

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.).

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5. “Outbreak” means any unusual occurrence of disease or any disease above background or endemic levels.

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 Maple, Spruce and Oak will not consist of current breakdown 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 hallway.**
 - a. Move affected residents into quarantine rooms, residents will wear a face mask to achieve moving to designated area. Staff will wear full PPE, during outbreak of residents staff will stop using KN95 and will wear N95’s according to their FIT testing.
 - 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 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. Resident will be on isolation for 14 days and/or without s/s of pandemic infection for 72 hrs and will be monitored every shift for s/s of pandemic 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 pandemic infection.
Primary Nursing will be performed by licensed staff. Staff entry will be limited to licensed staff, certified staff, PCP, PT, OT, Hskg.
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 wipes will also be kept in residents designated room.
 - g. 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.
 - 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 your gloves

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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.

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- **Individuals who are not ill and have not been exposed will be transferred to designated hallway.**
- 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 pandemic infection they will be moved to appropriate wing per the Infection Preventionist.

Isolating a Returning Resident from Hospital Without s/s of pandemic Infection with hospital paperwork stating negative to s/s of pandemic infection. Admissions from community and hospitals.

1. Move residents and build a plastic barrier with a zipper access, this zipper is to remain zipped shut unless crossing to an area this will be done for all unvaccinated residents.
2. Place the resident into designated room, ensure all bedding, supplies, treatment and medication carts are designated to area.
3. Create PPE stations. This will include a cart with all necessary Personal Protective Equipment (PPE); Bonnets, gloves, shoe covers, gowns, N95 and face shields.
4. Specific instructions on how to apply and remove PPE.
5. Lined trash cans for discarded PPE.
6. Resident will be on quarantine and will be monitored every shift for s/s of pandemic infection.
7. Fully vaccinated residents that have a negative COVID 19 test from hospital and a negative on admission rapid test and haven't been in contact with a COVID 19 positive do not have to quarantine. Revised August 2021 – Due to variants will quarantine for 7 days unless there are falls then no plastic will be put up and the resident will be monitored and tested daily for 7 days.
8. **Revised 03/22/2022** - all fully vaccinated and boosted residents will not have plastic up but will quarantine and be monitored q shift for s/s of COVID 19.
9. Primary Nursing and or direct care staff will be performed by licensed and certified staff. Staff entry will be limited to licensed staff, certified staff, PCP, PT, OT, Hskg.
10. 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 PPE stations. Bleach and/or Mycolio, or approved based wipes will also be kept in large PPE stations.
11. If the resident begins with any signs or symptoms the symptoms will be treated by the PCP as they arise.
12. Vitals signs, PO2 and lung assessment will be done every shift during the 14-day quarantine.

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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.

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November 30, 2020 – Binax testing, staff will be tested through Binax rapid testing on Tuesday, Thursday and Saturday and Monday, Wednesday and Friday through PCR testing. This will be in effect through December 14, 2020. Residents will be tested Monday through Friday via PCR unless they're a new admission then follow the POS for testing.

December 14, 2020 – continued testing of staff with POC and PCR as stated in November 20, 2020 and residents testing Monday through Friday via PCR unless they're a new admission then follow the POS.

February 15, 2021 – Change in testing for all staff who have currently received 2 vaccinations and have titrated to a therapeutic level will be tested twice weekly through PCR and/or POC. All other staff will remain Monday through Saturday through PCR and/or POC. Residents who have received both vaccinations and have titrated to therapeutic level will be tested twice weekly through PCR. All other residents will follow their POS for the first 14 days then become Monday through Friday until both vaccinations are completed and titrated.

6/09/2021 – revised - Fully vaccinated staff will be done on Wednesdays beginning June 16, 2021. Fully vaccinated residents will be done on Wednesdays beginning June 16, 2021. Unvaccinated staff will be done on Tuesdays, Thursday and Saturdays beginning June 15, 2021. Unvaccinated residents will be done according to admission date then day 10 then day 14 followed by twice weekly on Tuesdays and Thursdays.

