

## Outbreak Plan – Updated 12/23/22

### OUTBREAK PLAN

#### Prevention Protocol

1. Review and update key contact lists of the following individuals for inclusion in the emergency plan binder:
  - a. Health care facilities with transfer agreements
  - b. Local health department
  - c. NJ State Department of Health- epidemiology
  - d. Hospital Infectious Disease contact
  - e. Vendors for supplies and food
2. Inventory all supplies, food, disposables, cleaning products, and equipment needs based on the disease process and order enough amounts
3. Contact the local or state health department for guidance if needed supplies are not available for purchase
4. Post signage on all facility entrance doors regarding visitation protocols
5. Conduct visitation in accordance with federal, state, and / or local DOH guidelines and have visitors sign in and complete a brief symptom questionnaire before being allowed to visit their family member
6. Arrange for telephone, email, facetime, and skype visits as needed
7. Provide specific information regarding specific disease symptoms, handwashing, and use of PPE
8. All employees who display any symptoms must be excluded from work and cannot return to work until asymptomatic for the required period based on the disease process
9. Re-educate staff as appropriate regarding handwashing and prevention techniques
10. Monitor CDC guidance at [www.cdc.gov](http://www.cdc.gov) for the specific disease process and update practices as recommended
11. Keep in touch with the local health department for guidance and direction

#### Employee Protocol

This protocol outlines actions to take for employees prior to, during, and after a disease outbreak.

#### **Employee Monitoring**

1. All employees will be monitored for symptoms each day when they report to work
2. Employees are required to notify their supervisor of any potential exposure to the infectious agent from travel or through family exposure

#### **Management of Symptomatic Employees**

1. Any employee that develops symptoms of the disease process will be tested for the infectious agent
2. Any employee that tests positive for the infectious agent will be sent home and will not be allowed to return to work until “return-to-work” criteria have been met per CDC/DOH guidance
3. A line list of employees exposed to or exhibiting symptoms will be created and continued until the last case is resolved as directed by the local health department

#### **Management of Exposed Employees**

1. Any employee exposed to the virus will be tested in accordance with CDC/DOH guidance
2. Exposed employees may continue to report to work as long as they remain asymptomatic; department of health guidelines will be followed to determine need for exclusion

#### **Work Guidelines**

1. Sick leave policies will be followed but may be modified to allow flexibility and consistency with public health guidance.
2. Employees will be notified of any changes to sick leave policies based on public health guidance.

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3. Movement and monitoring decisions for employees with exposure to infectious agent will be made in consultation with the local and state health departments.

### Required Education

1. The infection preventionist will work in conjunction with the medical director to identify employee education required based on local, state and federal guidance
2. The infection preventionist will coordinate the identification and provision of education with the staff educator, DON, Medical Director, and Administrator
3. The infection preventionist will serve as the point of contact for the local, state and federal agencies and will be responsible to keep up to date with changing guidance
4. The infection preventionist will be responsible to re-educate or coordinate re-education of staff based on changing guidance from public health agencies
5. Education will cover at a minimum the following:
  - a. Symptoms of the virus
  - b. How to prevent exposure to and transmission of infectious agents specific to the current virus
  - c. Correct handwashing with competency evaluation through direct observation
  - d. Correct type and use of PPE including donning, doffing and proper disposal
  - e. Job and task specific education to prevent the transmission of the infectious agent – e.g. laundry-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
  - f. How to recognize possible exposure and or symptoms
  - g. Reporting protocol in the event of exposure of residents
  - h. Review the facility protocols related to the infectious agent
  - i. Sick leave policy modifications as required
  - j. Be medically cleared for fit testing to use N95 respirators and then be fit tested and trained in the use of the N95 respirator
  - k. Be medically cleared and trained in the use of an alternative respiratory protection device
  - l. Employees will be educated, trained, and will practice the appropriate use of PPE prior to caring for a symptomatic or exposed resident, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment.

### Isolation Protocol

#### Infection Control Precautions for SARS-CoV-2 Infection

- All employees, health care workers and visitors who enter the room of a resident with confirmed or suspected SARS-CoV-2 infection will adhere to COVID-19 transmission-based precautions.
- The facility will follow its cohorting plan, per facility plan and in accordance with CDC/DOH guidance
- To the extent possible, staff will not be shared between cohorts
- Employees entering the room of affected individuals will use PPE, including respiratory protection, as described below.
- Equipment used for more than one unaffected resident, will be cleaned and disinfected before use on another unaffected resident according to manufacturer's instructions.
- Employees entering the room soon after a resident with COVID-19 symptoms or exposure vacates the room must use respiratory protection.

#### Adherence to COVID-19 Transmission-Based Precautions

- Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting.
- Elements of Standard Precautions apply to residents with respiratory infections, including those caused by SARS-CoV-2.

