

Shady Lane Home



Outbreak Response Plan 2020



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Shady Lane Home

Topic: Outbreak Response Plan

Policy and Procedures Manual

Communication between residents, families and staff during Outbreaks.

Policy and Procedure

Standard

Communication between facility and family as well as communication between facility and Local Health Department (LHD). To allow all residents to continue to keep communication with family

Policy

To use all means of communication to allow residents continued communication with family

Equipment

1. Phones (Staff personal phones, facility phones)
2. IPADS
3. Computers/Laptops
4. Clorox/disinfecting wipes
5. Mask, gloves, face shield

Procedure

1. Ask residents if they wish to contact family and offer to contact by telephone or Face-Time/Video Chat



2. Inform families to contact facility (856.224.6979) and staff as they wish to speak with resident
3. Document in Sigma Care when communication occurred
4. If requested by family or resident, allow scheduled days/times for communication
5. All items that were handled for communication will be disinfected in between each use
6. Socially distancing of 6 feet will be obtained when possible/if resident is able to use equipment for communication independently
7. If socially distancing is not possible in order to assist the resident with the tools for communication, mask, face shield and gloves will be utilized
8. Outdoor socially distant visits are permitted, families have been notified and visits scheduled
9. Families are instructed to call the receptionist to make an appointment for outside visit
10. On day/time of outside visit, staff will place a mask on resident before taken out of room
11. Staff will take resident to the assigned socially distant visiting area and stay with resident to ensure procedures are being followed by resident and family
12. Staff will ensure residents are being offered hydration
13. Families will stand by their car with a face mask in the visitation/horseshoe area



14. Staff will assist resident and family to relay information/communication back and forth during visit if resident is hard of hearing or soft spoken
15. Families who wish to leave items for residents will leave on the table in the vestibule for disinfecting and a staff member will deliver items to resident
16. All outside visits will be documented in Sigma Care
17. Families are notified within 24 hours of a positive case or person under investigation.

Education

All staff and residents will be informed and educated on Infection Control, COVID-19 symptoms by daily and weekly “in service” meetings.

All staff will be educated on all executive orders regarding the pandemic from the State of New Jersey at the time of release

https://nj.gov/infobank/eo/056murphy/approved/eo_archive.html

Any/all new information and/or guidelines and protocols from the agencies listed below will be shared with employees at the time of release.

State of NJ Department of Health

https://www.state.nj.us/health/legal/covid19/8-20_ExecutiveDirectiveNo20026_LTCResumption_of_Svcs.pdf,

CDC (<https://www.cdc.gov/nhsn/cms/index.html>) and

CMS (<https://www.cms.gov/medicare/quality-safety-oversight-generalinformation/coronavirus>)

Infection Prevention Control (IPC)

The Director of Nursing and Evening Supervisor both are certified as Infection Preventionist’s for the facility through the company TRAIN which was a 23 hour course was produced by Centers for Disease Control (CDC) in collaboration with the Centers for Medicare and Medicaid services. This specialized nursing home training covers infection prevention and control practices to reduce Pathogen transmission, health care associated transmission and antibiotic resistance.



The facility has contracted with an Infectious Disease Preventionist for further training and education.

COVID-19 vs Flu

Some symptoms of the flu and COVID-19 are similar, making it difficult to tell the difference between the two based on symptoms alone.

Flu symptoms are fever or chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headache, fatigue, vomiting, diarrhea.

COVID-19 symptoms are fever, chills, cough, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, loss of taste or smell and shortness of breath.

The facility has the capacity to rapid test for both COVID-19 and the flu.

Resident Safety

Resident will wash hands and/or use hand wipes or hand sanitizer before and after meals.

Resident with a “BIMS” (*brief interview of mental status*) score of 12-15 will wash hands and/or use hand sanitizer before and after meals. Hand wipes will be used for residents with a “BIMS” score of 11 or less.

If a resident is in their door way of room or outside of room they must wear a face mask covering. If the resident refuses they must be care planned. If the resident is unable to wear a face mask or covering due to health concerns this must also be care planned.

Emergent labs or diagnostics are to be done in the entrance area of building the resident must wear a face mask or face covering. The consultant doing the testing must be screened prior to resident coming to entrance area and must have PPE on. Diagnostics that require privacy will be done in the entrance area with privacy curtain. Once lab and diagnostic is completed call housekeeping and have the room cleaned and disinfected (“carbed”).