7/09/2021 – revised - Fully vaccinated staff during an assumed Outbreak will be tested at least Monday's, Wednesday's and Friday's and unvaccinated staff will be done daily according to their schedule days at work (all staff is fully vaccinated and in process of being boosted). Residents will be done at least Monday's and Thursday's regardless of admission status. When available rapid Binax will used in between days of PCR.

03/21/2022 – revised - for staff testing all staff will be done at least 2 times weekly through PCR and or rapid testing and prn.

03/28/2022 – Residents will be tested weekly through PCR and prn rapid when needed.

09/07/2022 Revised – Staff testing will be done weekly on Thursdays through Binax and PRN. Residents will be done bi weekly on Mondays through Binax and if a staff becomes positive the group of residents will be placed under exposed (Yellow STAR) and will be tested on day 1 and then again on day 3. **09/27/2022 revised to add** - Resident quarantine will be for 10 days and will be tested again on day 7 and if negative again on day 10 before clearing quarantine.

Revised 09/27/2022 - Employees who tested positive will be out for at least 7 days and must return with a negative Binax test between day 5 and day 7, if positive again on days 5-7 then staff will complete a 10-day isolation before reporting back to work.

09-27-2022 - Residents who are positive will isolate for a total of 10 days and if they remain positive on the 10th day will be extended to a total of 20 days in isolation.

Quarantining for a hot spot / International travel– If a staff member chooses to go to a hot spot for vacation. They will need to quarantine for 14 days upon their return home and have two negative molecular testing's prior to returning to work. First molecular testing can be done day 7 through day 11 and the second testing being on day 14. The employee will use their own time during this quarantine and testing period phase. The employee must have sick time accrued, if the employee runs out of time it will result in employee discipline according to the CWA Contract and SLH Policy and Procedures.

Quarantining for a hot spot for a fully vaccinated employee. As long as the employee is fully vaccinated with second vaccine at the post 14 day mark and is within 90 days from the second vaccine then

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employee doesn't have to quarantine but must be rapid tested daily upon return to work for 7 days. Revised 3/23/2021. If fully vaccinated employee travels internationally then they will need to quarantine for 7 days and be tested day 3 through 5 post return from international trip.

Fully vaccinated employee within 90 days of second vaccination with an exposure. No quarantine is required but employee upon return to work will be rapid tested daily for 7 days. **Revised 7/09/2021** – Will quarantine for 7 days (discontinued).

6/09/2021 - Quarantining for fully vaccinated resident within 90 days of second vaccination s/p follow up appt.'s doesn't need to quarantine and will follow normal testing weekly or PCR and/or POC. **Revised 7/09/2021** – Residents will quarantine for 7 days and be tested prior to removing the plastic from doorway. Discontinued.

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. Revised 04/2022 will quarantine for 5 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. Revised 07/2022 traveling outside of US must quarantine for 5 days and be tested on day 6.

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. Revised 09/2022 – Testing for staff must be weekly every Thursday through Binax and if off on Thursday then next working day and or if having symptoms will test.

4/20/2021 – The following staff members who are not licensed may test resident visitors prior to visitation through Binax or rapid test, 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

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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 and face shield and PPE. Unvaccinated staff must wear KN95 and/or N95, goggles or face shield and PPE.

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 KN95 covering which Shady Lane Home will supply.

Resident visitors will be encouraged to be rapid tested but have the right to decline.

Advise the visitor to restrict physical contact.

12/2021 – Window visits, face time began through appointments.

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March 2021 – Essential Caregiver visits

12/12/2021 – Visitation Change, change in entrance to facility to main entrance reception area. Screening, rapid testing, copies of CDC Vaccination cards, giving out KN95's, face shields and PPE where warranted prior to visiting.

If a family member is positive through rapid testing alert nursing supervisor to look at rapid test for confirmation of positive test. Obtain name, DOB, address and copy of CDC 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 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 1st booster due to timing constraints must continue to wear their KN95 as well as their N95 and face shield.

4/2022 – All staff must be fully vaccinated and boosted with one booster in order to be fully vaccinated any staff member who is 50 years or older will be encouraged to get another booster..

