

Independence Manor at Hunterdon

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| Department: Nursing | Effective Date: 5/2020 |
| Title: Outbreak Response Plan Policy | Page: 1 to 7 |
| Approved by: Mary Rueda, RN, Director of Nursing Angelica Guydish, Executive Director | Review date: Revised date: |

Outbreak Response Plan Policy:

Policy:

- To effectively manage and contain an outbreak when identified in the Assisted Living.
- To promote an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment.
- To help prevent the development and transmission of communicable diseases and infections.
- Outbreak investigations will be organized by the Director of Nursing or designee when an outbreak is suspected.
- The team listed below will meet as needed to monitor the outbreak and initiate any needed changes. Local and state department of health will be apprised as required.

SECTION A

Infection Prevention Team:

- Administration (Administrator and Nursing Director)
- Maintenance/Housekeeping Director
- Dietary Director
- Activity Director
- Admission Director

Outbreak investigation will be organized by the Director of Nursing or designee when an outbreak is suspected.

1. The Center will inform residents and their representatives within 12 hours of a single confirmed infection of COVID-19, influenza or norovirus.
2. The Center will inform residents and their representatives of a potential outbreak when there are three (3) or more residents or staff with new onset of respiratory symptoms and /or gastrointestinal symptoms that occur within 72 hours.
3. Updates to residents and their representatives will be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or

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whenever there are three (3) or more residents or staff with new onset of respiratory symptoms occurring within 72 hours.

4. The Center's designee will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the Assisted Living will be altered.
5. Immediate steps will be taken to the best of the Assisted Living's ability to isolate symptomatic individuals from those who may be pre-symptomatic or under investigation and residents who do not have any symptoms to dedicated areas with dedicated staff.
6. Testing will be expansive and extensive Center-wide for COVID-19 and influenza.
7. Staff testing will also take place to stop the introduction, limit exposure to, and control the spread of these contagious diseases.

SECTION B

Procedure:

According to defined clinical parameters or state regulations:

COVID-19

Two (2) residents/patients and/or staff in three (3) days become sick with these listed symptoms and at least one (1) of these has a positive test for COVID-19:

1. Confirm the existence of an outbreak:
 - a. Defined as one (1) LabID SARS-CoV-2 positive, that is an excess over expected (usual) level within the Center (i.e., normal rate is 0% and is now (1) positive LabID result).
 - b. Symptoms:
Fever, dry cough, shortness of breath, fatigue
Elders may exhibit:
 - i. Increased confusion, worsening chronic conditions of the lungs, loss of appetite, and decreased fluid intake
 - ii. Less common: sore throat, headache
2. This Center will implement Center-wide testing of residents and all Center staff.
3. If resident/patient(s) refuses to undergo COVID-19 testing, those individuals will be treated as a Person Under Investigation (PUI).
 - a. Nursing will document resident/patient's refusal and notify responsible representative of refusal to testing.
 - b. Resident/patient at any point in time may change their mind to testing at which time the center will proceed with testing this individual.
 - c. PUI:
 - i. Resident/patient will be cohorted accordingly
 - ii. Temperature monitoring will continue daily

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- iii. Onset of elevated temperature or other related symptoms consistent with COVID-19 will require isolation.

INFLUENZA:

1. Three (3) or more clinically-defined cases or one (1) or more laboratory identified results for Influenza in a Center within a 10-day period from October through May, should be viewed as an outbreak.

PNEUMONIA:

2. Two (2) or more with nosocomial cases of non-aspiration pneumonia within a 10-day period should be reviewed for outbreak potential.

SECTION C

1. Create line listing and search for additional causes and cases
 - a. Review surveillance and lab reports
 - b. Obtain appropriate lab specimens as directed by the physician or state/local health department
2. Use appropriate line listing forms when symptoms are identified for both resident and staff:
 - a. Respiratory Line Listing, Gastroenteritis Line Listing
3. Organize data according to time, place, and person
 - a. Time: duration of the outbreak and pattern of occurrence
 - b. Place: develop location and onset of dates of cases
 - c. Person: evaluate characteristics that influence susceptibility such as age, sex, underlying disease, immunization history
 - d. Exposure by nursing staff, or other infected residents
4. Formulate likely cause
 - a. identify (organism) source and possible mode of transmission

Notify

- Administrator
- Director of Nursing, Attending physician
- Staff and department directors
- Family of the affected resident(s)
- Local/state health department, according to regulations
- Nursing will inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of influenza, COVID-19, or norovirus. Three (3) or more residents or staff with new onset of respiratory

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symptoms and /or gastrointestinal symptoms that occur within 72 hours. Resident(s) and their responsible representatives will be informed of possible outbreak within the center.

- Administration and Nursing will notify all residents' responsible representatives of outbreak either by phone, email and/or written letter weekly or more frequently as needed.

