevention and control interventions for COVID19
- All residents who were not confirmed or probable cases of COVID-19 remain asymptomatic
- All staff remain asymptomatic or have met return-to-work criteria
- No additional or ongoing exposures have occurred (e.g. through exposure infectious healthcare workers)
- 28 Days with no new positive cases



**PREMIER
CADBURY**

CONTINUING CARE RETIREMENT COMMUNITY

EMPLOYEE CONSENT FOR COVID TESTING

Thank you for all you have done for residents and for each other as a Team during this COVID- 19 pandemic. The teamwork and support are helping ensure we will get thru this pandemic. To stop the spread of COVID 19 that impacts our nursing home residents so greatly.

On May 13, 2020, The New Jersey Governor Murphy issued Executive Directives N0. 20-012, No. 20-013 and Standing Order Control Number 2020-01 mandating COVID-19 Testing of all personnel (direct and non-direct) to be implemented on or before but no later than May 26, 2020. You will be required to consent to one (1) Baseline test and a retest within 3-7 days of a negative result of the Baseline test.

Employees who test positive for COVID-19 will be notified as soon as test results are made available but no later than 2 days of receipt of such results. Employees who test positive shall be required to quarantine at home for a period of 10 days with resolution of fever for a period of 72 hours without the use of any fever reducing medication (Tylenol etc.).

Employees testing positive upon swabbing will be excluded from work; CDC/State Guidelines will be followed for Return to Work Guidance.

I understand that the COVID-19 testing will be completed at no cost to you and will be billed thru your insurance provider.

I understand that the testing is being completed based on CDC/CMS/State guidelines to assist in the Infection prevention and control measures at the facility.
I consent to the testing/swabbing of specimen for COVID- 19.

I consent to the authorization of testing sites to release my test results to the facility as soon as they are received.

Print Name

Signature/Date

____ I am declining to the testing/swabbing of specimen for COVID-19. I am aware that I will be taken off the schedule and unable to work until testing is completed.

____ I am declining to authorize the testing site to release my test results to the facility. I am aware that I will be taken off the schedule and unable to work until such authorization is given to the testing site.

Print Name

Signature/date

. Work Exclusion of staff who test positive for COVID-19 infection, refuse to participate in COVID-19 testing, or refuse to authorize release of their testing results to the LTC, until such staff undergoes testing and the results of such testing are disclosed to the LTC

Positive results:

- Any personnel that test positive for COVID-19 must remain home in isolation in accordance with all guidance and directives of Department of Health and current CDC guidelines.
- **Staff refusal to participate in testing or refuse to release results**

If a staff member refuses to be tested or to release test results to the facility, the staff member will be excluded from work until the staff member undergoes testing and the results of such testing are disclosed to the facility.

Return to work criteria for HCP with Confirmed or suspected COVID-19

Symptomatic HCP With Suspected or Confirmed COVID-19

Symptom-based Strategy, Exclude From Work Until:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath, **and**
- At least 5 days have passed since symptoms first appeared.

Time Based Strategy, Exclude From Work Until:

- 5 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
- If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used.
- Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

After returning to work, HCP should:

- Wear a facemask for source control at all times while in the healthcare facility

- A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
- Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 10 days after illness onset
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen
- Ensure that recovered HCW wear all indicated PPE according to facility policy. The immunity of recovered persons to COVID-19 infection is not known, and a lack of proper PPE could expose HCP to other communicable diseases.

Return to Work Practices and Work Restrictions

After returning to work, employee should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsens

Visitation is permitted at all times.

We recommend visitors practice social distancing and encourage wearing face masks and other PPE as deemed necessary and be fully vaccinated. However, visitation is permitted at all times regardless of vaccination status.