Revised 12/30/2021, revised 09/07/2022 - POST COVID 19 POSITIVE RESIDENTS AND STAFF AND TESTING ONCE ISOLATION IS COMPLETED

Residents that are post positive for COVID 19 after completion of 7 days of isolation will be tested on day 7 through rapid and or 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

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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.

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 work 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.

End of life visiting

Facilities are required to provide notification in compliance with 42 C.F.R. 483.10(g) (14)(i)(B) when a resident experience 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 and CDC.

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

Require the visitor to wear a KN95 face covering in clinical areas. 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;

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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.

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

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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.

Refusal of testing and refusal of vaccination.

If a resident refuses to be vaccinated unfortunately they will not be permitted to be admitted to facility.

If a resident refuses to be tested a reapproach will be done and if resident continues to refuse supervisor will be made aware and another attempt will be made.

- If the resident continues to refuse testing they will be placed under a yellow star as exposed and staff will wear full PPE when entering room until testing occurs and resident is negative.

If a staff refuses to be tested they will be sent home pending education and discipline on importance of testing and all staff must be fully vaccinated.

If a visitor refuses to be test they will wear full PPE during their visit.

If a vender refuses to be tested they will not be permitted into building.

Hiring Process during Pandemic

A form will be completed by all new hires including the following;

Previous Employer and last day of employment?

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

Have you traveled to any of the quarantine states? This information will change on Monday as it's updated weekly.

Have you ever had COVID 19 before?

Have you ever been tested for COVID 19? What was the reason for testing?

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Have you ever been a close contact of COVID 19?

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. 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 evaluated 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 lunch and dinner service.

One licensed staff for breakfast MDR service Monday through Friday.

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. KN95 and/or N95 Face Masks, Face Shield and/or Goggles 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 and/or ABHS use until dry.
10. Unvaccinated residents will have a tissue and or clothing protector placed over nose and mouth during care for those that can tolerate.

Foot Notes

Initiated 2/03/2020, revised 3/05/2020, revised 3/10/2020, revised 3/12/2020, revised 3/18/2020, revised 6/06/2020 revised 6/22/2020, revised 7/03/2020, revised 7/08/2020, revised 7/09/2020, revised 9/2020, revised 10/2020 Screening, ABHS and STARS, revised 11/30/2020 adding Binax rapid testing for staff, hospice and contractors. 12/14/2020 continued testing of Binax with PCR testing. Revised 2/08/2021 adding admissions and physicians. Revised 2/14/2021 – Change in testing for all staff who received their second vaccination and have titrated will be tested Twice weekly through PCR and/or POC. For all other staff it will remain the same through POC and/or PCR. Residents who have received both vaccinations will be tested twice weekly through PCR and/or POC. All other residents will be tested post admission on specific days ordered in their POS after quarantine then will be done Monday through Friday. Revised 3/08/2021 to add modified dining. 3/17/2021 – revised quarantine for fully vaccinated employees. 3/23/2021 – revised for traveling. 4/09/2021 – revised adding no quarantine for fully vaccinated admissions. 4/20/2021 adding staff to assist in rapid testing. 4/21/21 – change in vitals to PO2 and Temp q shift for monitoring of COVID 19 for residents. 6/09/2021 – revisions

Outbreak Response Plan

to PPE, Dining room, COVID 19 Testing, revised 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. All staff must be fully vaccinated and boosted with one booster. Staff members 50 years of age and older will be encouraged to obtain another booster. **09/07/2022 Revised** – Staff testing will be done weekly on Thursdays through Binax and PRN. Residents will be done bi weekly on Mondays through Binax and if a staff becomes positive the group of residents will be placed under exposed (Yellow STAR) and will be tested on day 1 and then again on day . **09/27/2022 revised to add - Resident quarantine will be for 10 days and will be tested again on day 7 and if negative again on day 10 before clearing quarantine.**

Revised 09/27/2022 - Employees who tested positive will be out for at least 7 days and must return with a negative Binax test between day 5 and day 7, if positive again on days 5-7 then staff will complete a 10-day isolation before reporting back to work.

09-27-2022 - Residents who are positive will isolate for a total of 10 days and if they remain positive on the 10th day will be extended to a total of 20 days in isolation.