



COVID-19 OUTBREAK PLAN

Purpose:

To define guidelines, following state, federal, and regulatory standards, that provide a framework to ensure that the current pandemic outbreak of COVID-19 is effectively managed and contained within Doctors Subacute. This plan is in place to ensure that a coordinated approach is taken. Since this pandemic outbreak has significant implications for routine services and additional resources will be required, the Emergency Operations Plan within the organization will be initiated when indicated to cover all management, organizational and communications procedures.

New Jersey Department of Health references:

- NJDOH Executive Directive No. 20-013/20-013(1)
- NJDOH Executive Directive No. 20-017
- NJDOH Executive Directive No. 20-018
- NJDOH Executive Directive No. 20-025
- NJDOH Executive Directive No. 20-026

Related Policies & Manuals:

- a. Emergency Operations Plan (EOP) 2022
- b. Infection Control Outbreak Response Plan 2022
- c. Emergency Staffing Guidelines
- d. Critical Staffing Guidelines
- e. Mandatory Overtime Regulations and Guidelines

The COVID-19 Outbreak Plan includes the establishment and deployment of an Infection Control Team (ICT). ICT meetings are regularly scheduled. Additionally, our nursing staff are available for consultation 24 hours/7 days a week. Members of the ICT have defined roles and responsibilities over key operational and clinical services to ensure that the Center remains in compliance with all licensing, regulatory and local, state and federal guidance and requirements specifically related to the COVID-19 pandemic/outbreak.

Clinical Operations Review Team members may include but not be limited to:

- Chief Operating Officer
- Clinical Director
- Medical Director(s)/designee
- Licensed Administrator(s)
- Regional Administrator
- Director of Infection Prevention and Control
- Employee Health

Definitions:

1) **Pandemic-** A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there was little to no pre-existing immunity against the new virus, it spread worldwide.

2) **Isolating-**means the process of separating sick, contagious persons from those who are not sick.

3) **COVID-19 Cohorting-**means the practice of grouping patients/residents who are or are not infected with COVID-19 to confine their care to one area and prevent contact with other patients/residents. Cohorting groups will be considered according to the following as applicable (refer to COVID Cohort Grid):

i) **Cohort 1: COVID-19 Positive:** this cohort consists of both symptomatic and asymptomatic patients/residents who test positive for COVID-19, including any new or readmissions known to be positive, who have not met the discontinuation of Transmission-Based Precautions criteria.

ii) **Cohort 2: COVID-19 Negative, symptomatic:** this cohort consists of patients/residents who test negative for COVID-19 who have had an identified exposure to someone who is confirmed COVID-19 positive and having symptoms consistent with covid-19.

iii) **Cohort 3: New or Re-admissions:** this cohort consists of all persons from the community or other healthcare facilities who are new or readmitted regardless of vaccination; this cohort will not be placed in quarantine, and will recommend to use source control for 10 days if the facility is under outbreak status.

Doctors Subacute recognizes that the principles of continuous quality improvement are foundational and consistent with its mission, vision and values. The commitment to quality is evident in ongoing Quality Assurance and Performance Improvement initiatives. Applying this framework to Doctors Subacute's response to the COVID-19 pandemic outbreak, we continuously review our operations and performance to ensure that services provided will be of the highest quality and consistent with all current standards and licensing, regulatory and/or accrediting agency requirements.

Lessons learned include:

1. Importance of immediately executing our established EOP.
2. Importance of strong collaboration/relationships with the state and local department of health.
3. Importance of staying abreast of and implementing all licensing, regulatory, accrediting and other resource guidance as they are developed and disseminated.
4. Importance of establishing an Infection Control Team to drive initiatives.

5. Importance of strong communication processes and mechanisms.
6. Importance of education, training and competency.
7. Importance of managing Personal Protective Equipment (PPE) available, optimizing according to federal agency guidance, establishing a stockpile and having strong vendor relationships.
8. Importance of having access to tests and receiving timely test results.

Communication:

1. Doctors Subacute utilizes multiple platforms to communicate with internal and external stakeholders. These include, but are not limited to, and are implemented based on target audience and information required to be disseminated:
 - a. Posting information and links on Doctors Subacute's website <https://doctorssubacute.com/>
 - b. Dedicated COVID-19 information line (973) 942-8899
 - c. Weekly updated emails to residents and families.
 - d. Use of social media platforms <https://www.facebook.com/profile.php?id=100039489626766>
 - e. Written correspondence sent by mail US Post to patients/residents and families and staff
 - f. Discussion at the resident council meeting.
 - g. Posting information in common areas for staff, residents and families.

Staffing: Doctors Subacute has established Emergency Staffing Guidelines as well as defined Critical Staffing Guidelines to be implemented to secure staff as needed to ensure continuity of care for all patients/residents in the event of a new outbreak of COVID-19, any other infectious disease or emergency among staff. These are outlined in the Emergency and Critical staffing guidelines.