SECTION D

1. Implement control measures based on sign, symptoms, diagnosis, mode of transmission, and location in the Center.
Measures may include:
 - a. Transmission-based precautions
 - b. Restricting visitors
 - c. Screening all employees for elevated temperatures and signs/symptoms
 - d. Restriction of affected residents from group activities
 - e. Suspending communal dining
 - f. Suspending admissions to affected unit
 - g. Suspending admissions to Center if deemed necessary
 - h. Increased housekeeping, intensive environmental cleaning with frequent cleaning of high touch areas
 - i. Department Director will implement staffing contingency plan for possible change in staffing levels which will include calling home health agencies and staffing agencies.
 - j. Cohorting of residents to a specific area within the building will be implemented if 10 percent of the population become positive. This will include relocating residents to the memory care unit and those in memory care will be relocated to the main AL with appropriate nursing care and staffing.
2. Once all has been reviewed with Administrator and Nursing:
 - a. Conduct mandatory staff education
 - I. Hand hygiene
 - II. Outbreak disease symptoms
 - III. Reporting the occurrence of symptoms of resident and staff.
 - IV. Transmission-based precautions
 - b. PPE will be made available in preparation for an outbreak
 - c. Advise staff who are exhibiting symptoms to stay at home
3. Monitor for effectiveness of investigation and control measures until cases cease to occur or return to normal level

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Summarize data/information collected.

A. TESTING PLAN

1. The facility shall implement a COVID-19 testing plan for 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 Assisted Living; including but not limited to administrative, housekeeping, environmental, dietary and contracted agency staff. Residents and Staff who have previously tested positive will need to be retested as per current CDC guidelines.
2. The Plan may be amended from time to time to be consistent with the most current CDC and DOH public health guidance.

B. TESTING PROCEDURES AND FREQUENCY

1. The Plan shall include a baseline test and one follow-up test as follows:
 - a. Baseline molecular testing of Staff (as defined in A.1. above) and residents completed by or before May 30,2020; and
 - b. Retesting of Staff and residents/patients who test negative at baseline within 3-7 days after baseline testing.
2. Further retesting in accordance with CDC guidance, as amended and supplemented, shall be implemented in accordance with procedures implemented specifically for such retesting.

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

1. Prior to the collection of a specimen from an individual staff member, that staff member shall sign a written authorization for release of laboratory test results to the facility. Any individual staff member who refuses to sign such authorization shall be treated as if he/she tested positive for Covid-19.
2. 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." Staff who refuse to participate in COVID-19 testing, or refuse 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 Assisted Living.

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3. 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. PLAN TO ADDRESS STAFFING SHORTAGE CREATED BY TESTING

Plans to address staffing (including worker absences) and facility demands due to the outbreak include contract with agency and cross training.

E. RESIDENT CONSENT

If a resident/patient refuses to undergo COVID-19 testing, then the facility shall treat the individual as a Person Under Investigation, make a notation in the resident's chart, notify any authorized family members or legal representatives of this decision, and continue to check temperature on the resident at least daily. Onset of temperature or other symptoms consistent with COVID-19 require immediate isolation to apartment in accordance with the Outbreak Response Plan. At any time, the resident may rescind their decision not to be tested.

F. TESTING

Specimen collection will be conducted by a lab, under contract with the facility. The administration of the test will be conducted by Assisted Living RNs and LPNs or may be administered by Contracted laboratory staff, if available.

G. TEST RESULTS

1. Results for all baseline tests and retests relating to residents/patients shall be reported back to the facility's Administrator/Director of Nursing and his/her designee
2. Results for staff shall be reported back to each individual staff member and to the facility's Administrator/Director of Nursing and his/her designee.

H. REPORTING

1. The facility administrator and/or his/her designee shall submit the following reports:
 - By 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.
 - By May 30, 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.

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- 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. 11:
 - Testing dates;
 - Numbers of staff and residents/patients that have been tested;
 - Aggregate testing results for the staff and resident/patient populations; and
 - Any other information requested by DOH.

I. POST-TESTING PROTOCOLS

Post-testing protocols follow the facility's current policies related to cohorting/isolating of Residents according to their COVID status and decisions of when to discontinue a Resident's stay on isolation.

Resources:

NJDOH, Guidance for COVID-19 and/or exposed healthcare personnel
[https://nj.govhealth/cd/documents/topic/NCOV/Guidance for COVID-19 Diagnosed and/or exposed HCP.pdf](https://nj.govhealth/cd/documents/topic/NCOV/Guidance%20for%20COVID-19%20Diagnosed%20and/or%20exposed%20HCP.pdf).

CDC, Testing for Coronavirus (COVID-19) in nursing homes
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CMS, April 19, 2020 (QSO-20-26-NH) Communicable Disease Reporting Requirements/Transparency