

Outbreak - COVID-19 New Jersey

POLICY PURPOSE

Outbreaks of communicable diseases within the facility will be promptly identified and appropriately handled.

This policy has been updated from its original version as a result of the lessons learned during the COVID-19 outbreak. Modifications will continue as appropriate when new information is obtained.

POLICY

An outbreak of most communicable diseases (i.e. COVID-19) can be defined as one of the following:

- One case of an infection that is highly communicable
 - COVID-19
- Trends that are ten percent or more above the historical rate of infection for the facility
- Occurrence of three or more cases of the same infection over a specified period of time and in a defined area

Symptomatic residents and employees are to be considered potentially infected and will be assessed for appropriate actions according to CDC guidance.

Examples of outbreaks:

- An outbreak of food poisoning is defined as two or more cases in persons who shared the same meal or one case of botulism.
- An outbreak of diarrhea is defined as anything exceeding the endemic rate, or a single case if unusual for the facility.
- An outbreak of influenza is defined as anything exceeding the endemic rate or two cases of confirmed in the facility.
- An outbreak of COVID-19 is defined as a single case.

The Infection Preventionist along with the administrative staff will do the following if an outbreak is identified:

1. Consult with Medical Director and applicable consultants
2. Consult with Home Office
3. Hold ad hoc Infection Prevention Committee throughout to discuss items below specific to type of outbreak

- Perform literature review for the specific outbreak
 - Examples of Resources:
 - COVID-19
 - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Contact any local (community) or state agency as appropriate to determine if any actions need to be taken.
- Assess current supply of PPE and other critical materials (i.e. alcohol- based hand rub, EPA approved disinfectants, tissues) and identify and/or anticipated any shortages of these supplies
 - Review policy for conventional, contingency, and crisis strategies
 - Bundle tasks to limit exposures and optimize the supply of PPE
 - Educate on applicable competencies related to above
- Assess and determine any changes needed, including screening, for the following:
 - Visitation
 - Families
 - Volunteers
 - Employee (incoming)
 - Dining
 - Group activities
 - Group therapy
 - New admissions
 - Cohorting
 - Environmental Cleaning
 - Outside appointments
 - Dialysis transportation
 - Beautician services
 - Consultants including but not limited to:
 - Dental
 - Vision
 - Hospice
 - Wound
 - Internal processes
 - Committees
 - Meetings
- Prioritize critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations in reference to exposure and PPE utilization.
 - Showers
 - Restorative

- Weights
 - If the interdisciplinary team determines that the resident’s weight is critical to their plan of care, the weight will be obtained following appropriate infection control techniques. The weight will be documented in the electronic medical record.
 - Infection control techniques include properly cleaning / sanitizing scale and/ or hoist lift between residents as per CDC guidelines.
 - Residents that were not weighed following review, will have no weight recorded and classified as “safety precaution” / “unable to weigh” with a corresponding progress note.
 - Residents not weighed will continue to be monitored by the dietitian and interdisciplinary team for any change in intake, visual appearance, and medical status.
 - These identified residents will be care planned, if appropriate, for risk for malnutrition.
 - Weights unable to be obtained in the 30-day window, will be re-assessed upon the conclusion of outbreak.
- Determine who will be responsible to submit periodic reporting to any internal and external entities.
 - Report to the required internal and external entities
- Maintain a line listing of identified cases on the appropriate report / surveillance tracking following Federal and Local guidelines/ requirements
 - Potential additional data for line list to be considered
 - Services provided/ received
 - Devices
 - Care givers and physicians
 - Presence of known risk factor
 - Antibiotic therapy received
 - Testing (see below for further explanation)
 - Transfers to/ from other health care facilities
- Assign nursing personnel, if appropriate and possible, to the same resident’s group for the duration of the outbreak.
 - Evaluate disease and potential immunity to assist with assignments
- Review the following items related to employees:
 - Return to work policy and procedure
 - Call out tracking and trending
 - Complete line listing if appropriate
 - Identify staff who may be at higher risk
 - Review policy for Strategies to Mitigate Healthcare Personnel Staffing Shortages

- Provide necessary notifications and educations regarding specific outbreak to:
 - Residents
 - Families
 - Consultants
 - Staff
 - Sick leave policies including not to report when ill
 - Vendors
 - EMS/ Transport
- Post signs specific to outbreak in high visibility areas. Consider:
 - Cough etiquette
 - Hand hygiene
 - Other hygiene/ infection control measures
- Isolation
 - Evaluate and initiate isolation precautions as necessary
 - Isolate symptomatic residents to their rooms as much as feasible
- Evaluate and initiate the need for universal facemasks for healthcare personnel, residents and / or visitors
- Determine the need for testing (molecular or serology) including the possibility of prevalence testing
 - Review testing capacity
- Completion of the Outbreak Investigation
 - Completion of the Outbreak investigation form (see attached)
 - Discuss via the Infection Prevention Committee incorporating performance improvement strategies:
 - Re-visit case definition
 - Refine case finding and surveillance strategies
 - Observe practices and review control measures
 - Review and evaluate policies
 - Evaluate need for environmental sampling
 - Consider analytic study

4. Update Facility Assessment as needed

COMMUNICATION

The facility will put a plan in place for effective and clear communication with staff, residents, their families or guardians about any infectious disease outbreaks.

