

Clinical Management/COVID-19

POLICY:	Infection Prevention and Control Program/Outbreak Response Plan	POLICY NO:	MAL-2
DEPT:	Clinical Operations	Created:	03/2020
		Revised:	12/30/21

Policy:

It is a policy of this facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

1. DEFINITIONS

"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.

"Endemic level" means the usual level of given disease in a geographic area.

"Isolating" means the process of separating sick, contagious persons from those who are not sick. Outbreak Response Plan Guidance Memo Page 12

"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-1 et seq.).

"Outbreak" means any unusual occurrence of disease or any disease above background or endemic levels.

Policy Explanation and Compliance Guidelines:

- The designated Infection Preventionist serves as a consultant to our staff on infectious diseases, resident room placement, implementing of isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases.
- The RNs and LPNs supervise direct care staff in daily activities to assure appropriate precautions and techniques are observed, assess the resident's isolation needs, initiate appropriate precautions in accordance with our established policies and current CDC Infection Control Isolation Guidelines, consult with the Medical Director (and/or the resident's attending physician) as soon as possible to obtain written order for same; and consult the Infection Preventionist for questions regarding isolation, infection control issues, and questions relative to communicable diseases and infections.

Based on recommendations by The New Jersey Department of Health (NJDOH) and Communicable Disease Service (CDS), upon determination of a Covid-19 Outbreak, the facility will implement the following infection prevention and control measures **Immediately:**

- Assess close contacts including healthcare personnel (HCP) and other residents based on their exposures to positive case(s) of COVID-19.
 - ▶ **HCP:** HCP with exposure to confirmed COVID-19 case(s) should be identified and an appropriate risk assessment completed to determine if they have a high, medium, low, or no identifiable risk exposure using NJDOH forms and guidance for assessing COVID-19 healthcare worker exposures.
 - ▶ **RESIDENTS:** Close contact is defined as being within approximately 6 feet of a COVID-19 case for prolonged period of time or having contact with infectious secretions of COVID-19 case (e.g., being coughed on). Close contacts that are unvaccinated should be quarantined for 14 days after last exposure.
- Adhere to Standard and Transmission-based Precautions including use of a facemask, gown, gloves, and eye protection for confirmed and suspected COVID-19 case(s).
- Since roommates of symptomatic residents may have already been exposed, it is not recommended that they be separated following Dept. of Health guidelines.
- Restrict all confirmed case(s) and any residents who may have been exposed in their assigned rooms except for medically necessary purposes.

Upon determination of a COVID-19 Outbreak, the facility will implement the following measures **within 24 hours:**

- Facility will conduct active screening of residents and staff for fever and respiratory symptoms.
 - Facility will screen all Health Care Personnel (HCP) at the beginning of their shift for fever and respiratory symptoms.
 - Nursing Staff will monitor residents twice daily for fever and respiratory symptoms. Vital signs should include heart rate, blood pressure, temperature, pain and pulse oximetry. The Nursing staff will inform the residents' Attending Physician for any change in their baseline.
- Limit current communal dining and all group activities such as internal and external group activities.
- Encourage residents to maintain social distancing and infection control protocol in common areas.
- Facility will implement universal use of facemask for HCP while in the facility.

- Mask all residents (who can tolerate masks) who are symptomatic when providing direct care; if masks are limited or not tolerated use of a tissue to cover the nose and mouth is appropriate.
- Housekeeping Department will increase the frequency of routine cleaning and disinfection of frequently touched surfaces and shared medical equipment using frequently using products that have EPA-approving emerging viral pathogens claims that have demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces.
- Adhere to internal environmental cleaning protocols to ensure appropriate measures are being taken to clean and disinfect throughout the facility.
- Facility will provide transparency and education to staff and families regarding identification of case(s) and actions taken.

The Infection Control Committee (Medical Director, Infection Control Preventionist, Administrator, Director of Nursing and Infectious Disease Physician) will serve as the authority for overseeing the investigation, prevention and control of infections within the facility.

