OUTBREAK PLAN

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EASTERN PINES

OUTBREAK PLAN

POLICY STATEMENT

Eastern Pines strives to prevent the transmission of infectious disease outbreaks through an understanding of the routes of transmission, applying infection prevention measures, identification of confirmed illness, and isolation of potentially infectious persons to prevent transmission. Eastern Pines monitors resident's and staff to identify signs of communicable disease that could develop into an outbreak.

NOTIFICATIONS

1. Critical points of contact/notification have been identified for all stages of outbreak. The Director of Nursing/Designee will contact the following points of contact as appropriate:
    a. Local health department
    b. State health department
    c. State long term care professional/trade association
    d. Local emergency preparedness group
    e. State emergency preparedness groups
    f. Other regional emergency and pandemic preparedness groups
    g. Local area hospitals
    h. Other local healthcare providers (other long-term care facilities; emergency medical services, etc.).
2. The Infection Control Nurse/Designee will communicate with staff, residents, and families regarding the status and impact of the outbreak in the facility.
3. The Director of Nursing/Designee will inform residents, their representatives, and families of the residents by 5p.m. the next calendar day following the subsequent occurrence of either;
    a. A single confirmed infection of COVID-19 is identified, or
    b. Whenever 3 or more residents or staff with new-onset of respiratory symptoms occur within 72 hours of each other.

4. If a resident is tested and the result is positive, the Director of Nursing/designee will notify the resident and the designated representative as their result is received but no longer than 24 hours of the positive result via phone call.
5. The Director of Nursing/designee will notify all department directors of the location of residents with a positive respiratory illness and quarantine as soon as the result is received.
6. Data will be reported as required into databases established by the NJDOH, CDC NHSN, or others in accordance with regulatory requirements.

COMMUNICATION

1. Various communication methods will be utilized to rapidly disseminate information regarding the current or changing status of the outbreak in the facility. The Coordinator will determine the most appropriate communication methods (signs, phone, internet, etc.) for the situation.
2. Cumulative updates for residents, their representatives, and families will be provided on a weekly basis during periods when visitation is curtailed. The updates include the status of the facility and information on the activities in the facility. Communication methods will be as follows:
    i. Phone calls to representatives
    ii. Designated COVID hotline
    iii. Updates will be issued within 24 hours when there is a single confirmed infection of COVID-19 or when there are three or more residents or staff with new onset respiratory symptoms within 72 hours of each other.
3. Resident communication with the outside
    a. Virtual communication will be available for every resident. Virtual applications include but are not limited to Sociavi, Skype, and Facetime.
    b. Tablets, phones, or computers are made available for the residents or they may use their own electronic device.
    c. The recreation department will monitor and ensure every resident has the opportunity to socialize virtually with their loved ones regularly.

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SURVEILLANCE AND DETECTION

1. The Infection Control Nurse/Designee coordinates pandemic preparedness planning, surveillance and detection
2. The Infection Control Nurse/Designee monitors public health advisories (federal and state) and is responsible for updating the facility when a pandemic has been reported in the United States and is nearing the geographic area.
3. Daily monitoring and confirmed cases in residents and staff is included in our surveillance and is reported to the employee responsible for infection control.
4. Evaluation and diagnosis of residents and/or staff with like illness shall follow current CDC Guidelines for evaluation of symptoms and laboratory diagnostic procedures.
5. Enhanced surveillance (e.g., virologic testing) of resident and staff with illness will be considered on a case-by-case basis in collaboration with the local public health department. Determination of enhanced surveillance will be based on the clinical presentation of symptoms, risk factors for exposure to novel viruses, and current CDC recommendations.
6. Residents are monitored for signs and symptoms of COVID-19 every shift.
7. If an outbreak in the facility is suspected, virologic testing of residents may be used to determine the best course of managing the outbreak.
8. Assessment of symptoms is included in the evaluation of newly admitted residents. Current CDC Guidelines for isolation precautions will be followed to determine the appropriate placement of newly admitted residents with illness or confirmed disease.
9. Employees will be monitored prior to the start of their shift for symptoms.
10. Employees are required to notify their supervisor of any potential exposure to the infectious agent outside of the facility.
11. All visitors, vendors, volunteers will be screened and monitored prior to entering the facility.

