

## **Outbreak Response Plan**

### **Revised April 2022**

#### **Purpose:**

The purpose of an Outbreak Plan is to protect our residents, staff, and visitors in the event of any disease or other type of outbreaks that may occur in the facility and or community in compliance with New Jersey law.

#### **Generic Outbreak Plan Overview**

The outbreak plan includes general components applicable to most outbreak situations. These components have been incorporated into our infection control and emergency preparedness programs. This outbreak plan is generic and will be modified as appropriate to reflect specific actions if an outbreak occurs. Each component of the plan is described below.

#### **Prevention, Assessment, and Mitigation of Infectious Diseases**

The Infection Control Preventionist conducts ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcomes and that may require transmission-based precautions and other preventative interventions.

- If an infectious disease outbreak occurs the facility has disease specific interventions that are implemented to mitigate the outbreak and prevent the spread. If the disease is a novel organism the Infection Control Preventionist works closely with the NJDOH, CDC, and CMS regarding actions to be taken. In all cases the facility maintains a list of key contacts at the local, county, and state health departments and monitors CDC, CMS, and NJDOH guidance.
- An all hazards assessment is completed and reviewed annually as part of the facility emergency management plan that identifies known emerging pathogens and the level of risk for a potential outbreak at the facility.

#### **Resident Assessment & Care**

- The facility routinely monitors residents for disease specific symptoms and follows existing protocols should any symptoms be identified that might be indicative of outbreak. Nursing assessment guidance will be established by the nurse leaders, infection control preventionist, medical director and consultant nurse practitioner. All outbreaks will be properly reported in conformance with regulations to appropriate agencies and a list of those affected submitted as required.
- Residents will be educated about symptoms to immediately report to a nurse during an outbreak. Nursing staff will assess residents for signs and symptoms as appropriate should an outbreak occur. Facility staff will receive disease specific education and procedures to follow in the event of an outbreak to protect residents and themselves from exposure.
- Telehealth evaluation of residents will be considered to aid in rapid assessment while minimizing the risk of facility and community spread.
- Care plans will be updated to reflect the current needs of each affected resident during the outbreak period and interventions implemented and reviewed with the resident to ensure they are person centered.

#### **Transmission Based Precautions Protocols**

- Transmission based precautions are followed based on the mode of transmission of an infectious organism. Staff receive education about standard, contact, droplet, and airborne precautions on hire and annually. The type of precautions used are specific to each disease.
- The type of precautions may also affect visitation, equipment use, isolation requirements, and visitation, and will be communicated to residents, staff and family through a variety of alerts including

signage on facility entrance doors, unit entrance doors and resident rooms as required by CDC and federal and state regulations.

- A respiratory protection program was implemented in compliance with revised OSHA regulations. This program includes fit testing of staff for the use of N95 respirator masks. The Respiratory Protection Program Plan was developed and approved by the facility Administration, ownership and the medical director and is updated as needed in response to OSHA and CDC, CMS and NJDOH guidance.

#### **Cohort Protocol**

- Cohorting is the practice of grouping residents by actual infection with or exposure to an infectious agent. Those who are infected with the same organism will be confined to a designated area; those exposed but not symptomatic or diagnosed will be restricted to a designated area until assessed or tested as appropriate, and those not ill who have not been exposed will be grouped separately to prevent exposure or illness.
- Staff are assigned to a cohort group during an outbreak when required to prevent the spread of infection. Equipment should not be shared between cohort groups and will be disinfected between resident uses within each cohort.

#### **Communication Protocol**

- Group notification of resident's, families, visitors, vendors, volunteers, physicians, and staff in the event of an outbreak of a contagious disease is conducted immediately. Notification includes provision of information regarding the type of outbreak, restrictions on visitation, educational materials, specific resident impacts, actions implemented to mitigate the spread of disease, and changes in routine daily care and services delivery.
- The Social Service and Activity departments will coordinate telephone, email, facetime, and skype visits during outbreaks as appropriate if visitation is restricted.
- Individual notification of residents, families, and physicians is also completed when a resident is diagnosed with or has been exposed to the organism. Residents and staff will be notified of an outbreak, the extent of the outbreak within the facility, actions implemented to mitigate the outbreak, notification of any restrictions such as visitation, or communal dining or activities. Education will be provided in easy to understand language regarding the disease, required personal protective equipment, and alternatives to restrictions.
- Residents, families, significant others, and staff will be informed of the impact of the outbreak on "everyday life" at the facility, e.g. visiting hours, meals, recreation programs, and limited access to the facility or a designated area in the facility. Visitation information will be provided based on the type of outbreak and guidance from NJDOH, CMS, and CDC as appropriate.
- Phone tree email blast notification notification may be established by the Administrator and the Social Service department to inform all residents' primary contacts. Written notification mailings will be considered. Email notifications will be done if email addresses are available. Notifications and updates will be posted on Notifications will be posted at the facility entrance as required and on entry doors to affected units and as appropriate Resident rooms. Resident rights and privacy will always be maintained, and notifications will be in aggregate only.

