OUTBREAK PLAN

COVID-19 OUTBREAK PLAN

Purpose:
To define guidelines, following state, federal, and regulatory standards, that provide a framework to ensure that the current pandemic outbreak of COVID-19 is effectively managed and contained within Jersey Shore Post Acute. This plan is in place to ensure that a coordinated approach is taken. Since this pandemic outbreak has significant implications for routine services and additional resources will be required, the Emergency Operations Plan within the organization will be initiated when indicated to cover all management, organizational and communications procedures.

New Jersey Department of Health references:

- NJDOH Executive Directive No. 20-013/20-013(1)
- NJDOH Executive Directive No. 20-017
- NJDOH Executive Directive No. 20-018
- NJDOH Executive Directive No. 20-025
- NJDOH Executive Directive No. 20-026

Related Policies & Manuals:

a. Emergency Operations Plan (EOP) 2022
b. Infection Control Outbreak Response Plan 2022
c. Emergency Staffing Guidelines
d. Critical Staffing Guidelines
e. Mandatory Overtime Regulations and Guidelines

The COVID-19 Outbreak Plan includes the establishment and deployment of an Infection Control Team (ICT). ICT meetings are regularly scheduled. Additionally, our nursing staff are available for consultation 24 hours/7 days week. Members of the ICT have defined roles and responsibilities over key operational and clinical services to ensure that the Center remains in compliance with all licensing, regulatory and local, state and federal guidance and requirements specifically related to the COVID-19 pandemic/outbreak.

Clinical Operations Review Team members may include but not be limited to:

- Chief Operating Office
- Clinical Director
- Medical Director(s)/designee
- Licensed Administrator(s)
- Regional Administrator
- Director of Infection Prevention and Control

Definitions:

1) **Pandemic-** A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there was little to no pre-existing immunity against the new virus, it spreaded worldwide.

2) **Isolating**-means the process of separating sick, contagious persons from those who are not sick.

3) **COVID-19 Cohorting**-means the practice of grouping patients/residents who are or are not infected with COVID-19 to confine their care to one area and prevent contact with other patients/residents. Cohorting groups will be considered according to the following as applicable (refer to COVID Cohort Grid):

i) **Cohort 1: COVID-19** Positive: this cohort consists of both symptomatic and asymptomatic patients/residents who test positive for COVID-19, including any new or readmissions known to be positive, who have not met the discontinuation of Transmission-Based Precautions criteria.

ii) **Cohort 2: COVID-19** Exposed symptomatic: this cohort consists of residents that have active symptoms following an exposure and are waiting results.

***** New or Re-admissions: consists of all persons from the community or other healthcare facilities who are new or readmitted with no symptoms (asymptomatic) regardless of vaccination status, do not need quarantine and or isolation is required. Mask is recommended for 10 days following admission to the facility. New and re-admissions must be tested regardless of vaccination status upon admission day 1, 3 and 5.**

Jersey Shore Post Acute recognizes that the principles of continuous quality improvement are foundational and consistent with its mission, vision and values. The commitment to quality is evident in ongoing Quality Assurance and Performance Improvement initiatives. Applying this framework to Jersey Shore Post Acute in response to the COVID-19 pandemic outbreak, we continuously review our operations and performance to ensure that services provided will be of the highest quality and consistent with all current standards and licensing, regulatory and/or accrediting agency requirements.

Lessons learned include:

1. Importance of immediately executing our established EOP.
2. Importance of strong collaboration/relationships with the state and local department of health.
3. Importance of staying abreast of and implementing all licensing, regulatory, accrediting and other resource guidance as they are developed and disseminated.
4. Importance of establishing an Infection Control Team to drive initiatives.
5. Importance of strong communication processes and mechanisms.
6. Importance of education, training and competency.

7. Importance of managing Personal Protective Equipment (PPE) available, optimizing according to federal agency guidance, establishing a stockpile and having strong vendor relationships.
8. Importance of having access to tests and receiving timely test results.

Communication:
1. Jersey Shore Post Acute utilizes multiple platforms to communicate with internal and external stakeholders. These include, but are not limited to, and are implemented based on target audience and information required to be disseminated:
a. Posting information and links on Jersey Shore Post Acute. website (Internet)
c. Weekly updated emails to residents and families.
d. Use of social media platforms
e. Written correspondence sent by mail US Post to patients/residents and families and staff
f. Discussion at the resident council meeting.
g. Posting information in common areas for staff, residents and families.

