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Subject:	Outbreak Response Plan for Emerging Infectious Diseases (EID) and COVID 19 Plan		Effective Date:	03/10/2020
Manual:	The Dwelling Place / Respiratory Rehabilitation Center (RRC) – Policy and Procedure Manual		Reviewed:	
Approved By: Sara Ur, Administrator: The Dwelling Place		Date: 8/4/2022	Revised:	08/04/2022

ADDENDUM: COVID-19 TESTING PLAN

PURPOSE:

To provide guidance for of **The Dwelling Place - Respiratory Rehabilitation Center (RRC)** in how to prepare for new/newly evolved Infectious diseases whose incidence in humans has the potential to pose a significant public health threat and danger of infection to the residents, families, and staff of The Dwelling Place - RRC. To protect our residents, families, and staff from harm resulting from exposure to an emergent infectious disease (EID) while they are in The Dwelling Place/RRC.

DEFINITIONS:

Outbreak: A disease outbreak is defined by the occurrence of a disease in greater numbers / excess in numbers than expected in a skilled nursing care center during a season.

Emerging Infectious disease: Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:

- i. New infections resulting from changes or evolution of existing organisms
- ii. Known infections spreading to new geographic areas or populations
- iii. Previously unrecognized infections appearing in areas undergoing ecologic transformation
- iv. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures

Pandemic: A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

Isolation: Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected, to prevent the spread of the disease.

Quarantine: Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease.

Cohorting: separation of positive residents, referred to as “cohorting” can decrease the risk of transmission to negative residents.

GENERAL PREPAREDNESS:

- The Dwelling Place - RRC is a part of Saint Clare’s Health and follows the health system’s policies and procedures for infection prevention and control.
- The Infection Preventionist at The Dwelling Place - RRC has the primary day-to-day responsibility to perform patient surveillance for healthcare-acquired infections and to monitor all infection control practices at The Dwelling Place, in collaboration with the Director of Nursing. Saint Clare’s Health employs two full time IPs (one IP has CIC certification and designated part time to RRC) and one ID physician on a part-time consultative basis who leads the quarterly Infection Control Committee for the system and consults at The Dwelling Place.
- In conjunction with the Infection Preventionist (s), The Dwelling Place’s clinical leadership will be vigilant and stay informed about EIDs around the world. They will keep administrative leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.
- As part of the Saint Clare’s Health emergency operations plan, The Dwelling Place will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, face shields, foot and head coverings, surgical masks, assorted sizes of disposable N95 respirators, and gloves. The amount that is stockpiled will minimally be enough for a one-month supply and based on circumstances of an outbreak.
- As part of Saint Clare’s Health, The Dwelling Place is part of the plan for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption to normal business, including an EID outbreak.
- The Dwelling Place, as a part of Saint Clare’s Health, regularly participates in drills and exercises as part of the system’s emergency preparedness training.
- Saint Clare’s Health and The Dwelling Place will review the plan on an annual basis through the multidisciplinary Infection Control Committee, IPs, ID consultant and in consideration of guidelines, regulations, Executive Directives, and policies of federal, state, county, and local authorities.

LOCAL THREAT:

1. Once notified by the infection preventionist(s), public health authorities at either the federal, state and/or local level that an EID is likely to or already has spread to The Dwelling Place, the facility in collaboration with Saint Clare's Health Infection Preventionist (s), will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.
2. The infection preventionists (IP), will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for long term care/skilled nursing care centers providing care to ventilator-dependent residents, as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.
3. Working with advice from the medical director, ID clinical consultant, safety officer, human resource director, local and state public health authorities, and others as appropriate, the Director of Nursing in collaboration with the ICPs will review and revise internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.
4. The Dwelling Place staff are Saint Clare's Health staff; therefore, all receive infection control education at Orientation and annually at Annual Competencies. Additionally, the staff receive ongoing infection control educational updates online through the HealthStream system. Topics are wide ranging from hand hygiene, Influenza, Tuberculosis, Isolation precautions, Coronavirus COVID-19, etc.
5. Staff are educated on the exposure risks, symptoms, and prevention of the EID. Emphasis is placed on reviewing the basic infection prevention and control methods, use of PPE, isolation, and other infection prevention strategies such as hand washing.
6. If the EID is spread through an airborne route, the facility will activate its respiratory protection plan to ensure that employees who may be required to care for a resident with a suspected or known case are not put at undue risk of exposure.
7. Residents and families are provided with education about the disease and Saint Clare's Health/The Dwelling Place's response strategy at a level appropriate to their interest level of understanding and need for information.
8. Vendors/short term contractors and other relevant stakeholders will be informed of the Saint Clare's /The Dwelling Place's policies and procedures related to minimizing exposure risks to residents.
9. Signs are posted regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the care center along with the

instruction that anyone who is sick must not enter the building.