- Immediate reporting/notification and consultation with the Local/State Public Health Department for specific directions.
- The facility's Infectious Disease Physician will assess the status infectious disease at the facility, assure proper infection control measures are implemented and ensure monitoring of all residents. As member of the Infection Control Committee, the Infectious Disease Physician will make follow-up visits as needed and is available for telephone consultation.
- Limit only essential personnel to enter the room with appropriate PPE and respiratory protection.
 - o PPE includes: Gloves, Gown, Respiratory Protection: facemask, Eye Protection that covers both the front and sides of the face. Remove before leaving resident room. Reusable eye protection will be cleaned and disinfected according to manufacturer's recommendation. Disposable eye protection will be discarded after use.
- Hand Hygiene using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves. If hands are soiled, washing hands with soap and water is required for at least 20 seconds.
- Dedicated or disposable patient-care equipment should be used. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer's recommendations.
- Employees who have unprotected exposure to a resident with COVID-19 should report to the Infection Preventionist or designee. Infection Preventionist or designee will complete an appropriate risk assessment to determine if they have a high, medium, low, or no identifiable risk exposure using the NJ Department of Health's forms and guidance for assessing COVID-19 healthcare worker exposures.
- Signs will be posted at the entrances, elevators and break rooms to provide residents, staff and visitors if an outbreak is identified, instructions on hand hygiene, respiratory hygiene and cough etiquette.
- Facemasks, Alcohol-based hand rub (ABHR), tissues and a waste receptacle will be available at the facility entrance.

- Discontinuation of isolation Precautions will be determined on a case-by-case basis in conjunction with the local, state and federal health authorities.
- Cleaning and disinfecting room and equipment, including high-touch surfaces and all shared medical equipment (e.g., lifts, blood pressure cuffs, medication carts) will be performed frequently using products that have EPA-approving emerging viral pathogens claims that have demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces.
- Employees who develop symptoms to COVID-19 (fever, cough, shortness of breath or sore throat) will be sent home. Following CDC guidelines, the employee may return to work using one of these criteria:
 1. Test-based.
 - a. HCP is Afebrile without taking fever-reducing medications (i.e. Acetaminophen) and,
 - b. Improvement in respiratory symptoms (i.e. cough, shortness of breath) and,
 - c. Negative test result within 7 days

*All criteria must be met before HCP can return to work under this option.
 2. Non-test Based.
 - a. At least 24 hours have passed since recovery as defined as Afebrile without the use of fever-reducing medications (i.e. Acetaminophen) and improvement in respiratory symptoms (i.e. cough, shortness of breath) and,
 - b. At least 10 days have passed since symptoms first appeared.

*All criteria must be met before HCP can return to work under this option.

Provisions for HCP After Returning to Work

- Adhere to hand hygiene, respiratory hygiene, and cough etiquette (i.e. cover nose and mouth when coughing or sneezing, dispose of tissues in waster receptacles). Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Surveillance:

- A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards.
- The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility

and reports surveillance findings to the facility's Quality Assessment and Assurance Committee.

- The RNs and LPNs participate in surveillance through assessment of residents and reporting changes in condition to the residents' physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections.
- Surveillance Plan consist of pulling the 24-hour report daily for screening, floor mapping tracker (i.e. monitor for outbreak respiratory symptoms, identify staff, cluster of residents, vital signs, screen visitors using the kiosk, Temperature/Symptoms Log at Receptionist to screen staff/visitors/vendors, etc., daily/frequent infection control rounds, frequent auditing if processes in place are current, monitoring resident smoking area for social distancing/infection control (hand hygiene), print out Yes responses from Kiosk and investigate in real-time reasoning for yes responses.
- Screen and limit visitors/staff for any recent trips (within the last 30 days) and who was in close contact with a suspect or laboratory-confirmed COVID-19 patient within the last 14 days, or overseas travel from certain countries. (Please see Travel Policy per CDC guidelines).

Hand Hygiene Protocol:

- All staff shall wash their hands when coming on duty, between resident contacts, after handling contaminated objects, after PPE removal, before/after eating, before/after toileting, and before going off duty.
- Staff shall wash their hands before and after performing resident care procedures.
- Hands shall be washed in accordance with our facility's established hand washing procedure.
- For residents who smoke both sanitizer and hand wipes are on the cart and workers advised to offer and encourage residents to clean hands before and after smoking.