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TRAINING AND EDUCATION

1. The Infection Control Nurse, in collaboration with the Director of Nursing, is responsible for developing and overseeing staff training on disaster preparedness, including pandemics, based on local, state, and federal guidelines.
2. Staff training on disaster preparedness and pandemic includes, but is not limited to, the following components:
   a. Understanding and using the disaster communications plan, including how to access information about the situation through various means of communication (e.g. phone trees and internet)
   b. State and local emergency management agency contacts
   c. Organization chart and chain of command during a disaster
   d. Performance shifts during disasters – roles of management, clinical and non-clinical staff, and practitioners
   e. Communication with residents and family during disasters
   f. Quarantine and/or visitor restrictions during infectious disease outbreaks
   g. Control measures, including vaccinations and infection control precautions, to prevent infection and control outbreaks
   h. The implications of a pandemic at the facility and community levels,
   i. Hand washing and infection prevention,
   j. PPE; the correct use of, including donning, doffing, and proper disposal
   k. Job specific tasks – i.e. handling of soiled linens; dietary preparation of meals using disposable products and handoff of trays without entering affected units; housekeeping proper cleaning and disinfection; clinical staff isolation guidelines when providing care,
   l. Recognizing signs and symptoms for specific infectious agent
   m. Reporting protocols
3. Local (e.g., health department, hospital-based) and long distance (web based) training opportunities have been identified and may be utilized for additional staff training.

4. Resident and family education will be provided by the Infection control nurse/Designee and may include the following:
    a. Internet resources for general information about seasonal and pandemics;
    b. The facility's current state of preparedness for disaster and/or pandemics; and
    c. Information regarding written policies and procedures for pandemic planning
    d. Hand hygiene and infection prevention
5. Printed documentation distributed to residents and family will be in a language and reading level that can be understood by the resident and family.

EMERGENCY SUPPLIES

1. Eastern Pines maintains an emergency supply of the following:
    a. A 60 day supply of emergency PPE, including but not limited to;
        i. Gowns,
        ii. Gloves,
        iii. N95 masks,
        iv. Surgical masks,
        v. Face shields.
    b. Emergency food supply,
    c. Emergency water supply,
    d. Emergency disinfection products,
    e. Disposable resident care products.

ADMISSIONS AND TRANSFERS TO HOSPITALS/PHYSICIAN OFFICE

1. During an outbreak, admissions of new residents will be suspended if we are unable to appropriately cohort.
2. All admissions will be admitted directly to the presumptive unit unless they are COVID-19 positive, in which case they will be directly admitted to the COVID-19 unit.
    a. Residents with symptoms suspicious of COVID or respiratory infection will be isolated from other residents.

   b. Residents will be tested for COVID-19 upon admission and within 3 days to determine result.
   c. If a resident test positive for COVID-19, they will immediately be placed on the COVID-19 unit.
   d. Residents will remain on the presumptive unit for 14 days.
3. Prior to transferring resident to the hospital or a physician's office, emergency transport and the receiving hospital or physicians' office will be informed of the resident's diagnoses and transmission-based precautions to be followed.
4. A facemask will be placed on the resident prior to transport.
5. All infection prevention protocols will be followed.

RESIDENT TESTING PLAN

1. Continuous resident testing will be done per guidance from the NJDOH, CMS, and CDC.
2. Retesting of residents who have been confirmed positive will be retested as required by NJDOH, CDC, or other governing bodies.
3. If an outbreak occurs, residents will be tested weekly for 4 weeks.
4. Information will be reported on the NJDOH portal and with the NHSN as required

PROTOCOL TO COHORT RESIDENTS

1. All affected residents will be isolated following CDC transmission protocols based on the disease process which may include the following:
   a. Contact precautions
   b. Droplet precautions
2. Our protocol for isolating and cohorting infected and at-risk residents in the event of an outbreak of a contagious disease until the cessation of the outbreak is described in detail in the following:
   a. "Isolation – Categories of Transmission-Based Precautions" policy
   b. "outbreak of Communicable Diseases" policy
3. Presumptive Unit

a. The presumptive unit will hold residents who have been exposed or are showing signs and symptoms

4. COVID Unit
   a. The COVID unit will hold residents that test positive for COVID
5. Well Unit
   a. The well unit will hold residents who have not been exposed and do not show signs and symptoms of COVID

