**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 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 PRESENTATION:**

People with COVID-19 may be asymptomatic or may commonly experience one or more of the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Myalgia (Muscle or body aches)
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

The clinical presentation of COVID-19 ranges from asymptomatic to severe illness, and COVID-19 symptoms may change over the course of illness.

***Transmission*:**
The virus is 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 - touching the eyes, nose, or mouth with hands that have SARS-CoV-2 virus particles on them or from touching inanimate surfaces contaminated with virus. 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**

≥2 facility-onset confirmed or probable COVID-19 cases in patients/residents with illness onsets occurring within a 7-day period who are epidemiologically linked.

o Facility-onset COVID-19 infection in a patient/resident is defined as a laboratory confirmed diagnosis that originated in the facility. It does not apply to patients/residents who were positive for COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions (TBP) OR patients/residents who were placed into TBP on admission and developed SARSCoV-2 infection (unless there is confirmation of possible transmission or exposure through a breach in PPE).

**OR**

≥2 confirmed, probable, or possible COVID-19 cases in HCP who are epidemiologically linked (e.g., having the potential to have been within 6 ft for 15 minutes or longer while working in the facility during the 7 days prior to the onset of symptoms) **AND** ≥1 confirmed or probable COVID-19 case(s) in a patient/resident with epidemiological linkage **AND** no other likely source of exposure is identified for at least 1 of the cases.

**OR**

≥3 confirmed, probable, or possible COVID-19 cases in HCP who are epidemiologically linked (e.g., having the potential to have been within 6 ft for 15 minutes or longer while working in the facility during the 7 days prior to the onset of symptoms) **AND** no other likely source of exposure is identified for at least 1 of the cases.

**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. To monitor Covid-19 cases and trends in the community - https://www.nj.gov/health/cd/statistics/covid/
2. If Covid-19 cases are high in the community universal source control has to been in place for ALL staff members and visitors. Staff should wear well-fitting surgical masks, KN95 or N95. Residents should be encouraged to wear face masks. Eye protection will also be worn by direct care staff in resident care units if deemed necessary.
3. To track vaccination status of staff and residents in the building. Provide education to staff and residents who refused to be vaccinated.
4. Routine serial testing is no longer required regardless of vaccine status however performed if exposed and/or sick.
5. Increase monitoring of residents if community cases are high.
6. Screen anyone entering the building for fever and symptoms of COVID-19.
7. Screen staff before starting each shift and ill personnel should be sent home.
8. 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 well fitting mask and immediately leave work.
9. Employees should report if they have close exposure to someone who is a confirmed or suspected case of Covid-19.
10. In-service training and return demonstration for staff on infection control practices.
11. Increase infection control surveillance rounds on all three shifts.
12. Increase inventory of PPE in stock in house.
13. Housekeeping to conduct thorough room cleanings with Oxivir Five- 16, a chemical known to repel COVID 19 once monthly.
14. Increase presence of alcohol-based hand sanitizer dispensers throughout the facility.
15. Residents who are new admissions or readmissions are no longer required to quarantine regardless of vaccine status as long as resident is asymptomatic and have no reports of close exposure to a confirmed or suspected case of Covid-19. Residents are screened however for fever, respiratory symptoms among other symptoms upon admission into the facility and daily going forward. Resident will be required to wear face mask for 10 days upon admission. Rapid Test will also be performed per testing recommendation.
16. All new admission and readmission will be tested upon admission, on day 3 and on day 5 of admission regardless of vaccine status.

**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. Implement universal source control measures in the facility until no new cases of Covid-19 have been identified for 14 days.
5. If facility is currently experiencing an outbreak, universal source control has to been in place for ALL staff members and visitors. Staff should wear well-fitting surgical masks, KN95 or N95. Residents should be encouraged to wear face masks. Eye protection should also be worn in affected unit/s once a facility onset resident case is identified.
6. Infection Preventionist to facilitate either contact tracing based on testing policy or perform broad based viral 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 tests have been conducted with all individuals testing negative.
7. Immediate steps will be taken to isolate symptomatic individuals from those who do not have any symptoms.
8. Residents with known/confirmed Covid-19 will be placed in the Red Zone and suspected cases of COVID-19 with pending results in the Yellow Zone. Strategic room placement and cohorting may be necessary depending on the number of resident cases. (see Policy on Room Placement and Cohorting Strategies with Covid-19).
9. Visitation allowed at all times even during outbreak, however families are encouraged to move to virtual platforms or outdoor visitation until no new cases have been identified for 14 days. Education and reminders will be provided to families who will be coming in to visit during an outbreak.
10. Limit all volunteers and non-essential health care personnel (HCP), including services (e.g. barber, hairdresser) temporarily.
11. Reformed Church Home will inform residents and their representatives following the subsequent Covid-19 cases acquired in the facility. (See Communication Plan)
12. When caring for Covid-19 positive residents, staff will wear all recommended PPE for resident care, regardless of the presence of symptoms.
13. Limit visits to outside doctor's offices and use telemedicine where appropriate.
14. Limit activities of residents within the wing/unit.
15. Temporarily restrict communal dining to highly affected unit.
16. Increase routine cleaning and disinfection of frequently touched environmental surfaces and equipment in isolation and cohorted units, as well as high traffic clinical areas.
17. Suspending admissions to affected unit and suspend admissions facility wide if deemed necessary.
18. Staff Coordinator will implement staffing contingency plan for possible change in staffing levels.
19. Facility will make every effort to keep staff members assigned to the same unit and residents.
20. 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
        - PPE donning and doffing on 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)**

During an outbreak - 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/ eye protection that covers the front and sides is required in the affected unit/s once a resident case is identified during an outbreak and across all units when community cases are high. Facemasks should be changed every shift or daily unless broken or soiled. Eye protection is cleaned at least daily, and replaced if soiled or 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".

**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. 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.

5. 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 identifying cases immediately and strategically moving residents for proper room placement or cohorting to stop the spread of the virus; and maximize PPE.
2. The importance of consistent in-service trainings about the virus, preventive and mitigating measures as the illness is quickly evolving.
3. All staff in the building were needed to provide care so staff responsibilities were re-defined.
4. Importance of a long-term dedicated flexible staff who is committed, and resident focused.
5. Importance of Teamwork and timely team member follow through was essential.
6. Importance of having an involved and well-coordinated medical director, NP and IP was essential
7. Importance of having a strong collaborative relationship with Middlesex County Health Department and the NJ Department of Health.
8. Importance of having strong vendor relationships.
9. Importance of strong communication processes and mechanisms.
10. Never underestimate the power of prayer.