Isolation Protocol:

- Standard precautions shall be observed for all residents.
- A resident with an infection or communicable disease shall be placed on isolation precautions as recommended by current CDC Guidelines for Isolation Precautions. A copy of these guidelines are available at each nurses' station.
- Residents will be placed on the least restrictive isolation precaution for the shortest duration possible under the circumstances.
- When a resident on isolation precautions must leave the resident care unit/area, the charge nurse on that unit/area shall communicate to all involved departments the nature of the isolation and shall prepare the resident for transport in accordance with current isolation precaution guidelines.
- Residents with a known or suspected COVID-19 should be transferred as soon as possible to a facility with an Airborne Isolation Infection Room (AIIR). While awaiting transfer, place a N95 mask/respirator or surgical mask on the resident and place in a private room with the door closed. DON/designee should report to the Local Department of Health.

- Immunocompromised and myelosuppressed residents shall be placed in a private room if possible and shall not be placed with any resident having an infection or communicable disease.
- If a resident need to be Cohorted with another resident, both residents should have the same organism.

Antibiotic Stewardship:

- An antibiotic stewardship program will be implemented as part of the overall infection prevention and control program.
- Antibiotic use protocols and a system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program.
- The Director of Nursing will serve as the leader of the antibiotic stewardship program.
- The Infection Preventionist, Medical Director, consultant pharmacist, and laboratory manager will serve as a resource for the antibiotic stewardship program.

Equipment Protocol:

- All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment.
- Single-use disposable equipment is an alternative to sterilizing reusable medical instruments. Single-use devices must be discarded after use and are never used for more than one resident.
- When reprocessed single-use devices are used, the facility will maintain documentation from the third party reprocessor that indicates that it has been cleared by the FDA to reprocess the specific device in question.
- Reusable items potentially contaminated with infectious materials shall be placed in impervious clear plastic bag labeled "CONTAMINATED" and placed in the soiled utility room for pickup and processing.
- The central supply clerk will decontaminate equipment with a germicidal detergent prior to storing for reuse.
- All contaminated disposable items shall be discarded in a waste receptacle lined with a plastic bag.

PPE/Supplies Protocol:

- Sterile supplies shall be appropriately packaged and sterilized or purchased prepackaged and sterile from the manufacturer.
- Sterile supplies are routinely checked for expiration dates and are replaced as necessary.
- Prepackaged sterile items are considered sterile until opened or damaged. Packaging shall be inspected prior to use.
- To mitigate shortages of Personal Protective Equipment supplies per the CDC extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.
 - o The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
 - o HCP must take care not to touch their facemask. If they touch or adjust their facemask, they must immediately perform hand hygiene.

- o HCP should leave the patient care area if they need to remove the facemask.
- o Restrict facemasks to use by HCP, rather than patients for source control.
- o Have patients with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose.
- The PPE committee which consist of the Administrator and Central Supply Manager coordinates with Camden County Office of Emergency Medicine Jason Villando 856-783-4808 ext. 5098.

Linens:

- Laundry and direct care staff shall handle, store, process, and transport linens so as to prevent spread of infection.
- Clean linen shall be delivered to resident care units on covered linen carts with covers down.
- Linen shall be stored on all resident care units on covered carts, shelves, in bins, drawers, or linen closets.
- Soiled linen shall be collected at the bedside and placed in a linen bag. When the task is complete, the bag shall be closed securely and placed in the soiled utility room. Soiled linen shall not be kept in the resident's room or bathroom.
- Environmental services staff shall not handle soiled linen unless it is properly bagged.

Resident/FamilyNisitor Education:

- Residents, family members, and visitors are provided information relative to the rationale for the isolation, behaviors required of them in observing these precautions, and conditions for which to notify the nursing staff.
- Information on various infectious diseases is available from our Infection Preventionist.
- Isolation signs are used to alert staff, family members, and visitors of isolation precautions.
- All visitors/vendors/transport companies' temperature will be checked and must be screened on the kiosk at the front desk and mask worn before entering the facility.
- Facility will call residents families, website will be updated, covid updates hotline number will be updated, texts to staff will be sent out
- Visitors/Out on Pass Memo will continue to be updated in accordance with CMS and NJDOH guidelines.

