REFORMED CHURCH HOME
COVID 19
OUTBREAK RESPONSE PLAN

POLICY:
It is the policy of the Reformed Church Home:

- To effectively manage and contain an outbreak when identified in the facility.
- To promote an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment
- To help prevent the development and transmission of COVID 19

BACKGROUND:

COVID-19 is a new strain of coronavirus that are known to cause illness ranging from the common cold to more severe diseases such as Severe Acute Respiratory syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

Clinical Criteria
At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorders.

OR

At least one of the following symptoms: cough, shortness of breath, or difficult breathing

OR

Severe respiratory illness with at least one of the following:

- Clinical or radiographic evidence of pneumonia, or
- Acute respiratory distress syndrome (ARDS)

AND

No alternative diagnosis

***Transmission*:**
The virus is thought to be spread person-to-person by respiratory droplets (from sneezing or coughing) between people who are in close contact with one another (within 6 feet for a prolonged period of time). It may also be possible to spread by contact with contaminated surfaces or objects. The incubation period, or time from exposure to onset of illness, is two to fourteen days. Individuals may be contagious 48 hours before the onset of symptoms.

DEFINITION OF OUTBREAK ACCORDING TO DEFINED CLINICAL PARAMETERS OR STATE REGULATIONS:

COVID-19
One (1) or more facility acquired COVID-19 case in a resident.

- Facility-acquired COVID-19 infection in a long-term care resident is defined as a confirmed diagnosis 14 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an

outbreak was known or suspected to be occurring unless there is confirmation of possible transmission or exposure through a breach in PPE.

OR

Two (2) or more laboratory-confirmed COVID-19 cases among HealthCare Professionals with a 14 day period.

INFECTION PREVENTION TEAM

In the event of an outbreak the team listed below will meet to monitor the outbreak and initiate any needed changes. Local and state department of health will be apprised as required.

- Infection Preventionist
- Medical Director
- Advanced Practice Nurse
- Administration (Administrator and Nursing Director and Director of Wellness)
- Unit Managers
- Housekeeping Director
- Dining Services Director
- Maintenance Director
- Social Services
- Admissions Director (as needed)

PREVENTATIVE AND MITIGATING MEASURERS IN PLACE:

1. Universal Source Control has been in place for everyone in the facility. Staff should wear surgical masks. Residents should wear face masks.
2. To track vaccination status of staff and residents in the building. Provide education to staff and residents who refused to be vaccinated.
3. Routine serial testing of unvaccinated/partially vaccinated staff at the frequency prescribed, in reference to regional CALI level.
4. Actively screen anyone entering the building for fever and symptoms of COVID-19.
5. Actively screen staff before starting each shift and ill personnel should be sent home.
6. Sick leave policies were reinforced with staff. Any staff members who develop a fever and respiratory symptoms should not report to work. If they are already at work, they should put on a N95 mask and immediately leave work and contact their PCP.
7. Staff who are unvaccinated/partially vaccinated traveling out of state or abroad will be required to self-quarantine for 7 days and get tested on the 3rd-5th day of arrival, as well as continue to monitor for signs and symptoms of Covid19 (per CDC recommendation).
8. Employees should report if they or someone they live with is getting tested for COVID-19.
9. Increase routine cleaning and disinfection of frequently touched environmental surfaces and equipment in isolation and cohorted areas, as well as high traffic clinical areas.
10. Facility will make every effort to keep staff members assigned to the same unit and residents.
11. In-service training and return demonstration for staff on infection control practices.
12. Increase infection control surveillance rounds on all three shifts.
13. Increase inventory of PPE in stock in house using the CDC burn calculator.