Visitation: The most effective tool to protect anyone from the COVID-19 Omicron variant (or any version of COVID-19) when visiting residents is to be up-to-date with all recommended COVID-19 vaccine doses. Also, Doctors Subacute urge all residents, staff, and visitors to follow the guidelines for preventing COVID-19 from spreading, including wearing a well-fitting mask (preferably those with better protection, such as surgical masks or N95) at all times while in a nursing home, practicing physical distancing, and performing hand hygiene by using an alcohol-based hand rub or soap and water. Residents do not have to wear a mask while eating or drinking, or in their rooms alone or with their roommate.

In general, visitation is allowed for all residents at all times. However, as stated in CMS memorandum QSO-20-39-NH REVISED 11/12/2021, *“facilities should ensure that physical distancing can still be maintained during peak times of visitation,”* and *“facilities should avoid large gatherings(e.g., parties, events).”* This means that facilities, residents, and visitors should refrain from having large gatherings where physical distancing cannot be maintained in the facility. In other words, if physical distancing between other residents cannot be maintained, the facility may restructure the visitation policy, such as asking visitors to schedule their visit at

staggered time-slots throughout the day, and/or limiting the number of visitors in the facility or a resident's room at any time.

Note:

While these may be strategies used during the holidays or when a high volume of visitors is expected. We expect these strategies to only be used when physical distance cannot be maintained. Also, there is no limit on length of visits, in general, as long as physical distance can be maintained and the visit poses no risk to or infringes upon other residents' rights. If physical distancing cannot be maintained or infringes on the rights and safety of others, the facility must demonstrate that good faith efforts were made to facilitate visitation.” (Retrieved from CMS QSO-20-39-NH).

Routine Monitoring and Screening:

Doctors Subacute shall actively screen all persons entering the building (except EMS personnel) for signs and symptoms of COVID-19. The screening will take place in the designated screening area that accommodates social distancing and infection control standards.

All Visitors (including outside health care providers, consultants and contractors) and staff are required to check-in at the front desk kiosk to receive the following screening: a. Temperature checks including subjective and/or objective fever equal to or greater than 100.4 F b. Completion of a screening questionnaire about symptoms and potential exposure which shall include at a minimum:

- i. Whether in the last 14 days, the visitor has had an identified exposure to someone with a confirmed diagnosis of COVID-19, someone under investigation for COVID-19, or someone suffering from a respiratory illness.
- ii. Whether the visitor has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation per guidance issued by NJDOH and CDC.
- iii. Whether in the last 14 days, the visitor has returned from a state on the designated list of states under the 14-day quarantine travel advisory, available for review at <https://covid19.nj.gov/faqs/nj-information/travel-information/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey>.
- iv. Determination if any signs or symptoms of COVID-19, are exhibited including, but not limited to:
 1. Chills;
 2. cough;
 3. shortness of breath or difficulty breathing,
 4. sore throat;
 5. fatigue;
 6. muscle or body aches;
 7. headache;
 8. new loss of taste or smell;
 9. congestion or runny nose;
 10. nausea or vomiting; or

11. diarrhea

Reporting to Public Health Officials:

- a. The facility shall enter information in the NHSN COVID-19 Module twice weekly
- b. The facility shall report daily on the NJHA website
 - i. Case count
 - ii. PPE Inventory
 - iii. Testing
 - iv. Test results
- c. The facility shall call the Local NJ Department of Health upon the occurrence of any new positive cases of COVID-19 among residents and/or staff.

Environmental Services:

- a. During COVID-19 or other infectious outbreak the facility will safeguard the cleanliness of the environment, to reduce the potential of spread of infectious pathogens. The facility is ensuring that the cleaning processes follow established CDC, Department of Health and EPA recommendations.
 - i. All cleaning solutions used are of the appropriate and registered by Environmental Protection Agency (EPA)
 - ii. Cleaning supplies and equipment shall be appropriately cleaned, disinfected and stored to protect against the spread of pathogens.
 - iii. All personnel are responsible for promptly reporting potentially infectious conditions.
 - iv. The IP or designee will notify the housekeeping department when the possibility of the spread of infectious organisms exists (Resident testing positive for COVID-19).
 - v. Cleaning consists of a thorough cleaning and disinfection with special emphasis on those items handled directly by the resident; furnishings, faucets handles, commodes, door knobs, etc. high touch areas.
 - vi. Washing of walls where frequently touched areas.
 - vii. Floor clean specific to covering; example, carpet, wood, tile, ceramic, etc.
 - viii. Non-disposable, reusable residents care items should be cleaned and appropriately disinfected before reusing.

References:

- CDC, Coronavirus (COVID-10)
(<https://www.cdc.gov/coronavirus/2019-ncov/index.html>)
- CDC, Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>)
- NJDOH Guidance for COVID-19 and/or Exposed Healthcare Personnel
([https://www.nj.gov/health/cd/documents/topic/NCOV/Guidance for COVID-19 Diagnosed and/or exposedHCP.pdf](https://www.nj.gov/health/cd/documents/topic/NCOV/Guidance%20for%20COVID-19%20Diagnosed%20and/or%20exposedHCP.pdf))

- NJDOH COVID-19: Information for Healthcare Professionals
(https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml)
- NJDOH, Healthcare Associated Infections, ICAR Resources
(<https://www.nj.gov/health/cd/topics/hai.shtml>)
- CMS, April 19, 2020 (QSO-20-26-NH) Communicable Disease Reporting Requirements/Transparency