The facility will develop methods to communicate information on mitigating actions to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered.

- Notifications shall not include personally identifiable information

The facility will provide cumulative updates for residents, their representatives, and families of those residing in the facilities at least once weekly, in particular during a curtailed visitation period.

The facility has policies and procedures for virtual communication (e.g. phone, video-communication, Facetime, window visits etc.) with residents, families, and resident representatives, in the event of visitation restrictions due to an outbreak of infectious disease or in the event of an emergency.

The facility will follow the guidance for communication specific to CMS rule 42 CFR 483.80 (g) (CMS guidance QSO-20-29-NH)

- Inform residents, their representatives, and families of those residing in the facility by 5 p.m. 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 each other. The notification will include
 - Not include personally identifiable information;
 - Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and
 - Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a 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

The facility prominently displays on their website (including on Facebook) a hotline number for the families, guardians and the public, as a method of communication for urgent calls or complaints.

The facility will follow the guidance on communication when the facility cannot permit in-person visits from CMS QSO-20-28 (revised)

- The facility will adapt different alternatives to in-person visits as they see fit for the specific residents needs.
 - Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.)
 - Maintain email listserv communications to update families
 - Assign staff as primary contact to families for inbound calls, and conducting regular outbound calls to keep families up to date (e.g., a “virtual visitation coordinator”)
 - Offer a phone line with a voice recording updated at set times (e.g., daily) with the facility’s general operating status, such as when it is safe to resume visits.

- Other examples of actions that the facility might take to help families or visitors connect with residents, or be aware of what’s happening inside the facility, include:
 - Virtual “office hours”: Host conference calls, webinars, or virtual “office hours” at set times when families can call in, or log on to a conference line, and facility staff can share the status of activities or happenings in the facility. Also, family members can ask questions or make suggestions.
 - Update website/Facebook (weekly): Update the nursing home’s website to share the status of the facility, and include information that helps families know what’s happening in the loved one’s environment, such as food menus and activities that residents can do (while still practicing social distancing, such as crafts or painting).
 - Assistive messaging: Staff reading emails from the family to the resident, helping residents send letters, emails or text messages with photos to their family, helping residents talk on the phone or video chat (e.g., Face-Time) with their family, or making e-cards writing or creating paper notes and cards that residents and families can send to each other.
 - Nurse staffing information: Communicate staffing status on calls, newsletters etc. We note that per 42 CFR 483.35(g)(2)(ii)(B), the facility must post this information in a prominent place readily accessible to residents and visitors. Also, per 483.35(g)(3), the facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

TESTING PLAN – COVID-19

(The testing plan below may be amended from time to time to be consistent with the most current CDC and DOH public health guidance)

WHO IS INCLUDED

The facility shall implement a COVID-19 testing plan for staff and residents who have previously not been tested or have tested negative.

- "Staff" to be tested pursuant to the Executive Directive No 20-013 (include all direct care workers and non-direct care workers within the facility; including but not limited to administrative, housekeeping, environmental, dietary and contracted agency staff.
 - Agency staff are included in the testing requirements and must be tested during the point prevalence testing period.
 - Vendors, volunteers, and visitors who enter the facility are not considered staff.
- Current residents and newly admitted residents during the point prevalence testing period.

TESTING PROCEDURES AND FREQUENCY

Testing shall include a baseline test and minimally one follow-up test as follow:

- Baseline molecular testing of Staff (as defined above) and residents completed by or before May 30, 2020; and
 - If resident has a baseline negative prior to May 1, 2020 the resident will have a new baseline test.
- Retesting of Staff and residents who test negative at baseline within 3-7 days after baseline testing.
 - If a negative test was received after May 1, 2020 but out of the 3-7 day window from initial baseline test the facility will initiate a new baseline.
- Further retesting will be completed in accordance with CDC guidance, as amended and supplemented. The facility will consider establishing a routine interval of retesting.
 - The decision to complete a re-test 2 / 3 will be based off results from contact tracing and analysis received from the data collection of previous testing including prevalence testing.

Updated August 2020: Residents and Staff who have previously tested positive will now need to be retested after 90 following their first symptom of COVID-19. The facility will maintain the documentation of residents and staff that do not meet the criteria for testing.