14. Housekeeping to conduct thorough room cleanings with Gradpro a chemical known to repel COVID 19/1x monthly.
15. Increase presence of alcohol-based hand sanitizer dispensers throughout the facility.
16. New residents or readmitted residents who are unvaccinated/partially vaccinated or with known exposure to Covid19 regardless of vaccine status are housed in the transition/observation area (GRAY zone) for 14 days and are screened for fever, respiratory symptoms among other symptoms upon admission into the facility and daily going forward. All recommended PPE should be worn during care of residents under observation.

OUTBREAK

1. An outbreak investigation will be organized by the Infection Preventionist/ Designee when an outbreak is suspected in the community.
2. Facility will inform Middlesex Local Public Health of the confirmed COVID-19 cases and the outbreak plan in place.
3. Notify State Department of Health and Middlesex County Office of Emergency Management if mandated.
4. Infection Preventionist to facilitate initial contact tracing, perform expanded viral testing and repeat a facility wide testing every 3-7 days of all residents and staff until at least 14 days have elapsed since the most recent positive result and during the 14-day period at least two weekly test have been conducted with all individuals testing negative.
5. Immediate steps will be taken to isolate symptomatic individuals from those who do not have any symptoms.
6. Residents with known (RED zone) or suspected COVID-19 (Yellow zone) will be placed in the COVID 19 designated area in a private room with their own bathroom.
    a. Room sharing may be necessary if there are multiple residents with known or suspected COVID-19.
7. Restrict all visitors coming into the facility, except for compassionate care situations (end of life). Move to virtual platforms or outdoor visitation until no new cases have been identified for 14 days.
8. Restrict all volunteers and non-essential health care personnel (HCP), including consultant services (e.g. barber, hairdresser).
9. Reformed Church Home will inform resident and their representatives following the subsequent occurrence of either a single confirmed infection of COVID-19 is identified or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. (See Communication Plan).
10. When caring for Covid-19 positive residents, staff will wear all recommended PPE for resident care, regardless of the presence of symptoms.
11. Restrict visits to outside doctor's offices and use telemedicine where appropriate.
12. Restrict all residents to their rooms, only leaving for medically necessary purposes.
13. Restrict communal dining and group activities.
14. Residents should be masked if leaving their room for medically necessary purposes.
15. Suspending communal dining and other group activities for the duration of the outbreak.
16. Suspending admissions to affected unit and suspend admissions facility wide if deemed necessary.

17. Staff Coordinator will implement staffing contingency plan for possible change in staffing levels.
18. Increase current supply of PPE, and complete the CDC Burn Calculator to track PPE supplies and encourage appropriate use and refer to CDC's PPE Optimization strategies when resources are limited.

SURVEILLANCE AND INFORMATION GATHERING:

1. Infection Preventionist will establish on-going surveillance by starting a line list with the symptoms, location and onset of dates of cases for both staff and resident
2. Infection Preventionist will organize data to confirm Covid-19 diagnosis and formulate likely cause and identify possible mode of transmission
    a. Time: duration of the outbreak and pattern of occurrence
    b. Place: location/area of outbreak
    c. Person: evaluate characteristics that influence susceptibility such as age, sex, underlying disease, immunization history
    d. Exposure by nursing staff, or other infected residents
3. Infection Preventionist will notify Infection Prevention Team of the surveillance result including
    a. Staff and department directors
    b. Family of the affected resident(s)
    c. Local/state health department, according to regulations
        - 1 probable or confirmed COVID-19 case in a resident or HCP or
        - 3 cases of acute illness compatible with Covid-19 in residents with onset within a 72 hour period
4. Infection Prevention team will implement control measures based on sign, symptoms, mode of transmission, and location in the facility.
5. Once all has been reviewed with administrator, Infection Preventionist, Medical Director, Nurse Practitioner and Nursing, facility will:
    a. Conduct mandatory staff education
        - Hand hygiene
        - Outbreak disease symptoms
        - Reporting the occurrence of symptoms of resident and staff.
        - Transmission-based precautions
    b. PPE will be made available in preparation for an outbreak
    c. Advise staff who are exhibiting symptoms to stay at home
6. IP team will monitor for effectiveness of investigation and control measures until cases cease to occur or return to normal level.
7. Conduct care practice observation IF cause implies a breakdown in resident care practices.
8. Complete an Investigative Summary and submit a copy to
    a. Nursing Director / Wellness Director
    b. Administrator
    c. Medical Director
9. Summarize data/information collected, include case definition, contact tracing, cause, and final evaluation of outbreak. An outbreak could be considered over when there have been no new cases after two incubation periods, or 28 days. Continue to minimize the risk of the