Staff is to ensure that the residents are 6 feet apart from another resident. If a resident refuses then the staff must alert the registered nurse (RN) on duty and document into the progress notes.



Environmental Services (Housekeeping)

Cleaning procedures were revised and increased to multiple times per day and shifts. A designated sanitizing staff was appointed.

Air purifying systems were placed in every Resident room.

Cohorting Infected and at risk Residents and Patients

STANDARD

A protocol (“***Outbreak Response Plan***”) for isolating and cohorting infected and at risk patients in the event of an outbreak of a contagious disease until the cessation of the outbreak has been achieved, clear policies, laboratory testing protocols.

POLICY

A protocol for isolating and cohorting infected and at risk patients in the event of an outbreak of a contagious disease until the cessation of the outbreak;

Clear policies for the notification of residents, resident’s families, visitors and staff in the event of an outbreak of a contagious disease at the facility.

Information on the availability of laboratory testing protocols for assessing whether facility visitors are ill, protocols to require ill staff to not be present at the facility for work duties, and processes for implementing evidence based outbreak response measures;

Policies to conduct routine monitoring of residents and staff to quickly identify signs of a communicable disease that could develop into an outbreak; and Policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations.



EQUIPMENT

1. Face Masks
2. Face Shields
3. Goggles
4. Gowns
5. Gloves
6. N 95's
7. Bonnets
8. Shoe covers

DEFINITIONS

1. “**Cohorting**” means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.
2. “**Endemic Level**” means the usual level of given disease in a geographic area.
3. “**Isolating**” means the process of separating sick, contagious persons from those who are not sick.
4. “**Long-term Care Facility**” means a nursing home, assisted living residence, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L. 1971, c. 136 (C.26:2H-1et seq.).
5. “**Outbreak**” means any unusual occurrence of disease or any disease above background or endemic levels.
6. “**PPE**” means personal protection equipment



PROTOCOLS

Isolating and Cohorting for Pandemic Infection within Facility

1. A protocol for isolating and cohorting infected and at risk patients in the event of an outbreak of a contagious disease until the cessation of the outbreak;
2. For the purpose of this plan the room designation for hallway will not consist of staff assignment as it is under normal conditions.
 - **Individuals who are showing symptoms of an outbreak or who have tested positive for the outbreak will be transferred to designated rooms.**
 - a. Move affected residents into rooms, residents will wear a face mask during move to designated area. Staff will wear full PPE.
 - b. A plastic barrier with a zipper access, will remain zipped shut unless designated staff are crossing into and out of area.
 - c. Licensed staff will be dedicated to hallway and primary nursing will be in effect.
 - d. Containment rooms have been designated on Maple and Oak units. This will include a cart with all necessary Personal Protective Equipment (PPE); Bonnets, gloves, shoe covers, gowns, N95 small or regular for the employees who have been fit tested or universal for the staff who have not been fit tested, face shields.
<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>



- e. Resident will be on isolation for 14 days with /or without *signs symptoms (S/S)* of outbreak infection for 72 hrs. and will be monitored every shift for s/s of outbreak infection as well as vital signs and PO2.
- f. Isolation bin will be placed in each room for discarded PPE.

Resident will be on isolation for at least 14 days and will be monitored every shift for s/s of outbreak infection.

Primary Nursing will be performed by licensed staff. Staff entry will be limited to licensed staff, primary care provider (PCP), physical therapy (PT), occupational therapist (OT), and housekeeping (hskg).

During the time the resident begins with s/s of pandemic the following PPE will be used for 7 days; bonnets, shoe covers, gowns. Gloves are never to be reused. Face Shields will be cleaned with a peroxide based wipes located in the containment room. Bleach based wipes will also be kept in residents designated room.

- g. The designated resident room will cleaned with the appropriate bleach wipes for the specific pandemic. The side rails, bedside table, door knobs, TV Remote will all be sanitized during each time care is rendered.
- h. Prior to leaving room PPE will be removed and discarded except for N95 and face shield. Staff will, with clean gloves on, use the bleach wipes and sanitize gloves before moving out of room. N95 and face shield will be placed into designated area for re-use if at any time the N95 or face shield become compromised then new ones will need to be used.
- i. If resident was symptomatic with s/s of pandemic infection during quarantine then resident must be 72 hours free from fever or s/s of pandemic infection prior to moving.