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- Employee training will be conducted on all shifts and for all departments on the correct use, proper donning (putting on) and doffing (taking off), and disposal of any PPE.
- This document does not emphasize all aspects of Standard Precautions (e.g., injection safety)
- COVID-19 transmission-based precautions include N95, eye protection, gown, and gloves

### *Standard Precautions*

- Used for all residents when giving care
- Follow standard precautions depending of level of care provided
- Typically gloves – possibly gowns or face mask

### *COVID-19 Transmission-Based Precautions*

- Used with suspected, symptomatic, exposed, or confirmed residents; also used for residents who are not fully vaccinated and are within 7 days of admission / readmission to the facility
- Resident wears face mask, as tolerated
- All staff PPE - Gown, gloves, mask (preferably N95 respirator) and eye protection

## **Protocol to Cohort Affected Individuals**

If individuals exhibit any signs or symptoms of a contagious disease, they will be cohorted as much as possible to prevent the spread of the disease.

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
  - c. Airborne precautions
  - d. COVID-19 transmission-based precautions
2. If an individual is diagnosed with a contagious disease, the local health department will be notified.
3. Guidance of CDC and the state and local health department will be followed as appropriate to determine who and how to cohort based on the disease process and exposure period.
4. The Infection Preventionist will maintain a line list and update the list each morning

## **Testing Protocol – SARS-Cov-2**

This protocol will be followed for any resident that develops symptoms of SARS-CoV-2:

1. **Assessment**
  - a. Conduct a complete assessment including all vital signs and lung sounds and document symptoms before calling the physician
2. **Medical Tests**
  - a. If directed by local DOH and / or attending physician, rule out other sources of infection including influenza, pneumonia, other respiratory viruses, and / or urinary tract infection.
  - b. For symptomatic resident, a rapid antigen COVID-19 test will be obtained immediately. If positive, the resident will be considered COVID-positive and cohorted accordingly. If negative, transmission-based precautions will remain in place pending results of confirmatory PCR.
3. **Outbreak Testing of Residents and Employees**
  - a. Testing of residents and HCP will be conducted as directed by federal, state, or local governing bodies, or facility medical directorship. If the facility can effectively conduct contact tracing, only the residents identified as “close contacts” and the staff members who have had a higher risk exposure will undergo outbreak testing. If the facility cannot effectively conduct contact tracing, unit-wide or facility-wide testing of residents and staff will be conducted.

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- b. HCP who have not received a primary series and at least one booster dose (if eligible) of COVID-19 vaccine will be tested at a frequency in accordance with county positivity rate and regional CALI score, but no less frequently than once a week.
- c. Fully vaccinated HCP will not be required to undergo routine surveillance testing, but will be required to undergo outbreak testing.
- d. A list of staff members who have not undergone routine testing will be shared with the staffing coordinator and all department heads, to ensure that no such staff members will be permitted to work until testing is completed.
- e. All new admissions, regardless of vaccination status, will undergo testing in accordance with DOH and/or CDC guidelines.
- f. Should a significant number of staff test positive for COVID-19, the facility will deploy its emergency staffing plan.
- g. Newly symptomatic residents or HCP will be tested at onset of symptoms, regardless of interval between most recent negative test and symptom onset, and regardless of vaccination status.

### **Emergency Staffing Protocol**

In the event of an emergency, the Administrator will make the decision to utilize emergency staffing strategies as necessary to provide for care and treatment of residents.

1. Employees will be notified of the decision to utilize emergency staffing strategies
2. Contingency capacity strategies include:
  - a. Adjusting staff schedules, hiring additional HCP, rotating HCP to positions that support patient care activities
    - i. Removing tasks from the nursing department that do not need to be completed by a CNA or nurse including but not limited to passing out water, answering call bells, passing out snacks and designate these tasks to alternate employees such as recreation or housekeeping.
    - ii. Unit clerks will assist on the unit as well as Rehab staff within the scope of their practice.
    - iii. Nursing Administration (DON, ADON, Unit Managers, Supervisors, MDS) may need to work on the units as needed.
    - iv. Social Services and Administration to assist on the units as necessary i.e. answering phone calls, call bells, passing out meal trays etc.
    - v. Dietary may utilize paper goods in order to free staff to assist in other areas.
  - b. Utilizing agency staff as necessary
  - c. Attempting to address social factors that might prevent HCP from reporting to work, e.g. childcare, transportation, and / or housing
  - d. Utilizing emergency waivers or changes to licensure requirements as appropriate
  - e. Requesting that HCP postpone elective time off from work
  - f. Allowing exposed/asymptomatic employees to continue to work, in accordance with CDC guidelines
3. Crisis capacity strategies include:
  - a. Implementing regional plans to transfer patients with COVID-19 to alternate care sites with adequate staffing
  - b. Implementing criteria to allow HCP with suspected or confirmed COVID-19 who have not met Return to Work Criteria to work, in accordance with CDC guidelines