DISCONTINUATION OF TRANSMISSION BASED PRECAUTIONS FOR SUSPECTED OR CONFIRMED COVID-19 RESIDENTS

1. The decision to discontinue transmission-based precautions for COVID19 positive residents will be made using a test-based strategy or a no-test-based strategy (i.e., time since illness onset and time since recovery strategy) in accordance with CDC and NJDOH guidelines.
2. For new admissions from the hospital with confirmed COVID19, transmission-based precautions will be based on the residents clinical status upon discharge from the hospital on a case by case basis according to CDC guidance and the Medical Director's decision and the results of testing prior to discharge.

EMPLOYEE TESTING PLAN

1. Eastern Pines will implement ongoing center-wide testing of all Center staff per guidance from the NJDOH, CMS, and CDC.
2. Staff who have tested positive for COVID-19 and recovered will be retested according to NJDOH, and CDC guidelines.
3. The lab or program being used to test employees will report back to the Administrator within 48 hours.
4. Staff will be given a release to sign to allow results to be given to the facility Administrator
5. Staff members who test positive will be taken off the schedule for 10 days.
   a. Upon staff return to work, they must be:

    i. Masked
    ii. Restricted from caring for severely immunocompromised residents
    iii. Self-monitored for symptoms and seek re-evaluation from physician if symptoms of COVID-19 occur or worsen.
6. If an outbreak occurs, staff will be tested weekly for at least 4 weeks.
7. Information will be reported on the NJDOH portal and with the NHSN as required

EMPLOYEE CONTINGENCY STAFFING PLAN

1. Eastern Pines has developed strategies for reducing the gap between available staff and staffing needs as the number of pandemic residents' increases and staff members become ill or remain home to take care of affected family members. Such strategies may include:
    a. Utilize temporary agencies for additional staffing,
    b. Assigning resident-care responsibilities to administrative staff,
    c. Utilizing nursing and medical students,
    d. Using resident family members in an ancillary capacity
    e. Calling on retired staff to return temporarily,
    f. Utilize the staff at other Geri-care Managed buildings
    g. Utilize trained volunteers known to the facility or organization
    h. Staff may be given incentive pay to work when crisis/emergency staffing is needed.

EMPLOYEE PROTOCOL

1. Employee contact information will be kept updated by the office manager
2. Employees who can work additional shifts if needed to fill positions for affected employees will be identified.

3. Department supervisors will identify tasks that can be temporarily eliminated or modified during and outbreak or if a staffing shortage occurs.
4. Coordinate with temporary staffing agencies to assure they are compliant with facility protocols and have a monitoring system in place to check their employees for exposure prior to sending them to Milford Manor
5. Ancillary department employees may be assigned to assist in various areas outside their department after verification they can safely perform the tasks during a staffing shortage.
6. Employees will be cohorted during an outbreak and if possible will not be rotated to different units to minimize the spread of infectious agent.
7. Employee assignments will take into consideration age, chronic medical conditions, and family situations (i.e. pregnancy, newborn, etc.)
8. PPE are required for employee use when caring for residents on the presumptive and COVID units.
9. All employees will be screened and monitored for symptoms each day when they report to work
10. Any employee that develops a fever, cough, or difficulty breathing will be immediately sent home.
11. All employees deemed potentially contagious will be sent home and will not be allowed to return to work until 14 days after the last symptom was resolved or according to the latest NJDOH, CMS, or CDC guidelines.
12. Employees are required to notify their supervisor of any potential exposure to the infectious agent from travel or through outside exposure.
13. Sick leave policy will be in accordance with public health guidelines and regulatory requirements.

X-RAY AND LABORATORY PERSONNEL ENTERING EASTERN PINES

1. The personnel will be screened according to the screening process at the entrance of the facility.
2. Personnel will be informed which residents are on transmission-based precautions for whom orders for diagnostic tests or lab work are received.
3. Transmission based precaution units or rooms are indicated by a stop sign. The type of precaution the resident is on
4. Proper PPE to be worn will be labeled on a sign on the resident's door.