- Individuals who have been exposed to someone who has tested positive or has shown symptoms (i.e., individuals who are not themselves symptomatic, but may potentially be incubating the virus) will be transferred to designated rooms.
- a. Move affected residents into rooms, residents will wear a face mask during move to designated area. Staff will wear full PPE.
 - b. A plastic barrier with a zipper access, this zipper is to remain zipped shut unless designated staff are crossing into and out of area. This area has been designated as our quarantine area.
 - c. Licensed staff will be dedicated to hallway and primary nursing will be in effect.
 - d. Create a containment room within room. This will include a cart with all necessary Personal Protective Equipment (PPE); Bonnets, gloves, shoe covers, gowns, N95 small or regular for the employees who have been fit tested or universal for the staff who have not been fit tested, face shields.
 - e. Isolation bin will be placed in containment room for discarded PPE.
 - f. Resident will be on isolation for 14 days and will be monitored every shift for s/s of pandemic infection.
 - g. Primary Nursing will be performed by licensed staff. Staff entry will be limited to licensed staff, PCP, PT, OT, and Hskg ("**housekeeping**").
 - h. During the time the resident begins with s/s of pandemic the following PPE will no longer be used for 7 days; bonnets, shoe covers, gowns. Gloves are never to be reused. Face Shields will be cleaned with a peroxide based wipes located in the containment room. Bleach based wipes will also be kept in residents designated room as well as containment room.



- i. If the resident begins with any signs or symptoms the symptoms will be treated by the primary care physician (PCP) as they arise.
- j. Vitals signs, partial pressure of oxygen (PO₂) and lung assessment will be done every shift during the 14 day quarantine.
- k. The designated resident room will be cleaned with the appropriate bleach wipes for the specific pandemic. The side rails, bedside table, door knobs, TV Remote will all be sanitized during each time care is rendered.
- l. Prior to leaving room with gloves on licensed staff is to take a bleach wipe and sanitize hands prior to opening door of room.
- m. Then immediately go to containment room to Doff ("**remove**") PPE and place appropriately on hooks where indicated per quarantine.
- n. Once resident has completed quarantine and remains without symptoms then they may be moved to a non-quarantined area.
- o. If resident was symptomatic with s/s of pandemic infection during quarantine then resident must be 72 hours free from fever or s/s of pandemic infection prior to moving to their wing.

• Individuals who are not ill and have not been exposed will be transferred to designated rooms.

- a. Vitals signs, PO₂ and lung assessment will be done every shift during the pandemic outbreak to ensure that all residents are monitored.
- b. If during this time the resident shows s/s of outbreak infection they will be moved into a quarantine area.



Isolating a Returning Resident from Hospital *without* s/s of outbreak infection with hospital documentation stating *negative* to s/s of outbreak

Move residents from rooms 205 D & W, 206 D & W, 207, 208, 209, 210 quarantined area with a zipper access, this zipper is to remain zipped shut unless crossing to an area.

1. Place the resident into room 209 and or designated room, ensure all bedding, supplies, treatment and medication carts are designated only to room 209 and or designated room.
2. Room 207 is a containment room. This will include a cart with all necessary Personal Protective Equipment (PPE); Bonnets, gloves, shoe covers, gowns, N95 small or regular for the employees who have been fit tested or universal for the staff who have not been fit tested, face shields.
3. Specific instructions on how to apply PPE.
<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
4. Hooks were provided for every staff member and labeled to place their PPE once worn and PPE is good for 7 days unless torn or soiled. If torn or soiled staff must obtain new PPE. Gloves are never to be reused.
5. Isolation bin will be placed in containment room for discarded PPE.
6. Resident will be on isolation for 14 days and will be monitored every shift for s/s of pandemic infection.
7. Primary Nursing will be performed by licensed staff. Staff entry will be limited to licensed staff, PCP, PT ("***physical therapist***"), OT ("***occupational therapist***"), and Hskg.
8. During the time the resident begins with s/s of pandemic the following PPE will no longer be used for 7 days; bonnets, shoe covers, gowns. Gloves are never to be reused. Face Shields will be cleaned with a peroxide based wipes located in the containment



room. Bleach based wipes will also be kept in residents designated room as well as containment room.

