

A. POINT PREVALANCE TESTING PLAN

1. A point prevalence survey, or PPS, is an epidemiologic tool to assess the number of people in a group with a disease or condition at a specific point in time. The New Jersey Department of Health (NJDOH) recommends that when LTCFs perform facility-wide COVID-19 point-prevalence testing, they should plan in advance to take quick actions based on the results and to adopt a strategy to re-test residents and staff who were found to be negative on the initial round of testing. A PPS for COVID-19 requires collection and testing of a surveillance specimen from all patients/residents and staff in a facility or unit. A PPS can provide useful information for healthcare facilities to guide infection prevention efforts and identify patients/residents who are at risk of spreading or developing COVID-19 infections.
2. As per Executive Directive No. 20-012 Voorhees Pediatric Facility (VPF) shall implement a COVID-19 **Mandatory Testing Plan** for all staff and residents who have previously not been tested or have tested negative. "Staff" to be tested pursuant to this Directive include all direct care workers and non-direct care workers within the facility; including but not limited to administrative, housekeeping, environmental, dietary and contracted agency staff. Residents and Staff who have previously tested positive do not need to be re-tested.
3. The plan may be amended from time to time to be consistent with the most current Centers for Disease Control and Prevention (CDC) and New Jersey Department of Health (NJDOH) health guidance.

B. TESTING PROCEDURES AND FREQUENCY

1. The Plan shall include a baseline test and one follow-up test as follow:
 - a. Baseline molecular testing of staff (as defined in A.1. above) and residents/patients completed by or before May 26,2020; and
 - b. Retesting of staff and residents who test negative at baseline within 3- 7 days after baseline testing.
2. Further retesting in accordance with NJDOH and CDC guidance, as amended and supplemented, shall in implemented in accordance with procedures implemented specifically for such retesting.

C. STAFF INFORMED CONSENT, EXCLUSION FROM WORK AND RETURN TO WORK

1. Prior to the collection of a specimen from an individual staff member, that staff member shall sign a written consent to treat and authorization for release of laboratory test (see attachment) results to the facility so as to inform the facility's Infection Preventionist and to implement prevention strategies.
2. Staff who decline to participate in COVID-19 testing, or decline to authorize release of their testing results to the facility shall be excluded from working in the Facility until such time as such staff undergoes testing and the results of such testing are disclosed to the facility.
3. Staff who test positive for COVID-19 infection shall be excluded from working in the facility in accordance with CDC Guidelines: The "Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel."
4. Any individual staff member who is excluded from work because they tested positive for COVID may return to work in accordance with CDC/DOH recommendations as to timeframes and requirements.

D. STAFFING SHORTAGE CREATED BY TESTING

1. Plans to address staff as well as facility demands due to the outbreak are part of the emergency operations plan for COVID-19. Staffing is evaluated twice daily at an administrative huddle.

E. RESIDENT INFORMED CONSENT

1. All resident/parent/guardian will be contacted and informed of the executive directive for mandatory testing and right of refusal.
2. If there is a declination to undergo COVID-19 testing (INCLUDING RESULTS), then the facility shall treat the resident as a Person Under Investigation (PUI), make a notation in the resident's chart, and notify any authorized family/guardian members or legal representatives of this decision.

3. The resident will be evaluated twice daily with temperature checks and other potential signs and symptoms of COVID-19.
4. Onset of temperature and/or other symptoms consistent with COVID-19 require immediate cohorting in accordance with the VPF Outbreak Response Plan.
5. At any time, the resident/parent/guardian may rescind their decision not to be tested.

F. SAMPLE COLLECTION AND TESTING

1. Specimen collection will be conducted by trained VPF clinical staff.
2. Prior to collecting the specimen the facility, the will provide information to the individual regarding information on:
 - How and when to receive results
 - Information for contacting the local health official within the jurisdiction where the individual resides
 - Information on retesting if the individual tests negative.
 - Information on next steps the individual tests positive for COVID 19 including CDC and NJDOH guidance.
3. Specimen testing will be conducted by a lab, under contract with the facility.
4. Resident/parent/guardian will be contacted by nursing staff once testing results have been received. Any positive cases will require contact by a member of the medical staff.

G. TEST RESULTS

1. Results for all baseline tests and retests relating to residents shall be reported back to the facility's Medical Director
2. Results for individual staff members will be reported back to the Infection Preventionist.

H. REPORTING

1. The facility administrator and/or his/her designee shall submit the following reports:

- a) May 19, 2020, an attestation stating that the LTC has developed a Plan in compliance with this policy shall be submitted by email to LTC
DiseaseOutbreakPlan@doh.nj.gov.
- b) May 26, 2020, an attestation stating that the LTC has implemented a Plan in compliance with this policy shall be submitted by email to LTC
DiseaseOutbreakPlan@doh.nj.gov.
- c) Promptly after the receipt by the facility of test results, the following shall be submitted in a prescribed format through the portal designated by the Office of Emergency Management ("OEM") in Executive Order No. 111 as follows:
 1. Testing dates;
 2. Numbers of staff and residents/patients that have been tested;
 3. Aggregate testing results for the staff and resident/patient populations; and
 4. Any other information requested by DOH.

I. POST-TESTING PROTOCOLS

1. Post-testing protocols follow the facility's current policies related to cohorting of residents according to their COVID status and decisions of when to discontinue a resident's stay on a COVID positive unit

J. ONGOING TESTING REQUIREMENTS

1. Additional staff and resident testing may be required after consultation with the NJDOH and the following triggers:
 - a. Confirmed positive COVID 19 case in one or more staff and/or residents.
 - b. Significant increase in local positive cases of COVID 19.
 - c. CDC or CMS guidelines for retesting as part of a phased reopening.
 - d. NJDOH mandated testing directives.
2. Any established frequency of testing (weekly, monthly, etc.) will be conducted in consultation with the NJDOH and the facility Infectious Disease consultant.
3. All new employees are required to have baseline COVID 19 testing and repeat if negative within 3-7 days.

4. All new residents are required to have baseline COVID 19 testing upon admission and follow up within 3 -7 days. All new admissions are placed in isolation for 14 days.
5. Testing of residents that are readmitted will be at the discretion of the Medical staff.

REFERENCES

Executive Directive, 20-012, New Jersey Department of Health, May 12, 2020.

Executive Directive No. 20-013 Covid-19 Testing at Licensed Long Term Care Facilities, Assisted Living Residencies, Comprehensive Personal Care Homes, Residential Healthcare Facilities, and Dementia Care Homes, State of New Jersey, Department of Health, May 12, 2020.

Pilot Point Prevalence Testing Action Items for Long Term Care Facilities, New Jersey Department of Health (NJDOH), New Jersey Communicable Disease Service CDS, April 25, 2020.

Coronavirus Disease 2019 (COVID-19), Symptoms of Coronavirus, Centers for Disease Control and Prevent, May 8, 2020.

Frequently Asked Questions, Department of Health Executive Directive 20-013, May 18, 2020.

Revised Clinical FAQs about the COVID Testing Mandate, New Jersey Department of Health, May 18, 2020.

Centers for Medicare and Medicaid Services (CMS), Ref:QSO-20-30-NH, Nursing Home Reopening Recommendations for State and Local Officials, May 18, 2020.

Centers for Disease Control and Prevention (CDC), Testing Guidelines for Nursing Homes, Updated June 13, 2020.