10. To ensure that staff, and/or new residents are not at risk of spreading the EID into The Dwelling Place, screening for exposure risk and signs and symptoms may be done PRIOR to admission of a new resident and/or allowing new staff- persons to report to work. Staff will contact Employee Health Department for further guidance.
11. Self-screening: Staff have been educated on the Saint Clare's Health/ The Dwelling Place's plan to control exposure to the residents.
 - Reporting any suspected exposure to the EID while off duty to their supervisor, employee health and public health.
 - Possible from work for those employees who report an actual or suspected exposure to the EID.
 - Self-screening for symptoms prior to reporting to work.
 - Prohibiting staff from reporting to work if they are sick until cleared to do so by employee health and/or appropriate medical authorities and in compliance with appropriate labor laws.
12. Self-isolation: In the event there are confirmed cases of the EID in the local community, The Dwelling Place may consider closing the care center to new admissions, and limiting visitors based on the advice of the ICPs, local public health authorities, and the NJ Department of Health or through Executive Directives.
13. Environmental cleaning: The Dwelling Place will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.
14. Engineering controls: The Dwelling Place will utilize appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.

SUSPECTED EID CASE IN RRC:

1. Place a resident or on-duty staff who exhibits symptoms of the EID in an isolation room and notify the Director of Nursing and the Infection Preventionist (s). The ICPs will work with the local public health authorities.
2. Under the guidance of public health authorities, The Dwelling Place will arrange a transfer of the suspected infectious person to the appropriate acute care center, if applicable, via emergency medical services as soon as possible.
3. If the suspected infectious person requires care while awaiting transfer, staff will follow policies for isolation procedures, including all recommended PPE for staff at risk of

exposure.

4. Staff assigned to enter the room of the isolated person will be kept to a minimum. Ideally, only specially trained staff and prepared (i.e., vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional “just in time” training and supervision in the mode of transmission of this EID, and the use of the appropriate PPE.
5. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposed individuals, and monitoring for additional cases under the guidance of the ICPs and local health authorities, and in keeping with guidance from the CDC.
6. Implement the isolation protocol in The Dwelling Place (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the Saint Clare’s infection prevention and control plan and/or as recommended by ICPs, local, state, or federal public health authorities.
7. Activate quarantine interventions for residents and staff with suspected exposure as directed by ICPs, local and state public health authorities, and in keeping with guidance from the CDC.
8. In the event of an outbreak of a contagious disease at the facility, signage will be posted outside the entrance of the facility to inform visitors. Visitors will be screened for signs/symptoms related to the specific outbreak and prohibited from entrance, if applicable. Residents will be notified in person regarding a facility outbreak and their families will be notified by telephone and/or via their preferred communication method (i.e., email) with instructions regarding steps taken to protect the residents and their families/visitors. Information will be provided regarding any limitations or restrictions for visiting and additional contact information for questions and will be posted on the Saint Clare’s Dwelling Place website. Visitors may be restricted when appropriate and alternative forms of communication (virtual) will be arranged between patients, family and/or visitors.
9. Routine monitoring of residents and staff to identify signs of a communicable disease may be intensified in frequency and type, as appropriate, in consultation with ID and the ICPs and the guidance requirements of the NJDOH in the event of an outbreak.

ADDENDUM: COVID-19 TESTING PLAN

The Dwelling Place – RRC has developed and implemented a COVID-19 testing plan for all staff and patients/residents.

1. The testing plan will follow currently available CDC and DOH public health guidance.

2. Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test as soon as possible.
3. Newly-admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection: immediately and, if negative, again 5-7 days after their admission.
4. Asymptomatic residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure.
 - a. Residents who are not up to date with all recommended COVID-19 vaccine doses and who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine after their exposure, even if viral testing is negative. HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
 - i. Residents can be removed from Transmission-Based Precautions after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.
 - ii. Residents can be removed from Transmission-Based Precautions after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.
5. In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
6. Residents who leave the facility should be reminded to follow recommended IPC practices (e.g., source control, physical distancing, and hand hygiene) and to encourage those around them to do the same.
 - a. Individuals accompanying residents (e.g., transport personnel, family members) should also be educated about these IPC practices and should assist the resident with adherence.
7. For residents going to medical appointments, regular communication between the medical facility and the nursing home (in both directions) is essential to help identify residents with potential exposures or symptoms of COVID-19 before they enter the facility so that proper precautions can be implemented.
8. In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with SARS-CoV-2 infection.
 - a. Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine.