Staffing: Jersey Shore Post Acute has established Emergency Staffing Guidelines as well as defined Critical Staffing Guidelines to be implemented to secure staff as needed to ensure continuity of care for all patients/residents in the event of a new outbreak of COVID-19, any other infectious disease or emergency among staff. These are outlined in the Emergency and Critical staffing guidelines.

Visitation: The most effective tool to protect anyone from the COVID-19 Omicron variant (or any version of COVID-19) when visiting residents is to be up-to-date with all recommended COVID-19 vaccine doses. Also, Jersey Shore Post Acute urge all residents, staff, and visitors to follow the guidelines for preventing COVID-19 from spreading, including wearing a well-fitting mask (preferably if possible those with better protection, such as surgical masks or N95) at all times while in a nursing home, practicing physical distancing, and performing hand hygiene by using an alcohol-based hand rub or soap and water. Residents do not have to wear a mask while eating or drinking, or in their rooms alone or with their roommate.

In general, visitation is allowed for all residents at all times. However, as stated in CMS memorandum QSO-20-39-NH REVISED 11/12/2021, "*facilities should ensure that physical distancing can still be maintained during peak times of visitation," and "facilities should avoid large gatherings(e.g., parties, events)." This means that facilities, residents, and visitors should refrain from having large gatherings where physical distancing cannot be maintained in the facility. In other words, if physical distancing between other residents cannot be maintained, the facility may restructure the visitation policy, such as asking visitors to schedule their visit at staggered time-slots throughout the day, and/or limiting the number of visitors in the facility or a resident's room at any time.*

Note:
While these may be strategies used during the holidays or when a high volume of visitors is expected. We expect these strategies to only be used when physical distance cannot be maintained. Also, there is no limit on length of visits, in general, as long as physical distance can be maintained and the visit poses no risk to or infringes upon other residents' rights. If physical distancing cannot be maintained or infringes on the rights and safety of others, the facility must demonstrate that good faith efforts were made to facilitate visitation." (Retrieved from CMS QSO-20-39-NH).

Routine Monitoring and Screening:

Jersey Shore Post Acute shall actively screen all persons entering the building during outbreak status (except EMS personnel) for signs and symptoms of COVID-19 The screening will take place in the designated screening area that accommodates social distancing and infection control standards.

All Visitors (including outside health care providers, consultants and contractors) and staff are required to check-in at the front desk kiosk to receive the following screening: a. Temperature checks including subjective and/or objective fever equal to or greater than 100.4 F b. Completion of a screening questionnaire about symptoms and potential exposure which shall include at a minimum:

i. Whether in the last 14 days, the visitor has had an identified exposure to someone with a confirmed diagnosis of COVID-19, someone under investigation for COVID-19, or someone suffering from a respiratory illness.

ii. Whether the visitor has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation per guidance issued by NJDOH and CDC.

iii. Whether in the last 14 days, the visitor has returned from a state on the designated list of states under the 14-day quarantine travel advisory, available for review at https://covid19.nj.gov/faqs/nj-information/travel-information/which-states-are-onthe-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey.

iv. Determination if any signs or symptoms of COVID-19, are exhibited including, but not limited to:

1. Chills;
2. cough;
3. shortness of breath or difficulty breathing,
4. sore throat;
5. fatigue;
6. muscle or body aches;
7. headache;
8. new loss of taste or smell;
9. congestion or runny nose;
10. nausea or vomiting; or
11. diarrhea

As per DOH the approach to an outbreak investigation could involve either contact tracing or a broad-based approach (e.g., targeting a unit, floor, or other specific areas of the facility); however, a broad-based approach is preferred if: • All potential close contacts cannot be identified; or • All close contacts and HCP with higher-risk exposures cannot be managed with contact tracing; or • Contact tracing fails to halt transmission Source control is recommended for individuals in healthcare settings who reside or work in a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days. Source control may also be required in New Jersey facilities whenever Community Transmission is high. The NJDOH COVID-19 Weekly Surveillance Report will be posted at the reception area.

Reporting to Public Health Officials:

a. The facility shall enter information in the NHSN COVID-19 Module twice weekly
b. The facility shall report daily on the NJHA website
i. Case count
ii. PPE Inventory
iii. Testing
iv. Test results
c. The facility shall call the Local NJ Department of Health upon the occurrence of any new positive cases of COVID-19 among residents and/or staff.