#### **Housekeeping & Laundry Protocols**

- Disease specific cleaning and disinfecting protocols are in place to ensure facility cleanliness and mitigation of spread of infectious organisms. The facility maintains a supply of cleaning products approved by EPA for cleaning and disinfecting. All cleaning and disinfecting products and protocols were reviewed and any required changes completed to assure all products are effective against COVID19 and are on the FDA and CDC approved list of antiviral agents.

- Housekeeping staff follow written protocols for general cleaning and disease specific protocols are implemented as appropriate that may require increasing cleaning passes, cleaning of high touch surfaces, and use of cleaning products when needed that are disease specific.
- Housekeeping staff will properly dispose of trash per CDC guidance in the event of an outbreak.
- Laundry will be processed based on the specific disease organisms in the event of an outbreak following CDC and NJDOH guidance. During an outbreak it may be necessary to restrict family laundering of resident clothing to prevent community spread.

#### **Staffing Protocol**

- Staffing protocols address employee work restrictions and provide alternative plans to staff the facility if shortages occur. The use of personal protective equipment by staff and residents if appropriate will be implemented in an outbreak to minimize the spread of infection between employees and residents.
- Staffing schedules may be temporarily changed to ensure resident care needs are met.
- Assigned tasks may be identified/prioritized by department directors that can temporarily be modified during an outbreak should a staffing shortage occur. Administration will make every effort to have routine employee unit assignments whenever possible during an outbreak.
- Contracts are in place to utilize outside agency assistance if needed.

#### **Employees Screening Protocol**

- All employees will be screened for signs or symptoms in the event of an outbreak when they report to work. Employees are required to notify their supervisor or director if they develop symptoms before reporting to work. Employees are also required to notify their supervisor or director of any potential exposure.
- Employees that become symptomatic at work will be removed from duties and given guidance on appropriate medical follow up and sent home. This may include provision of PPE and testing Information.
- Employees will be tested if required by CDC, CMS or NJDOH directive. Results will be reported as required.
- Sick leave policies will be followed but may be modified to allow flexibility and consistency with public health guidance. Return to work will be determined by standards set by CDC and are disease specific.
- OSHA guidelines will be followed for all employees as they may relate to specific infectious disease outbreaks.

#### **Staff Education**

- Employees receive infection control education on hire and annually that includes discussion of all components of the outbreak plan.
- Employees will receive disease specific education to ensure protocols for use of PPE, cohorting and interventions are followed to prevent and mitigate the spread of the disease in the event of an outbreak. Education will also dispel concerns and prevent unwarranted call outs.
- Re-education will be given to all employees covering disease specific infection control practices specific to their job responsibilities including handwashing, personal hygiene, donning and doffing PPE during an outbreak.

#### **Laboratory and Radiology Testing Protocols**

- When infection or colonization with epidemiologically important organisms is suspected, cultures may be sent, if appropriate, to a contracted laboratory for identification or confirmation. Cultures will be further screened for sensitivity to antimicrobial medications to help determine treatment measures.
- Radiological testing may also be required that may include onsite x-rays. All findings will be discussed with the attending physician and reported as required to local, county, and state public health agencies.

- Disease specific testing protocols are implemented to quickly identify all affected individuals, initiate infection control actions, and implement treatments.
- Designated legally responsible parties will be notified of individual testing results and findings documented in each individual resident's medical record.

#### **Public Health Reporting Protocol**

- The facility abides by all laws and regulations. All outbreak concerns are immediately reported to the local Health department , as required, the Ombudsman (if applicable) and any other government agencies that may be required based on the outbreak.
- Public health officials also provide the facility with directives and guidance during an outbreak and provide support, guidance, access to testing and specific PPE if needed.
- Facility administration monitors updates from regulatory agencies including CDC, NJDOH and CMS. Communication with public health agencies is conducted as required and includes reporting outbreak statistics and a daily line list of affected individuals.
- Contact tracing processes were developed and implemented that focus on identifying possible sources or contacts of individuals who test positive to mitigate the spread of infection to non infected individuals. There are both staff and resident contact tracing forms that are used.

#### **Resident Quality of Life Protocol**

- The facility recognizes the importance of socialization and meaningful activity for our residents. Maintaining quality of life is especially important during a period if visitation and group activities are restricted. Keeping up morale and using distraction to reduce stress is equally important during a crisis as providing excellent physical care.
- Alternative visitation protocols will be implemented consistent with the type of outbreak and public health guidance. Whenever possible virtual visits and phone calls will be used to encourage family and friends to maintain contact with residents. Activity programs will be tailored to restrictions required to contain the spread of infection. Meals may be required to be served in resident rooms instead of in a communal dining area.