9. In nursing homes, HCP who are not up to date with all recommended COVID-19 vaccine doses should continue expanded screening testing based on the level of community transmission as follows:
 - In nursing homes located in counties with substantial to high community transmission, these HCP should have a viral test twice a week.
 - If these HCP work infrequently at these facilities, they should ideally be tested within the 3 days before their shift (including the day of the shift).
 - In nursing homes located in counties with moderate community transmission, these HCP should have a viral test once a week.
10. The test shall be the nasopharyngeal (NP) swab by rapid antigen testing. If an NP swab kit is not available due to shortages, then an oropharyngeal or nares swab will be utilized for testing as authorized by CMS and NJDOH.
11. Staff authorizations for release of laboratory test results to RRC and the infection preventionist(s) are part of the general consent forms for testing.
12. Staff to be tested include all direct care workers and non-direct care workers such as administrative and janitorial staff within RRC. Non-direct care staff that do not have patient contact and only perform chart review shall be screened for symptoms prior to entering unit and will wear a mask or the required PPE while on the unit.
13. Staff who refuse to participate in COVID-19 testing or refuse to authorize release of their testing results to the LTC, are excluded from work until such time as such staff undergoes testing and the results of such testing are disclosed to RRC.
14. HCP should not work while acutely ill, even if Covid-19 testing is negative or who test positive for COVID 19 will be excluded from work following CDC guideline's criteria in the **"Return to Work Criteria for Employees with Confirmed and Suspected COVID-19"** policy and until cleared by Employee Health.
15. After returning to work, the following work practices and work restrictions will be observed:
 - Facemask at all times while in the facility follow facility's Universal Masking/Universal Source Control policy.
 - Separate from others (different time, different space) when mask must be removed (e.g. to eat or drink).
 - See **"Return to Work Criteria for Employees with Confirmed and Suspected COVID-19"** for more details.
16. Saint Clare's follows the CDC's **Symptom-based Strategy** to determine when to cohort residents/patients, separation of confirmed COVID-19 infections from others and when a resident will be removed from transmission-based precautions.
17. The Dwelling Place's Administrator and Director of Nursing will monitor staffing and address any staffing (including worker absences) and facility demands due to the outbreak.

- In the context of a critical staffing shortage that cannot be resolved, as determined by administration, in collaboration with corporate leadership and public health authorities (where required), it may be necessary to allow healthcare providers who are well enough to work but have not met all return-to-work criteria, to work.
- Priorities to consider in assigning duties are as follows:
 - Job duties where they do not interact with others (e.g., Telemedicine), if available.
 - Direct care for patients with confirmed COVID-19, preferably in a cohort setting
 - Direct care for patients with suspected COVID-19
 - As a last resort, direct care for patients without suspected or confirmed COVID-19.
- In such a scenario, the healthcare worker should be carefully evaluated by employee health for absence of fever, improvement of respiratory symptoms and ability to perform duties to determine appropriateness of return to work earlier than recommended above. If it is deemed appropriate for the employee to return to work, the return-to-work practices and work restrictions listed must be followed.

11. Empiric use of Transmission-Based Precautions (quarantine) is recommended for residents who are newly admitted to the facility and for residents who have had close contact with someone with SARS-CoV-2 infection if they are not up to date with all recommended COVID-19 vaccine doses.

- In general, quarantine is not needed for asymptomatic residents who are up to date with all COVID-19 vaccine doses or who have recovered from SARS-CoV-2 infection in the prior 90 days; potential exceptions are described in the guidance. However, some of these residents should still be tested as described in the testing section of the guidance.

Testing shall occur:

- a. With further retesting in accordance with CDC guidance and the NJDOH, Executive Directives, as amended and supplemented.
- b. If a resident/patient refuses to undergo COVID-19 testing, then The Dwelling shall treat the individual as a Person Under Investigation, make a notation in the resident's chart, notify any authorized family members or legal representatives of this decision, and continue to check temperature on the resident at least twice per day. Onset of temperature or other symptoms consistent with COVID-19. At any time, the resident may rescind their decision not to be tested.

REFERENCE WEBSITES

<http://emergency.cdc.gov/coca/index.asp> Retrieved Online 8/4/2022

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html> Retrieved Online 8/4/2022

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