

## Outbreak Response Plan

### Shady Lane Home

#### Topic: Outbreak Response Plan Policy and Procedures Manual

## STANDARD

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 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 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. N95's, KN95'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.).

## Outbreak Response Plan

- 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 hallway.**
  - a. Move affected residents into rooms, residents will wear a face mask to achieve moving to designated area. Staff will wear full PPE.
  - b. Build a plastic barrier with a zipper access, this zipper is to remain zipped shut unless designated staff are crossing into and out of area.
  - c. Licensed / certified staff will be dedicated to hallway and primary nursing will be in effect.
  - d. Create a containment room in room. This will include a cart with all necessary Personal Protective Equipment (PPE); Bonnets, gloves, shoe covers, gowns, N95 and face shields.  
Specific instructions on how to apply PPE.
  - 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 / certified staff, PCP, PT, OT, Hskg.
  - 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 and/or Mycolio or approved 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 PCP as they arise.
  - j. Vitals signs, 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 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.
  - 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.

## Outbreak Response Plan

13. The designated resident room will be cleaned with the appropriate bleach wipes and/or Mycolio or approved wipes for the specific pandemic. The side rails, bedside table, door knobs, TV Remote will all be sanitized during each time care is rendered.
14. Prior to leaving room staff will DOFF PPE and will use ABHS, aqueous hand gel and/or wash hands.
15. Once resident has completed quarantine without symptoms then they may be moved to their designated wing.
16. 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.
17. Resident's who are admitted and are fully vaccinated with proof of vaccination will not be under quarantine (refer to guidance NJDOH 4/06/2021) but will be monitored every shift and will have a negative COVID prior to admission and on admission to SLH will have a rapid and a PCR test.

4/22/2021 – Revised to Temp and PO2 and monitoring of COVID 19 every shift.

## COVID 19 Testing of Residents and Staff

Testing will be completed through the following labs;

Aculabs

Accu Reference

Quest

Medarbor

The facility will use nasal pharyngeal swabs, anterior nasal swabs and throat swabs this testing will be done by the licensed staff at the Shady Lane Home and or individuals who have been trained by licensed staff.

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

Staff will have a baseline molecular testing 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.

If a staff member becomes positive with COVID 19 they will self-isolate themselves at their home and make their primary care physician aware. In order to return to work they will need to complete their isolation. No further testing is required to return to work and employee will not be tested for 90 days. If an employee is under COVID 19 they will be paid under COVID and will not use their time unless the employee fails to follow direction of the infection preventionist. If the employee fails to follow direction of the infection preventionist then the employee will use their own time for duration of being out.

## Outbreak Response Plan

**Revision for falls and fall risk admissions 08/2021** – no plastic will be placed and resident will be tested daily for 7 days once completed and remains negative then begin Monday, Wednesday and Friday.

Admission's for fully vaccinated residents do not need to quarantine with proof of vaccine status and will follow the guidelines for admission COVID 19 testing. **7/24/2021 - Revised** due to variants will quarantine for 7 days.

3/23/2021 - Traveling – Upon return from traveling outside of US must quarantine for 7 - 10 days and be tested day 3 – 5 and then again on day 7 and must have a negative result. 4/06/2021- Revised no quarantine is necessary of a fully vaccinated staff member traveling domestic but must be rapid tested upon return.

At any time, an employee tests positive or a resident test positive then testing goes back to for staff Monday through Saturday and residents Monday through Friday until there is 14 days without an occurrence.

4/20/2021 – The following staff members who are not licensed may test resident visitors prior to visitation, refer to letter 4/20/2021 on competencies;

- Kathy Shryock
- Debbie Blake
- Jessica Visalli
- Crystal Weber
- Diane Weems
- Antonette Blue
- Kathy Wolbert

This will only be done with rapid tests.

### **Screening Staff, Contractors and Visitors**

All staff, contractors and visitors will use door A16 for entry into building before 10am and after 6pm and will be screened and rapid tested at Main Nursing Station according to policies. All individuals prior to entry into building must wear a KN95 or N95. If unvaccinated must wear face shield then will proceed into nursing station for screening and testing. The **NJDOH / OOIE** have the right to decline testing, if they pass the screening then they can proceed into building. If they do not show their CDC Vaccination Card then treat them as non-vaccinated and they must wear full PPE. **Revision 12/12/2021** – Change of screening and testing area to reception area. **04/04/2022 – Testing for all visitors, contractors and NJDOH, OOIE are to be screened daily and tested weekly.**

**6/09/2021 – Revision of PPE** – Fully vaccinated staff KN95 and/or N95, no goggles or gown – exception is when going into a quarantine room then full PPE, or an outbreak of staff continue with KN95 and face shield, if outbreak of resident's staff must wear N95

## Outbreak Response Plan

Vaccination Card and the positive will be placed into the NHSN portal. The family member will be asked to leave the building to isolate.

The positive rapid test will be placed into biohazard bag and then placed into red isolation bag for proper discarding of biohazard material.

**Staff testing** will remain being done at the MNS, during an outbreak the staff will remain at the MNS with KN95 or N95, face shield and wait the 15 minutes for rapid test to complete and if positive will be sent home immediately to isolate.

- Fully vaccinated and boosted staff will continue to use KN95 or N95 face masks. Staff who haven't received booster must continue to wear their KN95 as well as their N95 and face shield.