#### **Supply Inventory Protocol**

- Supply par levels are maintained and reviewed by the Administrator, Director of Nursing, and Infection Control Preventionist and central supply in the event of an outbreak. PPE supplies, food, cleaning products, disposable resident care products, and equipment needs are monitored weekly and replaced based on established levels.
- In the event of a communicable disease supply inventory needs may be increased and will be purchased from our established vendors. If any supply needs cannot be met/purchased through our established vendors, then administration will inform the corporate staff and will contact the local and NJ State Department of Health for guidance.
- The facility calculates the use and burn rate of PPE and statistics are reported as required to regulatory agencies including CDC, CMS, and NJDOH as appropriate.
- The facility has obtained and maintains an emergency stockpile of PPE in the event adequate supplies cannot be purchased due to supply chain issues or other circumstances beyond the facility control.

#### **Signage Protocol**

- Signs will be posted at all entrance doors regarding visitation changes, safety, handwashing, and germ prevention. Signs specific to any outbreak will also be posted on all entrance doors with directions for visitors. Signs will be placed on all resident doors if a unit is closed to visitation.
- COVID19 outbreak and testing is completed in compliance with CDC, CMS and NJDOH guidance and statistics are reported to regulatory agencies as required.

#### **Communication with Staff, Residents, Families or Guardians**

- In addition, by 5 P.M. the next calendar day following the occurrence of either the identification of a single confirmed infection of COVID-19, or the occurrence of new-onset of respiratory symptoms in three or more residents or staff with within 72 hours of each other.
- Residents are notified by posting on each wing an update of the number of newly identified case(s).
- Residents' families or representatives (legally responsible persons) as well as staff will be notified via calls and email whether a confirmed infection of COVID-19 has been identified or there is a new-onset of respiratory symptoms in three or more residents or staff within 72 hours of each other -- and providing a telephone number to call in case of questions.
- If there is a change of resident's medical condition, whether the resident is exposed, symptomatic or has tested positive for COVID-19, the Nursing Department shall inform the resident and call the attending physician as well as family or guardian of the resident regarding resident's change of condition or test results as appropriate.
- Visitors will be escorted to their loved one, provided with needed PPE and instructed in use, and proper isolation requirements will be maintained.

#### **Mitigating Actions to Prevent or Reduce the Risk of Transmission**

- Visitors who enter the building outside of regular staff will be offered rapid antigen tested in the reception area before they enter the facility.
- 911 responders and EMS personnel in an emergency do not need to be tested to enter the building.
- Upon return to the building from an outside social visit, if the resident is not fully boosted with COVID19 vaccination AND exposed to COVID-19, that resident will be placed on transmission based precautions and observed in the yellow quarantine unit as per the latest CDC, CMS, and NJDOH guidance. If there is no yellow bed available, the family must keep the resident until a bed becomes available.
- Staff and any other person allowed entry based on facility outbreak status will be screened daily prior to entry to any resident care area.
- Communal activities such as dining and recreation may be limited and/or temporarily halted based on resident vaccination status, symptom assessment, and test results during an active outbreak.

#### **COVID19 Positive Residents**

- A designated area of the building will be utilized.
- There will be dedicated equipment on yellow and red units.
- Disposable food trays, plates, and utensils will be utilized on yellow and red units.
- Physical barriers such as privacy curtains will be utilized at all times within yellow and red units.
- Vital signs of residents will be monitored daily or every shift as may be indicated per COVID CALI level.
- Signage for use of PPE, hand hygiene, and physical distancing will be posted throughout the building.
- Signage for use of PPE shall include the following information:
  - Green wing – surgical mask and face shield or eye protection in accordance with CDC guidance.
  - Yellow and red wing – N95 mask, face shield or eye protection, and while in the resident room, isolation gown, and gloves; discard and reapply new mask, gown and gloves, and disinfect or discard face shield between resident rooms and before leaving the yellow unit – in accordance with CDC guidance.
- Universal source control via masking in accordance with CDC guidance will be strictly enforced at all times.
- Surgical masks shall be used, unless on a yellow or red unit where at minimum N95 masks shall be donned; Provided, however, that when there is widespread Covid activity in the building, then universal N95s will be used. Cloth masks are not permitted.

- When required to wear N95 mask, staff will get new N95 daily or as needed due to soilage, breakage, or loss.
- In addition to source control and other infection prevention and control measures, universal eye protection shall be required for all staff and visitors unable to maintain social distancing when the NJDOH CALI Level is Very High/High or Moderate.
- Active surveillance of unvaccinated staff, staff who are not up-to-date with COVID vaccination, and any exposed staff or residents will be conducted.