9. If the resident begins with any signs or symptoms the symptoms will be treated by the PCP as they arise.
10. Vitals signs, PO2 and lung assessment will be done every shift during the 14 day quarantine.
11. The designated resident room will be cleaned with the appropriate bleach wipes for the specific pandemic. The side rails, bedside table, door knobs, TV Remote will all be sanitized during each time care is rendered.
12. Prior to leaving room with gloves on licensed staff is to take a bleach wipe and sanitize hands prior to opening door of room.
13. Then immediately go to containment room to Doff PPE and place appropriately on hooks where indicated per quarantine or showing s/s of pandemic infection.
14. Once resident has completed quarantine without symptoms then they may be moved to their wing.
15. If resident was symptomatic with s/s of pandemic infection during quarantine then resident must be 72 hours free from fever or s/s of pandemic infection prior to moving to their wing and must test negative, not detected.



COVID 19 Testing of Residents and Staff

Testing will be completed through the following labs:

Aculabs

Accu Reference

Quest

MedArbor

BD Veritor Rapid Test

The facility will use nasopharyngeal swabs, anterior nasal swabs and throat swabs this testing will be done by the registered nurses at the Shady Lane Home.

Residents have received a baseline molecular test on or before May 30, 2020 and were retested within 3 to 7 days after the baseline, if all remain negative all residents will be tested bi-weekly.

Staff have received a baseline molecular test on or before May 30, 2020 and a retest within 3 to 7 days after the baseline and then will be screened weekly after that (https://www.state.nj.us/health/legal/covid19/05-122020_LTC_COVID19testing.pdf).

Effective September 14, 2020, Staff will be tested bi-weekly if all results remain negative. (<https://www.cms.gov/files/document/qso-20-38-nh.pdf>)

Revised to test staff weekly on 9/23/2020:

If a staff member becomes positive with COVID 19 they will self-isolate themselves in their home and make their primary care physician aware. In order to return to work they will need to undergo a set of two molecular testing's of negative at least 24 hours apart but not more than 3 days and be without symptoms prior to returning to work. Testing can start on day 11 for first molecular testing and day 14 for second molecular testing.



Quarantining from a hot spot - If a staff member chooses to go to a hot spot (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) for vacation. As per the State of New Jersey and Governor Phil Murphy, quarantining from a “hot spot” is recommended (<https://nj.gov/governor/news/news/562020/approved/20200630b.shtml>)



Outdoor Visitation for residents

The facility shall actively screen and restrict visitation for those who meet one or more of the following criteria:

The facility must receive informed consent from the visitor and the resident in writing that they are aware of the possible dangers of exposure to COVID-19 for both the resident and the visitor and that they will follow the rules set by the facility in regard to outdoor visitation which is located in the horseshoe area of the ambulance entry which is 20 feet from the resident area. The facility must receive a signed statement from each visitor and resident (if the resident is unable to consent then the consent needs to be signed by the authorized representative) with a copy provided to the visitor and resident, that they are aware of the risk of exposure to COVID-19 during the visit, that they will strictly comply with the facility policies during outdoor visitation, and that the visitor will notify the facility if they test positive for COVID-19 or exhibit symptoms of COVID-19 within fourteen days of the visit.

The visitation will be provided by the therapeutic recreation department and the staff as well as the resident will wear a face mask. The resident will be protected and be placed on the Oak Hallway Porch. Monday through Friday 20 minute visits and for those who can't visit during the week then there will be allotted times for Saturday and Sundays.

Food is not permitted during the visits. Visitors may bring items for the resident but must leave the package at vestibule area as directed by the facility. Visitors may bring their own water which cannot be shared with the resident. The facility shall provide appropriate hydration for the resident during the visit.

Require the visitor to wear a cloth face covering or facemask.

Advise the visitor to restrict physical contact.

Outdoor visitation will be put on hold if the facility experiences an outbreak.

End of life visiting

Facilities are required to provide notification in compliance with 42 C.F.R. 483.10(g) (14)(i)(B) (<https://www.cms.gov/files/document/covid-visitacionnursing-home-residents.pdf>) when a resident experiences a change of



condition. Facilities should not limit compassionate care visits when the resident has been determined to be at end of life.

The facility shall actively screen and restrict visitation for those who meet one or more of the following criteria:

Exhibit signs or symptoms of an infectious communicable disease, including COVID-19, such as a subjective and/or objective fever (evidenced by a temperature check of the visitor taken by the facility), chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea;

In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or someone under investigation for COVID-19, or someone ill with respiratory illness; or

Has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation per guidance issued by NJDOH ("***NJ Department of Health***") and CDC ("***Centers for Disease Control***").