**Environmental Infection Control Protocol SARS-CoV-2**

1. Use dedicated or disposable medical equipment for a resident who is symptomatic and/or exposed, when possible. This may include wheelchair etc. All dedicated equipment should be clearly labeled with each individual's name.
2. All dedicated equipment will not be taken off any closed unit or moved to any unaffected sections of the facility and will be properly stored in the resident room or designated location.
3. Non-dedicated, non-disposable medical equipment, such as a Hoyer or other lift, shower chair etc. used for symptomatic or exposed residents must be cleaned and disinfected according to CDC guidelines between each affected resident.
4. Non-dedicated non disposable equipment used for exposed or symptomatic residents will not be used for or by any unaffected residents.
5. All non-dedicated non disposable equipment used for symptomatic or exposed individuals must remain in the appropriate cohort area.
6. Environmental cleaning and disinfection procedures will be followed consistently and correctly based on manufacturer instructions including using correct cleaning process and adhering to required drying times.
7. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19, including those resident-care areas in which aerosol-generating procedures are performed.
8. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. These products can be identified by the following claim:
  - a. "[Product name] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."
  - b. This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites and company websites (non-label related). Specific claims for "COVID-19" will not appear on the product or master label.
  - c. See [additional information about EPA-approved emerging viral pathogens claimsexternal icon](#).
9. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.
10. Soiled linens from affected residents will be double bagged and placed in a designated outer bag and these linens will be washed after all other linens have been cleaned.
11. Washers, dryers and work surfaces will be cleaned and properly disinfected following the cleaning of soiled linens and personal items of affected residents has been completed.
12. Laundry employees will receive training regarding the proper use of PPE and handwashing to prevent exposure and transmission of the virus to others including family members.
13. Medical waste will be properly bagged in red labeled hazardous material bags and disposed of according to facility protocols.
14. No food carts from the kitchen will cross the entrance threshold to any affected unit. All trays will be passed through the door to a staff member on the unit and placed on a cart on the unit for delivery to residents.
15. Carts on the unit will be cleaned and disinfected after each meal. Unit carts will not be removed from the unit if there are active cases.
16. Maintenance workers will not bring carts carrying equipment on and off the unit. Any equipment can be transferred to a dedicated unit cart and after use all equipment will be cleaned before removal from the unit.

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### Housekeeping Protocol

1. Evaluate all cleaning products to be sure they meet CDC & EPA requirements for use with the designated disease. If using EPA-registered disinfectants or cleaning/disinfectant products with demonstrated (proven) viricidal claims against flu viruses, check the manufacturer’s instructions on “spectrum of action” and method of use (dilution, contact time, etc.). If using a product labeled only for use as a disinfectant, remember that federal law requires those surfaces being treated to be cleaned first.
2. Follow product cleaning instructions and allow product to remain on the surface for the recommended time period or until dry
3. Use disposable wipes disposing in resident trash cans only after use to prevent carrying infectious materials from room to room
4. Use trash cans and other disposal receptacles that are no touch as much as possible
5. Do not rotate housekeeping staff who work on an affected unit to other locations within the facility
6. Clean all high touch areas multiple times throughout the day including:
  - a. Doorknobs
  - b. Handrails
  - c. Tray tables
  - d. Furniture surfaces
  - e. Light switches
  - f. Bathroom faucet handles
  - g. Appliance handles
  - h. Elevator buttons
  - i. Remote controls
7. Monitor all soap, paper towel, and hand sanitizer dispensers’ and replenish as needed
8. Double bag all trash from affected rooms and place in common collection point for pick up and disposal
9. Wear all required PPE when cleaning affected rooms and dispose of PPE before leaving the room and wash hands
10. Do not wear PPE in hallways or between rooms
11. Report any symptoms of the disease immediately to the nurse and your supervisor

### Activity Protocol

Maintaining quality of life is very important, particularly during a restriction on visitors and group activities. Residents who listen to the news may also be very concerned about the effect of this virus if they get sick. Keeping up morale and using distraction to reduce stress is equally important during a crisis as providing excellent physical care.

Staff will use as many tools as possible to keep residents actively engaged and encourage as much socialization as possible through activities while adhering to CDC guidelines.

### Communication / Reporting Protocol

1. The facility will update residents, families, and staff any time there is a change in the number of confirmed SARS-CoV-2 cases (staff or residents); a minimum of weekly communication will be done.
2. Communication with residents, families, and staff may be conducted via an effective and targeted platform (e.g. post, email listserv, virtual visits, facility hotline, conference call, webinar, robo-text), and will include information about cumulative outbreak data and actions taken by the facility to mitigate the spread of disease.
3. The facility website will display:
  - a. The facility’s Outbreak Plan

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- b. A method of communication for residents and / or family members to utilize for urgent calls or complaints
  - c. Weekly updates with the status of the facility and information about what is occurring at the facility, including menus, scheduled activities, etc.
4. Line listings and data sheets will be submitted to the local and / or state DOH as directed by same.
5. Reporting to the state on COVID-related data, PPE supply, and staffing will be completed per state requirements.
6. Reporting to the CDC on COVID-related data, PPE supply, staffing, and vaccination will be completed per CMS / state requirements.
7. Reporting of COVID-19 data via NHSN will be completed at least twice weekly or in accordance with CMS / state guidelines if different.

### **Vaccination**

COVID-19 vaccines will be made available to residents and staff on designated clinic dates. The facility will provide educational material to residents and staff regarding the vaccine. Vaccine will not be administered in the absence of written informed consent from the individual receiving the vaccine (or his / her legal representative).

HCP are required to comply with the facility vaccination policy. Failure to comply will result in disciplinary action up to and including termination.