### Revised 12/30/2021 - POST COVID 19 POSITIVE RESIDENTS AND STAFF AND TESTING ONCE ISOLATION IS COMPLETED

Residents that are post positive for COVID 19 after completion of 10 days of isolation will be tested on day 11 through rapid and PCR if negative then will not be tested for 20 days. On day 21 they will go into regular testing.

This change in procedure is due to the variants and when someone has had an exposure they can become infected again with a different variant starting on day 21.

Example: If you were infected with Omicron 21 days later you can become infected with any other variant. This is why it is so important to maintain your masks when out in public not just at the facility and ensure your hand sanitizing frequently.

Omicron at this point is the most infectious, you are contagious 2 days before testing positive and up to 3-5 days after testing positive.

Employees that are positive for COVID 19 after completion of 7 days isolation will report to work on day 8 provided they have not had a fever for 24- 48 hours and without using fever suppressants. They will be tested upon arrival to work through rapid if negative then will not test for 20 days. On day 21 they will go into regular testing. This is considered a conventional approach for returning to work.

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## Outbreak Response Plan

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.

### **Resident Safety**

Resident will be encouraged to use hand wipes and or hand sanitizer before and after meals.

If a resident is in their door way of room or outside of room they must wear a face mask covering when other residents are present. 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 POD 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 POD area and must have PPE on. Diagnostics that require privacy will be done in the designated bathroom in the reception area. Once lab and diagnostic is completed call housekeeping and have the room carbed. This is only during an Outbreak.

The lab tech will report to door A16 and will be screened and rapid tested prior to reporting to clinical area for obtaining labs of residents.

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

**10/2021-** residents do not have to wear facial coverings if fully vaccinated.

ABHS Stations have been placed outside of resident rooms as well as hallways.

STARS – Will be placed on new admission doorways, post appointment doorways and during an outbreak.

RED STAR – COVID +

YELLOW STAR – EXPOSED

GREEN STAR – COVID free.

PPE Stations were placed throughout the building.

### **Emergency Staffing**

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

Calls will be made to the agencies, National Guard, NJDOH and OEM 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 and will be rapid tested prior to entry.

## Outbreak Response Plan

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

Back ground checks

PPD results

Mandatory in servicing with Rachel Kline RN Staff Education Development on first day of hire.

### **Modified Dining Room**

Residents per designated hallways will go to dining room starting on March 8, 2021. Spruce hallway will begin for lunch and dinner, followed by Maple the week of March 15, 2021 followed by Common Hallway week of March 22, 2021. The two LTC residents who reside on Oak Hallway will be assumed with Common Hallway for the dining room. Revised 8/20/21 - all vaccinated residents will go to the MDR for lunch when not in an outbreak.

Any resident who is in quarantine will not go to the main dining as the residents are in a quarantine and behind plastic with yellow STARS. Any resident with plastic will not participate in dining room experience.

Feeders and assists will begin going to dining room for breakfast during week of March 8, 2021. Revised will eat in front of MNS and Oak Hallway with supervision of staff.

**Revised 12/12/2021** – Revised designated residents will eat breakfast in the MDR with a nurse and FS staff Monday through Friday and on weekends in front of the MNS.

Food Service will set up and breakdown dining room in between each use and disinfect.

Two residents will be placed at two tables that are put together to ensure social distancing.

**Revised 8/20/2021** – 4 vaccinated residents will be placed at a table for meals.

**Revised 12/12/2021 due to variants** - Staff that is fully vaccinated need wear N95 and/or KN95 and face shield. If resident outbreak the dining room will be closed.

Staff that is not fully vaccinated must have a medical exempt on file and must be re valuated at least quarterly and must wear N95 as well as face shield and a gown. Gloves when appropriate.

There will be at least one licensed staff, one certified staff and food service workers in the dining room at all times during service during lunch and dinner service.

One licensed staff for breakfast MDR service Monday through Friday.

## Outbreak Response Plan

7/24/2021. Revised August 2021 – Due to variants residents coming from hospital will quarantine for 7 days unless they have history of falls then no plastic will be put up and the resident will be monitored and tested daily for 7 days. 08/2021 – revised for fall, fall risk, no plastic will be placed and admission will be tested daily for 7 days if remains negative then normal testing will begin. 12/12/2021 – Change in visitation, testing and screening at main entrance for contractors and any visitors. Visitation of residents will be 10a to 6p. Staff screening and testing will continue at MNS. If staff outbreak occurs staff will continue to wear KN95 with face shield and if resident outbreak staff will wear N95 and face shield with the appropriate PPE. Revised 12/30/2021 - POST COVID 19 POSITIVE RESIDENTS AND STAFF AND TESTING ONCE ISOLATION IS COMPLETE. Revised 01/18/2022 – added regarding if a resident refuses testing adding yellow star. 03/21/2022 – testing of staff to twice weekly. 03/22/2022 – move footer to end page for all changes. No plastic for residents who are fully vaccinated and boosted just monitoring for s/s of COVID q shift. 03/28/2022 – Testing for residents on admission, weekly and prn rapid. Testing for staff will be twice weekly using PCR and or rapid. 04/04/2022 – Testing for all visitors, contractors and NJDOH, OOIE are to be screened daily and tested weekly.