- Testing
 - Routine
 - Current/ active staff will be tested weekly (the only exclusion will be staff that are within the 3-month time frame of a previous positive test)
 - According to CMS positivity rate if more stringent than state mandate (weekly).
 - Symptomatic
 - Any resident or staff who is newly symptomatic consistent with COVID-19 must be retested at the onset of symptoms, regardless of the interval between the most recent negative test and symptom onset.
 - Outbreak
 - Current/ active staff and residents will be tested.
 - Repeat weekly testing of all residents and staff until no new facility onset cases are identified and at least 14 days have elapsed since the most recent positive result and during this 14 day period at least two weekly tests have been

conducted with all individuals having tested negative.

- A summary/ conclusion will be documented and maintained with the results of the testing and reported through the Infection Prevention Committee.

STAFF

Prior to the collection of a specimen from an individual Staff member, that staff member shall sign a written authorization for release of laboratory test results to the facility so as to inform the facility's infection control and prevention strategies. Any individual Staff member who refuses to sign such authorization shall be treated as if he/she tested positive for Covid-19.

Staff who test positive for COVID-19 infection shall be excluded from working in the facility in accordance with CDC Guidelines: The "Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel." Staff who refuse to participate in COVID-19 testing, or refuse to authorize release of their testing results to the facility shall be excluded from working in the facility until such time as such staff undergoes testing and the results of such testing are disclosed to the facility.

Any individual Staff member who is excluded from work because they tested positive for COVID-19 may return to work in accordance with CDC/DOH recommendations as to timeframes and requirements.

If an employee works at multiple healthcare facilities the staff member only must undergo prevalence testing at one of the locations. If this testing is performed at their alternate employer, the facility will obtain proof of test. The facility will utilize the *Authorization to Release Health Information* to increase the ease of obtaining such results.

Shortage

Plans to address staffing (including worker absences) and facility demands due to the outbreak. Include:

- Facility will identify minimum staffing needs and prioritize critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.
 - Staffing levels that don't meet the state requirements will be reported per regulation.
- Maintain staffing internally (e.g., extra shifts, extra pay, contact staffing agencies)
- Review and implement executive directives, waivers, and guidance, available on the COVID-19 Temporary Operational Waivers and Guidelines at <https://www.nj.gov/health/legal/covid19/>
- Partner with other facilities within the company.

- Reach out to county or local OEM for Medical Reserve Corps or other possible resources.

RESIDENTS

If a resident refuses to undergo COVID-19 testing, then the facility shall treat the individual as a Person Under Investigation, make a notation in the resident's electronic medical record, 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 require immediate cohorting in accordance with facility policy.

- At any time, the resident may rescind their decision not to be tested.

TESTING

Specimen collection

The facility will attempt to complete staff specimen collection at the facility to increase control of result timing, but testing may occur off-site if:

- Supplies are scarce and / or
- Easier for staff to provide specimen

Types

Any specimen collection method (e.g. swab or saliva) is acceptable. The test performed by the laboratory must be molecular based and be either approved by the U.S Food and Drug Administration, authorized by the FDA through an Emergency Use Authorization, or approved by the New Jersey Clinical Laboratory Improvement Services as permitted by the FDA.

Administration

The specimen will be administered by a licensed healthcare provider, or trained personnel at the healthcare facility.

Supplies

If the facility lacks testing supplies, the facility will report via the New Jersey's COVID-19 website: <https://report.covid19.nj.gov> in accordance with Executive Order No. 111 (2020) and ED 20-2013.

The facility will also maintain communications with their county Office of Emergency Management, which may have testing supplies available. Contact information can be found at <http://ready.nj.gov/about-us/county-coordinators.shtml>.

If there is a difficult time with obtaining specimens the facility will review options for completion of testing within the facility according to the NJ Health Frequently Asked Questions from the Department of Health Executive Order 20-013.

Results

Results for all baseline tests and retests relating to residents shall be reported back to the resident, resident's responsible party, physician, and Medical Director. This notification will be documented in the electronic medical record.

Results for Staff shall be reported back to each individual Staff member and to the facility administrator and his/her designee.

REPORTING

The facility administrator and/or his/her designee shall submit the following reports:

- By May 19, 2020, an attestation stating that the LTC has developed a Plan in compliance with this policy shall be submitted by email to LTC DiseaseOutbreakPlan@doh.nj.gov.
- By May 30, 2020, an attestation stating that the LTC has implemented a Plan in compliance with this policy shall be submitted by email to LTC DiseaseOutbreakPlan@doh.nj.gov.

Promptly after the receipt by the facility of test results, the following shall be submitted in a prescribed format through the portal designated by the Office of Emergency Management ("OEM") in Executive Order No. 111 (Murphy):

- Testing dates;
- Numbers of staff and residents/patients that have been tested;
- Aggregate testing results for the staff and resident populations; and
- Any other information requested by DOH.

The facility will comply with the federal and state requirements of reporting including but not limited to the National Healthcare Safety Network and the New Jersey Hospital Association.

POST TESTING PROTOCOLS

Post-testing protocols follow the facility's current policies related to:

- Cohorting of residents according to their COVID status
- Decisions of when to discontinue isolation precautions