Outbreak Management Plan
Preakness Healthcare Center
A Legacy of Caring since 1929

Outbreak Management Plan
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Outbreak Management Plan
2020

Introduction

Outbreak management will be initiated when there is an incidence of infections above the expected level of a disease. The Outbreak Management Plan is required by N.J.S.A. 26: 2H-12.87.

Mission

Preakness Healthcare Center, owned and operated by the Board of Chosen Freeholders of Passaic County, is committed to provide quality healthcare services to our residents. Passaic County has a long history of serving as a safety net for its citizens with the first health care facility opening in 1929. In addition to providing care for the residents of Preakness Healthcare Center, Preakness Healthcare Center provides meals for the Passaic County congregate centers and home-bound clients (Meals on Wheels), offers volunteer and internship opportunities and provides community service. We incorporate the skills and abilities of our collaborative team of professionals and support staff to provide the highest quality of individualistic care and services in a comfortable and safe environment.

Background

Preakness Healthcare Center is licensed for 406 nursing facility beds that include:
- 11 bed SCNF unit for ventilator dependent residents
- 24 bed SCNF unit for behavior management.

Preakness Healthcare Center provides subacute and long-term care. Long term care residents including residents with tracheostomies.

Preakness Healthcare Center strives to prevent the transmission of infectious disease outbreaks including respiratory illnesses through understanding the routes of transmission, application of infection prevention measures, prompt identification of confirmed Respiratory illness cases and isolation of potentially infectious persons to prevent transmission among Sub-acute, Long Term Care, Tracheostomy and Ventilator Dependent residents, healthcare personnel and visitors. Preakness Healthcare Center monitors residents to identify signs of communicable disease that could develop into an outbreak and immediately jeopardize the safety of the residents.
Residents who are ventilator-dependent or with tracheostomies reside on unit 2-400, a 60 bed unit. Eleven of the 60 beds are licensed as a SCNF for ventilator dependent residents. If it becomes necessary that a ventilator-dependent resident needs to be on Transmission-based precaution and there are no beds available on the Ventilator-dependent licensed unit, Preakness Healthcare Center will notify the New Jersey Department of Health for temporary placement in a Long Term Care bed on unit 2-400 that is equipped with wall oxygen and wall suction. The 60 beds on 2-400 that include the 11 bed ventilator SCNF are all equipped with wall oxygen from a bulk oxygen system and central wall suction.

**Definitions**

**Close Contact** – being within six feet of a COVID-19 case for prolonged periods of time or having contact with infectious secretions of COVID-19 case.

**Cohorting** – The practice of grouping patents who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other residents.

**Confirmed Respiratory Illness cases** – The resident’s Chest X-ray, swab, saliva, and/or sputum sample diagnostic tests are confirmed positive.

**Confirmed Respiratory Illness outbreak** - One or more residents with a positive Respiratory Illness in a unit within a seven-day period or as defined by the CDC, NJ DOH Department of Communicable Disease Service or any other regulatory agency.

**Contact Precaution** Contact precautions are intended to prevent transmission of infections that are spread by direct (e.g., person-to-person) or indirect contact with the resident or environment, and require the use of appropriate Personal Protective Equipment, including a gown and gloves upon entering (i.e., before making contact with the resident or resident’s environment) the room or cubicle. Prior to leaving the resident’s room or cubicle, the PPE is removed and hand hygiene is performed.

**COVID-19 Symptoms** - Symptoms may include fever, cough, difficulty breathing or shortness of breath, persistent pain or pressure in chest, new confusion or inability to arouse, bluish lips or face, gastrointestinal symptoms, loss of taste or smell.

**COVID + Unit;** resident wing or floor designated for residents with COVID infection.

**Droplet Precautions** - are intended to prevent transmission of pathogen’s spread through close respiratory or mucous membrane contact with respiratory secretions. Droplet precautions is implemented for residents with suspected or confirmed infectious respiratory illness for seven days after illness onset or until twenty four hours after the
resolution of fever and respiratory symptoms, whichever is longer. Requires the use of Personal Protective Equipment: Gown, gloves, eye shield and mask.

**Endemic level** – The usual level of given disease in a geographic area.

**Exposure** – Close contact with a person with Respiratory Illness

**Flu-like Symptoms** – Include fever, headache, malaise (body malaise), sore throat, and cough and/or COVID symptoms of loss of sense of taste and smell, gastrointestinal symptoms.

**Isolation** – The process of separating sick, contagious persons from those who are not sick.

**Long-term care facility** – A nursing home, assisted living residence, comprehensive long-term care facility that is licensed to provide beds including for ventilator care.

**Outbreak** – Any unusual occurrences of disease or any disease above background or endemic levels. An outbreak of COVID-19 is defined as one positive case in a resident or a single case of a rare infection such as Legionella, Ebola, etc.

**Personal Protective Equipment**: surgical mask, face shield, goggles, gown, gloves, respiratory protection.

**Respiratory protection** – N95, KN95, R95, Surgical Mask

**Quarantine** – Residents are to remain on their unit. Employees assigned to the unit will not be floated in and out of the quarantined unit. The number of days for quarantine will be determined by the Medical Director.