If, after undergoing screening, the visitor is permitted to enter the facility, the facility shall:

Require the visitor to wear a cloth face covering or facemask. The facility may require the visitor to use additional forms of personal protective equipment (PPE), as determined by the facility;

Provide instruction on hand hygiene, provide instruction on limiting surfaces touched, provide instruction on the use of PPE, and inform visitors of the location of handwashing stations, before the visitor enters the facility and resident's room;

Limit the visitor's movement within the facility to the resident's room or designated space (e.g., reduce walking the halls, avoid going to dining room, etc.), but permit the visitor to use a designated restroom, as necessary;

Advise the visitor to restrict physical contact with anyone other than the resident while in the facility. For example, practice social distancing (remain six feet apart) with no handshaking or hugging;



Restrict a visitor from entering the facility if he or she is unable to demonstrate the proper use of infection prevention and control techniques; and Advise visitors to monitor for signs and symptoms of COVID-19 for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on any findings.

Emergency Staffing

If staffing falls below minimum levels then administrative staff will be used to keep minimum levels.

Calls will be made to the National Guard, NJDOH and OEM (“*Office of Emergency Management*”) for additional staff.

A verbal addendum to agency contract for Nurse Staffers contract to include a designated agency staff member to Shady Lane Home guaranteed 40 hours per week and must have two negative COVID 19 testing’s prior to starting at Shady Lane Home.

The Department of Labor is assisting the facility with servicing candidates for open positions.



Hiring Process during Pandemic

A form ("*New Hire Questionnaire*") will be completed by all new hires including the following;

New Hire Questionnaire

1. Previous employer and last day of employment?

2. What type of work did you do, was it in a healthcare setting?

3. Have you traveled to any of the quarantine states?

4. Have you ever had COVID 19?

5. Have you ever been tested for COVID 19 and if so what was the reasoning?

6. Have you ever been a close contact of COVID 19?

7. All new hires must complete a 14 day quarantine with two molecular negative testing's, the second testing being on day 11. They will need two negatives before the first day of work.

a. Molecular Testing #1 Date ----- Result

b. Molecular Testing #2 Date ----- Result

c. Dates of quarantine Start Date ----- End Date



8. Back ground check

a. Date _____Result

9. PPD 2 step

a. PPD # 1 Date _____Result

b. PPD # 2 Date _____Result

Mandatory In servicing with Rachel Kline RN and/or Designee first day of hire.

a. Date _____Time _____

10. Comments

POINTS OF EMPHASIS

1. A protocol for isolating and cohorting infected and at risk patients in the event of an outbreak of a contagious disease until the cessation of the outbreak;
2. Clear policies for the notification of residents, resident's families, visitors and staff in the event of an outbreak of a contagious disease at the facility.
3. Information on the availability of laboratory testing protocols for assessing whether facility visitors are ill, protocols to require ill staff to not present at the facility for work duties, and processes for implementing evidence based outbreak response measures;
4. Policies to conduct routine monitoring of residents and staff to quickly identify signs of a communicable disease that could develop into an outbreak; and
5. Policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations.
6. E line listings, and communication to County Health Department is to be daily from the Infection Preventionist / Designee with giving precise information.
7. Staff will be monitored at the beginning of their shifts for temperature and s/s of pandemic infection. If the staff are ill they will be sent home.
8. Face Masks will be worn by staff at all times except for eating and drinking then it's to be replaced prior to working.
9. Handwashing is to be frequent and for 20 seconds.
10. Residents will have a tissue and or clothing protector placed over nose and mouth during care.

Revised 2/3/20, 3/5/20, 3/10/20, 3/12/20, 3/18/20, 6/6/20, 6/22/20, 7/3/20, 7/8/20, 7/9/20, 8/14/20/, 8/16/20, 8/27/20, 9/16/20, 9/25/20



APPENDIX

- No outside agency staff.
- Closed to visitation.
- No new admissions.
- Staff not permitted to work at other facilities.
- Medical Director was designated to facility all other physicians, physician assistants (PA), registered nurse practitioner (RNP), psychiatrist, psychologist, dietician, wound care all are using telemedicine for rounding with residents.
- Lab and other diagnostics are done at the entrance of the facility in a private area. Staff performing these tests are screened prior to the test being performed. .
- Pharmacy deliveries are in the vestibule.
- All belongings received from family members are wiped down with bleach wipes in vestibule.