Environmental Services:

a. During COVID-19 or other infectious outbreak the facility will safeguard the cleanliness of the environment, to reduce the potential of spread of infectious pathogens. The facility is ensuring that the cleaning processes follow established CDC, Depart of Health and EPA recommendations.
i. All cleaning solutions used are of the appropriate and registered by Environmental Protection Agency (EPA)
ii. Cleaning supplies and equipment shall be appropriately cleaned, disinfected and stored to protect against the spread of pathogens.
iii. All personnel are responsible for promptly reporting potentially infectious conditions.
iv. The IP or designee will notify the housekeeping department when the possibility of the spread of infectious organisms exists (Resident testing positive for COVID-19).
v. Cleaning consists of a thorough cleaning and disinfection with special emphasis on those items handled directly by the resident; furnishings, faucets handles, commodes, door knobs, etc. high touch areas.
vi. Washing of walls where frequently touched areas.
vii. Floor clean specific to covering; example, carpet, wood, tile, ceramic, etc.
viii. Non-disposable, reusable residents care items should be cleaned and appropriately disinfected before reusing.

COVID-19 MANAGEMENT AND SURVEILLANCE PLAN

POLICY:

Jersey Shore Post Acute is committed to protecting all LTC/ SNF residents and healthcare workers from COVID-19 and other communicable diseases and will follow all recommended strategies and surveillance measures outlined by the CDC, NJ Department of Health and Federal regulations.

PROCEDURE:

RESIDENTS

1. Educate residents about COVID-19 and the actions the facility is taking to protect them.

2. In the case of outbreak all non-vaccinated or partially vaccinated residents traveling outside the building (e.g., dialysis, urgent appointments, ER transfers) must wear a mask at the time of transfer. If the resident is suspected of COVID-19 or exhibiting symptoms consistent to COVID-19, the transportation provider and place of destination must be notified prior to the transfer.

COVID-19 Testing Criteria:

3. All residents will be monitored for covid-19 symptoms daily. In the event a resident does not feel well or their vital signs suggest Covid-19 is likely, the resident will be tested with a rapid test for Covid-19. The Resident will be considered to have Covid-19 after a positive rapid test, and will be treated as such. If the rapid test is suspected for a false positive (consult with ID/ MD) a PCR will be taken and sent to the lab for confirmation of Covid-19.

4. Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible.
5. Asymptomatic patients with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.

Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

- Guidance for work restrictions, including recommended testing for HCP with higher-risk exposures, are in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. (see attached)

6. Testing considerations for healthcare facilities with an outbreak of SARS-CoV-2 are as follows:
    - Contact tracing approach during outbreak: perform SARS-Cov-2 viral testing for all patients/residents identified as close contacts and all staff who have higher-risk exposures,

regardless of vaccination status, who have not been previously positive within the past 30 days. Asymptomatic patients/residents and staff with close contact or higher-risk exposures should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately but not earlier than 24 hours after exposure and, if negative, 48 hours after the first negative test. If negative again 48 hours after the second negative test. This will typically be on days 1, 3 and 5 (where the day of exposure is day 0).

- Broad-based approach: perform SARS-CoV-2 testing for all patients/residents and staff on the affected unit(s), regardless of vaccination status who have not been previously positive within the past 30 days, immediately and, if negative again 48 hours after first negative test, and if negative again 48 hours after second negative test results.
- Facility may consider the use of empiric transmission based precautions or work restrictions when the individual: (1) is unable to be tested or wear source control as recommended for the 10 days following the exposure. (2) is moderate to severe immunocompromised, (3) is residing or working on a unit with others who are moderate to severely immunocompromised, (4) is residing or working on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.
- In general asymptomatic close contact or HCP with higher risk of exposure do not require empiric transmission based precautions or work restrictions, regardless of vaccination status, if they do not develop symptoms or test positive for SARS-CoV-2.
- Performance of expanded screening testing of asymptomatic HCP without known exposures is at the discretion of the facility.

7. New or Re-admissions: consists of all persons from the community or other healthcare facilities who are new or readmitted with no symptoms (asymptomatic) regardless of vaccination status, do not need quarantine and or isolation is required. New and re-admissions must be tested regardless of vaccination status upon admission day 1, 3 and 5.