virus re-entering the facility by instructing staff to stay home if they are sick, monitoring residents for fever and respiratory symptoms, universal masking and adhering to social distancing as much as possible.

STAFFING:
In the event of a staff crisis situation, the following considerations will be made based on need and resource availability:

1. Suspend vacation requests during period of outbreak
2. Overtime
3. Hazard Pay
4. Staff to work outside normal service area
5. Use of all management personnel
6. Use of agency personnel with contracted agencies
7. Closure to Admissions
8. Request staff from local facilities not experiencing an outbreak

PERSONAL PROTECTIVE EQUIPMENT (PPE)

RCH will provide, and ensure that employees wear, facemasks or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes.

Face shield is required on top of universal source control when community rate is at moderate to very high. Face shields will be worn in the unit or while doing care. Face shields are cleaned at least daily and are not damaged.

In addition to providing, and ensuring employees wear facemasks, RCH will provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "Guidelines for Isolation Precautions".

For aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19, RCH will provide a respirator to each employee and ensure it is used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). RCH will also provide gloves, an isolation gown or protective clothing, and eye protection to each employee, and ensure use in accordance with OSHA's PPE standards.

Aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19.

When an AGP is performed on a person with suspected or confirmed COVID-19, RCH will:

- Provide a respirator and other PPE
- Limit the number of employees present during the procedure to only those essential for patient care and procedure support;
- Clean and disinfect the surfaces and equipment in the room or area where the procedure was performed, after the procedure is completed.

COMMUNICATIONS PLAN:

1. RCH will inform residents, their representatives and families of those residing in the facility by 5 pm. the next calendar day following the occurrence of either a single confirmed infection of COVID 19, or three or more residents or staff with new onset of respiratory symptoms occurring within 72 hours of reach other.
2. Updates to residents and their representatives will be provided weekly.
3. RCH will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations will be altered. In addition to direct emails to known stakeholders, a web based post on the facility website is the chosen mechanism to communicate with the residents and their representatives.
4. If RCH will restrict visitors, signs and messages will be placed at the front door and announcements will be made in the website and the hotline number.
5. A dedicated hotline number **(848) 230-6427** can be called for any questions or concerns and families will be able to leave a message for staff follow up by the administrative team.
6. Internal communications are handled at staff meetings conducted on each floor and/or departments. An email list is also the chosen mechanism for the most recent updates regarding the outbreak event.

LESSONS LEARNED:

1. Importance of moving residents to a designated wing in the facility to stop the spread of the virus and maximize PPE.
2. Staff in all areas of the facility (even wings without COVID 19) wanted the maximum PPE in order to ensure their residents and their own personal safety.
3. Importance of constant and consistent in-service training was needed on the virus, PPE etc as it was quickly evolving.
4. All staff in the building were needed to provide care so staff responsibilities were re defined.
5. Our ability to TEST often and regularly was a turning point in our ability to stop the spread of infection.
6. Importance of a long term dedicated flexible staff who is committed and resident focused.
7. Importance of Teamwork and timely team member follow through was essential.
8. Importance of having an involved and well-coordinated medical director and NP was essential
9. Importance of having a strong collaborative relationship with Middlesex County Health Department and the NJ Department of Health.
10. Importance of having strong vendor relationships
11. Importance of strong communication processes and mechanisms.
12. Never underestimate the power of prayer.