**Tracheostomy Dependent** – Is a resident who can’t either mobilize secretions or has an upper airway obstruction and requires frequent suction or a patent upper airway to breathe through.

**Ventilator Dependent** – Is a ventilator-assisted resident that requires mechanical aid for breathing to augment or replace spontaneous ventilatory efforts to achieve medical stability or maintain life.
Universal Masking – source control for everyone entering a healthcare facility regardless of symptoms wear a face mask over their mouth and nose to contain their respiratory secretions

**Outbreak Protocol Authority**

Preakness Healthcare Center will take proactive steps to prevent the spread of infection. The Infection Preventionist, or in his/her absence, the Director of Nursing will conduct the outbreak investigation. Appropriate notifications will be made to the Medical Director, Consultant Infectious Disease Physician, Residents and designated representative, staff, physicians, regulatory authorities and others as required.

The Infection Preventionist will have the authority to implement prevention and control measures as required in coordination with the Executive Director and Medical Director.

It is the responsibility of all staff to be aware of signs of illness and notify the Nursing Director and/or Infection Preventionist.

**Admissions and Transfers to Hospital or Physician’s Offices**

During an Outbreak, admissions of new residents will be suspended if unable to appropriately cohort. Non-emergent physician office visits that can be conducted virtually will be recommended to the attending physician.

Applicants for admission will be screened for any signs and symptoms of infection including but not limited to COVID-19 symptoms and test results will be required. Lab work and nursing notes will be reviewed as part of the screening process. Known exposed or positive applicants for admission require the approval of the Medical Director to admit.

An Observation Unit or section of a unit will be established for new admissions or residents returning from the hospitals. Residents with symptoms suspicious of COVID or respiratory infection will be isolated from other residents. Residents will remain on the unit or section of the unit for 14 days or as determined by the Medical Director.

Residents who are positive for an infectious agent will be cohorted in accordance with the Protocol to Cohort Affected Individuals and in accordance with CDC Guidance. Positive cohort unit will be closed to new admissions except as needed to cohort ill individuals.

Resident’s nurse will notify medical transport staff, physician’s office staff, emergency room staff if the resident is under monitoring, observation or treatment for a suspected or confirmed infectious agent.

- Prior to transfer, emergency transport and the receiving hospital or physician will be informed of the resident’s diagnosis and Transmission-Based Precautions to be followed.
• A facemask will be placed on the resident prior to transport and infection prevention protocols will be followed.

The belongings of residents discharged to a hospital will be bagged and the room terminally cleaned following required cleaning processes based on CDC guidance.

**Infectious Disease Prevention Protocol**

1. Infection Preventionist will review and update key contact lists for inclusion in the Emergency Preparedness Plan:
   a. Health care facilities with transfer agreements
   b. Local health department
   c. NJ State Department of Health-epidemiology
   d. Hospital infectious Disease contact
   e. Vendors for supplies and food

2. Review regulatory relief such as waivers issued by CMS or State authorities that may be required to respond to the outbreak.

3. Inventory all supplies, food, disposables, cleaning products, and equipment needs based on the disease process and order enough amounts.

4. Implement social distancing.

5. Post signage on all facility entrance doors regarding visitation. Develop policy on compassionate visitation and end of life visitation.

6. Post signage on all units or wings closed to visitation. Post signage on all units, wings or rooms for PPE on Droplet and Contact Precautions.

7. All residents will be screened for signs and symptoms of infection each shift.

8. It is the responsibility of all staff to self-screen for symptoms prior to work. All staff will be screened for temperature and symptoms before allowing entry to facility. Employees who display any symptoms are excluded from work and cannot return to work until asymptomatic for the required period based on the disease process. The Infection Preventionist or designee will interview the employee via telephone for symptoms. Employees may be required to stay home if family members in their household are symptomatic since they have been exposed.

9. All approved visitors, vendors, medical personnel will sign in and be screened for symptoms and temperature before being allowed to visit non-restricted areas and provide a telephone number for contact if needed.

10. Arrange for telephone, email, and virtual visits using technology such as Facetime, Webex and SKYPE visits rather than face to face visits. Institute
telemedicine in accordance with regulatory requirements. Discontinue in-person meetings and hold virtual meetings.

11. Post CDC guidance and education information on facility website. Provide specific information for residents, staff and visitors regarding specific disease symptoms, handwashing, and use of PPE.

12. Educate staff regarding social distancing, handwashing and prevention techniques, proper donning and doffing of PPE, PPE optimization strategies.

13. Communicate with the local and county health departments for notification of confirmed or suspected cases.

14. Follow NJ DOH and CDC guidelines for control of outbreaks in long term care facilities.

15. Provide alcohol-based hand sanitizer near resident rooms and common areas.

16. Encourage staff and residents to receive influenza vaccination.

17. Develop and implement policies including but not limited to transmission based precautions, standard precautions, personal protective equipment for the use of gowns, face shields, foot and head coverings, surgical masks and gloves, handwashing and hand hygiene.

Infection Prevention and Mitigation

Universal masking will be in effect for all staff. Visitors and volunteers, when permitted entry, will wear masks as required by facility protocol.

