

## Independence Manor at Hunterdon

Department: Nursing	Effective Date: 5/2020
Title: Outbreak Response Plan Policy	Page: 1 to 7
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### 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)
- Infection Preventionist
- 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 72 hours of a single confirmed infection of a single confirmed infection of any contagious disease.
2. The Center will inform residents and their representatives of a confirmed outbreak based on NJDOH guidelines that occur within 72 hours.

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3. Provide appropriate notifications of residents, resident's families, visitors and staff in the event of a contagious disease outbreak in the facility.
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 any contagious disease.
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

One (1) resident/patient or staff within a 14-day period 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 investigation and a potential outbreak as defined by current guidelines of the NJDOH:
  - a. Symptoms include but not limited to:  
Fever, dry cough, shortness of breath, fatigue, sore throat, headache, loss of taste or smell  
Elders may exhibit:
    - i. Increased confusion, worsening chronic conditions and loss of appetite.
2. This Center will implement a Contact tracing targeted testing or Broad-based testing of residents and all staff as per local NJDOH.
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.

### **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, including but not limited to:
  - a. Respiratory Line Listing
  - b. 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
- Infection Preventionist
- Staff and department directors
- Family of the affected resident(s)
- Local/state health department, according to law and regulations
- Nursing will inform residents and their representatives within 72 hours of a communicable disease outbreak.
- Administration will notify all residents and responsible parties of an outbreak when needed.

### **SECTION D**

1. Implement control measures based on sign, symptoms, diagnosis, mode of transmission, and location in the Center.  
Measures may include:

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- a. Transmission-based precautions
  - b. Screening all visitors and employees for elevated temperatures and signs/symptoms
  - c. Restriction of affected residents from group activities
  - d. Suspending communal dining only if directed by local NJDOH.
  - e. Suspending admissions to affected unit only if deemed necessary.
  - f. Suspending admissions to Center if deemed necessary.
  - g. Increased housekeeping, intensive environmental cleaning with frequent cleaning of high touch areas
  - h. Department Director will implement staffing contingency plan for possible change in staffing levels which will include calling home health agencies and staffing agencies.
  - i. Cohorting of residents to a specific area within the building will be implemented if 10 percent of the population become positive. An example would be to relocate 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 symptom monitoring
    - iii. Reporting the occurrence of symptoms of resident and staff.
    - iv. Transmission-based precautions to include donning and doffing of PPE
  - 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.

Summarize data/information collected.

### **A. TESTING PLAN AND PROCEDURES**

1. Testing will be done in accordance with CDC guidance, as amended and supplemented.
2. Managing admission and residents who leave the facility will be at the discretion based on nursing staff assessment of each resident.

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3. The Center does provides viral testing as recommended by local NJDOH, when indicated 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.

### **B. 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 "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2." 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.
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.

### **C. PLAN TO ADDRESS STAFFING SHORTAGE CREATED BY TESTING**

Plans to address staffing needs (including worker absences) and facility demands due to an outbreak which includes contracting with an agency who will be trained on community protocols to include the core principles of infection control, and the use of personal protective equipment.

The Director of Nursing or designee will be assigned the responsibility of conducting a daily assessment of staffing needs during a COVID 19 outbreak.

Every effort will be made to try and assign the health care provider to work only with affected residents.

### **D. 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

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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.

### **E. 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.

### **F. 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.
  - 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.

### **G. 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.

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### H. VISITATION

Visitation is allowed for all residents at all times with adherence to the Core Principles of COVID-19 Infection Prevention as directed by CMS and the NJDOH. Visitors must follow these principles:

- Wearing of a mask is optional when in the community
- Please register on the Advance Screening tablet at the front desk
- Clean hands with alcohol-based hand rub or sanitizer
- Refer to the posted signs in the main lobby and other areas as a reference.

During facility outbreak the following guidelines will be observed:

- Visitors must register on the Advance Screening tablet at the front desk
- Visitors must wear a mask
- Visitation will occur in the resident's room
- Visitors should physically distance if able
- Visitors access in the common areas will be limited
- When visiting a resident that is on isolation, visitors must be made aware of the potential risk of becoming infected. Prior to entering the resident's apartment, the visitor(s) must wear an appropriate Personal Protective Equipment (PPE) such as gown, mask, goggles and gloves by following the signage outside the resident's door.
- Visitors to an isolation is encouraged to seek guidance from the nursing staff on donning and doffing of PPE and Transmission-Based Precaution.

Guidelines for visitation are subject to change as per updates of CMS, NJDOH and CDC recommendations.