5. Hand hygiene will be performed before entering and after exiting a resident's room.
6. All equipment brought into the resident's rooms must be sanitized before unit it for the next resident or transporting in the hallways.
7. COVID unit will be the last unit in which tests are performed
    a. Full gown, mask, face shield must be worn when entering the COVID unit and the presumptive unit.
    b. Remove all PPE before exiting these units. Sanitize equipment used and perform hand hygiene.

HOUSEKEEPING AND ENVIRONMENTAL CONTROL

1. Disease specific cleaning and disinfecting protocols are in place to ensure facility cleanliness and mitigation of spread of infectious organisms.
2. The facility maintains a supply of cleaning products approved by EPA for cleaning and disinfecting.
3. Dedicated or disposable medical equipment will be used for a resident who is symptomatic and/or exposed and for all residents on the presumptive or COVID units. This may include, but is not limited to:
    a. Blood pressure cuff
    b. Thermometer
    c. Glucometer
    d. Wheelchair
4. There will be equipment dedicated to the COVID and presumptive units. All such equipment will be properly cleaned and disinfected between each resident. Dedicated equipment may be, but not limited to:
    a. Mechanical lifts
    b. Shower chair
    c. Medication carts
    d. ThermoScan thermometers
    e. Housekeeping Cart

5. Housekeeping staff follow written protocols beyond general cleaning that are disease specific including increasing cleaning passes, increased cleaning of high touch surfaces, and purchasing of additional disease specific cleaning products as needed.
6. Housekeeping and environmental protocols can be found in detail in Milford Manor's Housekeeping Policy and Procedure Manual specifically in:
    a. Cleaning environmental surfaces and shared equipment
    b. CDC environmental checklist for monitoring terminal cleaning
    c. COVID-19 isolation cleaning
    d. COVID-19 isolation laundry procedure
    e. Disinfection with hand washing
    f. PPE
    g. Infection control
7. Laundry will be handled as required based on the specific disease organism.
    a. Soiled linens from affected residents will be bagged and placed in a designated covered bin and those linens will be transported to laundry.
    b. Washers/dryers, and work services will be cleaned and properly disinfected following the cleaning of soiled linens and personal items of affected residents.
8. Medical waste will be disposed in an impervious bag.
9. All residents on presumptive or COVID units will receive all meals on disposable trays using disposable products.
    a. All disposable food items will be properly disposed of on the unit, bagged and placed directly into the trash compactor
10. No food carts from the kitchen will enter the presumptive or COVID unit. All trays will be passed through the door to a staff member on the unit and delivered to residents.
11. Any equipment that must be brought onto the unit will be properly cleaned and disinfected before removal from the unit.

RESIDENT ACTIVITIES

1. Group activities, communal dining will be cancelled as directed by the Infection Preventionist or other health authorities. Trips outside the facility will be suspended.
2. Activities will be unit based with residents remaining in their rooms or within their doorways if possible. Tactile objects may not be shared. Activities will be based on individual resident interests.
3. Residents will be encouraged to remain in their rooms. Residents who are not on the presumptive or COVID units and leave their room will wear a facemask, perform hand hygiene and maintain social distancing.
4. Residents will be offered the opportunity to communicate with family members via electronic virtual communication. Phones, tablets, and computers can be provided when needed.
5. Group activities and communal dining will resume with guidance from NJDOH, CMS, and CDC.

RESIDENT VISITATION

1. All resident visitations will be conducted within the guidelines set forth by the NJDOH, CMS, and CDC.
2. Details on visitation protocol can be found in the following:
   a. Policy: Outside visitation
   b. Policy: Inside visitation
   c. Policy: visitation for End-of-Life, Compassionate Care, and Essential Caregivers

THINGS WE LEARNED FROM OUR EXPERIENCE WITH COVID-19

- Our residents are resilient, understanding, and compassionate. They are the reason we come to work every day. They are the reason we left our families at home and showed up every day during the most trying, and frightening times. They are more than our residents; they are our family.
- Our staff is astonishing. We've always known this; however, in these times, seeing their dedication, perseverance, and the love for the residents is proving this fact to be more important than ever. We couldn't get through these challenging times without them.
- PPE is not guaranteed. Vendors were limited and the government cannot be counted on. A stockpile is necessary to survive another outbreak.

- Communication with our residents, staff, families, vendors, volunteers and community was vital. The more communication the better.