Placement Decisions/Cohorting:

8. Residents confirmed to have SARS-CoV-2 infection should be placed in a single room, if available, or housed with other residents with only SARS-CoV-2 infection. If unable to move a resident, he or she could remain in the current room with measures in place to reduce transmission to roommates (e.g., optimizing ventilation).

- Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom.
    - If cohorting, only patients with the same respiratory pathogen should be housed in the same room. MDRO colonization status and/or presence of other communicable diseases should also be taken into consideration during the cohorting process.
- Jersey Shore Post Acute may consider designating entire units within the facility, with dedicated HCP if feasible, to care for patients with SARS-CoV-2 infection when the number of patients with SARS-CoV-2 infection is high. Dedicated means that HCP are assigned to care only for these patients during their shifts. Dedicated units and/or HCP might not be feasible due to staffing crises or a small number of patients with SARS-CoV-2 infection. HCP will take care of the residents from well to ill in that order.
- Limit transport and movement of the patient outside of the room to medically essential purposes.
- Communicate information about patients with suspected or confirmed SARS-CoV-2 infection to appropriate personnel before transferring them to other departments in the facility (e.g., dialysis) and to other healthcare facilities.

9. In the event of an outbreak:

Cancel all group activities and communal dining on the unit of the infected resident if transmission is not controlled with initial interventions, or instructed by local authorities until deemed safe to resume.

Residents will not be permitted outside their infected unit/room without being accompanied by an authorized personnel.

All residents must stay inside their rooms. In the event that a resident is at risk (e.g., high risk for falls) and requires supervision, the residents are encouraged to wear a mask at all times and, be placed with a minimum of 6-ft distance from other residents or staff in the area.

NON-ESSENTIAL PROVIDERS AND VENDORS

1. Visitation guidelines are subject to change depending on the current risk level of COVID-19 transmission. At the time of this revision, there are no visitation restrictions.

ESSENTIAL PROVIDERS, VENDORS AND FIRST RESPONDERS

1. Essential providers and vendors include but not limited to:
    a. Physicians and Specialists (wound care nurse, respiratory therapists, etc.)
    b. Phlebotomists and X-ray technician.
2. Must follow the screening protocol and PPE guidelines prior to entering the facility.
3. First Responders may be permitted to enter immediately without screening protocol if answering a life-threatening emergency (e.g., CPR in progress, active fire, etc.).

STAFF MEMBERS

1. Educate and train staff about COVID-19 and the appropriate infection control procedures.
    a. Reinforce adherence to standards and transmission-based precautions.
    b. Continued education about the effectiveness and safety of the COVID-19 vaccine and/ or booster shots.
2. All staff are requested to complete the screening protocol and PPE guidelines prior to entering the facility.
3. All staff must adhere to the current testing guidelines.
4. Remind staff not to report to work and alert their supervisor if they are exhibiting symptoms of COVID-19 (cough, shortness of breath, fever).
5. Reinforce sick leave and callout protocols.
6. In the event of an outbreak, staff identified as a potential case after contact tracing will be tested not earlier than 24 hours after exposure and if negative 48 hours, then 48 hours later as required by CDC, DOH and/ or other Local, State and Federal regulation to identify any new cases of Covid-19 among the staff.
7. Develop or review plans to mitigate staffing shortages.

BUILDING MAINTENANCE AND HOUSEKEEPING

1. Education housekeeping staff of the availability and use of appropriate cleaners.
2. All high-touch surfaces must be wiped down frequently.
3. Avoid contact with patients as feasible.

KITCHEN / DIETARY

1. Educate kitchen / dietary staff about food preparation precautions.
2. Avoid contact with patients as feasible.

References:

- CDC, Coronavirus (COVID-10) (https://www.cdc.gov/coronavirus/2019-ncov/index.html)
- CDC, Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html)
- NJDOH Guidance for COVID-19 and/or Exposed Healthcare Personnel (https://www.nj.gov/health/cd/documents/topic/NCOV/Guidance for COVID-19 Diagnosed and/or exposedHCP.pdf)
- NJDOH COVID-19: Information for Healthcare Professionals (https://www.nj.gov/health/cd/topics/covid2019 healthcare.shtml)
- NJDOH, Healthcare Associated Infections, ICAR Resources (https://www.nj.gov/health/cd/topics/hai/shtml)
- CMS, April 19, 2020 (QSO-20-26-NH) Communicable Disease Reporting Requirements/Transparency