Staff Communicable Disease Screening and Immunization:

- Direct care staff shall be screened for COVID-19, tuberculosis, rubella, mumps, measles, and chickenpox at the time of employment and shall comply with annual physical examinations and immunization requirements. Direct care staff shall be screened for COVID-19 upon entering the facility staff temperature will be checked, screen for respiratory symptoms, and facemask work at all time.
- Influenza vaccine shall be offered annually. Some states mandate vaccination.
- Tetanus-Diphtheria vaccine shall be offered as needed.

- Hepatitis B vaccine shall be offered to all staff that have the potential for contact with blood/body fluids, or other potentially infectious materials.
- Varicella vaccine shall be offered to all staff that are serologically non-immune to varicella.
- Direct care staff shall be tested for TB at least annually.
- If a staff is presumptive or has a confirmed case of COVID-19 that staff shall follow the HCP return to work policy.

Staff Referral to Treatment Centers/Services:

- Our staff shall be referred to the appropriate medical treatment center/service when he/she:
 1. Is feverish and appears to be in the infectious stages of an illness.
 2. Experiences an occupational exposure to blood/body fluids.
 3. Has been exposed to a communicable disease.
 4. Exhibits infected skin lesions.
- Based on the specific circumstances, employees with a communicable disease or infected skin lesion will be prohibited from direct contact with residents or their food, if direct contact will transmit the disease.
- Our Infection Preventionist shall coordinate screening procedures in case of widespread exposure of staff to any infectious disease.
- Direct care staff shall demonstrate competence in resident care procedures established by our facility.
- Staff shall use personal protective care equipment (PPE) according to established facility policy governing the use of PPE.

Screening

- Residents vitals are taken at least daily and assessed for respiratory symptoms (i.e. Fever, Cough, Shortness of Breath).
- Staff temperature will be checked at front desk and screened for temperature and respiratory symptoms (i.e. fever, cough, shortness of breath), and face mask worn, and hands sanitized before entering the facility.
- Visitors temperatures will be checked, kiosk filled out and will be provided a mask, and hands sanitized before entering the facility. Policy for reporting Outbreaks
- Director of Nursing/Designee shall report to the Department of Health all outbreaks. Notify NJDOH about residents with severe respiratory infection, or cluster of respiratory illness (i.e., ≥ 3 resident or HCP with new-onset respiratory symptoms within 72 hours).
- Initiate line listing.
- Floor mapping to include but is not limited to
 - o Information on individuals, equipment, and locations the person may have come into contact with.
 - o Clean areas the person may have come into contact with...
 - Breakrooms
 - Nurses station
 - Medication and treatment cart
 - Equipment

- Etc.

Staffing Issues During an Emergency, such as COVID-19

- Facility to utilize staffing agency
 - 5 Star Agency-1-908-312-1423 Ext 105
 - Gento /Nursing without walls - (516)306-9936
 - Nathan is our contact person.
 - Shift Med Agency 1-855-977-1712
 - Jennifer is our contact person.
 - Connect **RN** 617-944-1515 Or you can call our contact person Jason 267-235-8093
 - Towne Nursing - 917-776-1879
- In the event of a confirmed or suspected resident with COVID-19 such resident would be transferred to a private room on 5th floor or a private with the door closed. In both scenarios' resident would have to don a surgical mask or N95 respirator. Will be advised to stay in room for the duration of symptoms or 10 days whichever is longer.

Visitors:

As visitation guidance from CMS and NJDOH is constantly changing, facility will keep residents and families updated with most up to date visitation guidance as well as posting guidance on facility website. Effective 12/24/221 NJDOH visitation guidelines allows for visitation to be allowed for all residents at all times as long as social distancing and infection control protocols can be followed

Social Distancing:

- **When Smoking...**
 - **Residents to not line up while awaiting to go out smoke.**
 - **Must keep at least 6 feet away as much as possible.**
 - **Staff to monitor and frequent verbal reminder to keep at least 6 feet away from one another when on the patio whether smoking or not.**
 - **Handwashing before and after smoking.**
- **When in the halls and nurses' station...**
 - **Verbal reminders to resident to keep at least 6 feet away when congregating in halls, at or near nurses' station, etc.**

References and Resources

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

<https://covid19.nj.gov/index.html>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19).
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Information for Healthcare Providers. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>