The Infection Preventionist will monitor the incidence of infections and use surveillance data to detect transmission. Information will be review in the Health Services Committee weekday daily meetings. Outbreak data will be reported quarterly to the Infection Prevention Committee and to the QAPI Committee.

The Infection Preventionist will conduct and annual flu vaccination program for residents and staff.

All employees, health care workers and visitors who enter the room of a resident with known or suspected infection must adhere to Standard, Contact, and Droplet precautions according to CDC guidelines and local health department instructions including the use of PPE as appropriate for each resident with symptoms and/or who have been exposed.

Adherence to Standard, Contact, and Droplet Precautions, Including the Use of PPE

- Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting.
- Elements of Standard precautions apply to residents with respiratory infections including those caused by COVID-19.
- Employee training will be conducted on all shifts and for all departments on the correct setting and use, proper donning (putting on) and doffing (taking off), and disposal of any PPE.

**General Information for Exposure to Infectious Agent**
- Only essential personnel will enter the room of a symptomatic or exposed resident.
- Dedicated staff will be assigned to care for symptomatic and exposed individuals and will receive specific education prior to working with these residents.
- Employees entering the room of affected individuals will use PPE, including respiratory protection, appropriate for the infectious agent.
- Equipment used for more than one resident, will be cleaned and disinfected before use of another unaffected resident according to manufacturer's instructions.
- Affected residents will have equipment that will be cleaned and disinfected after each use.
- Respiratory protection must be used by employees entering the room that was occupied by a resident that was exposed or had the symptoms of the infectious agent. Respiratory protection must be used by employees at all times.

**Standard Precautions**
- Used for all residents when giving care.
- Follow standard precautions depending on level of care provided.
- Typically gloves – possibly gowns or face mask if risk for exposure to blood or bodily fluids.

**Contact Precautions**
- Used to prevent transmission of infections that are spread by direct and indirect contact with the resident or environment.
- Staff PPE – Gowns, gloves, mask, goggles if splashing possible.

**Droplet**
- Used to prevent transmission of infectious agent spread through close respiratory or mucous membrane contact with respiratory secretions.
- Used with confirmed or suspected COVID19 Resident.
- All staff PPE – Gown, gloves, respiratory protection, N95 respirator for employee who must be fit tested for use and eye goggles
- Resident must wear face mask.
- Door to resident room must be closed.
- Door to COVID+ unit or observation unit must be closed.

**Testing**
- In accordance with NJ Executive Directive 20-013, all staff and residents were tested by molecular testing for COVID-19 by May 26, 2020 to establish the required baselines. Further retesting is in accordance with CDC guidance, as

**Resident Testing**

- Testing requirements do not apply to residents who have already tested positive for COVID-19.

- Prior to testing residents and/or responsible parties will be notified of the required testing and consent obtained.

- Any resident who refuses testing will be considered a Person under Investigation if the resident has any signs/symptoms of COVID-19 and will be placed on transmission-based precautions and isolated for a period 14 days. A notation will be made in the resident's chart, the resident will be treated as a Person under Investigation if the resident has any sign/symptoms of COVID-19, notification will be made to any authorized family members or legal representatives of this decision, and the resident will continue to be checked for a temperature once/shift. Onset of temperature or other symptoms consistent with COVID-19 will require immediate cohorting in accordance with the Facility Outbreak Plan. At any time, the resident may rescind his/her decision not to be tested.

- Residents will be cohort based on test results according to the Facility Cohort Plan.

- If there is a new resident after testing has occurred, testing will occur prior to admission and upon admission or within the timeframe enumerated in ED 20-013. Results will be made available to the facility no later than 72 hours after testing unless results remain pending.

**Staff Testing**

- Molecular testing requirements apply to all staff including full-time, part-time or per diem, and agency or contracted staff. Serological/Antibody testing does not meet the requirements of ED 20-013.

- Staff will be tested on-site at Preakness Healthcare Center. Prior to testing consent for testing and an authorization to release testing results to the Executive Director will be completed by all staff and a copy of the release will be maintained in each employee's personnel record.

- Preakness Healthcare Center will follow the Passaic County return to work protocol as defined by CDC for staff who test positive after home isolation.

- Staff who test positive will be removed from work and will be required to be retested in accordance with CCD requirements for test based strategy before
returning to work. Results of testing must be provided to the Executive Director no later than 72 hours after testing unless the results of the test remain pending.

- Staff who refuse testing, or release of results will be removed from the work schedule until such time as s/he undergoes the mandatory testing and provides the results to the facility as required.
- A facility line list will be used to document baseline testing and re-testing results as required.
- Information will be reported on the NJDOH portal, local health department and/or NHSN portals as required.
- Preakness Healthcare Center will make every effort to obtain replacement staff if required through agency contracts, seeking staff from other states, and if possible requesting the support of the Medical Reserve Corp. or NJ National Guard. Preakness Healthcare Center will implement its contingency staffing plan as required.
- If there is a new staff member after testing has occurred, testing will occur immediately within the timeframe enumerated in ED 20-013 and results will be made available to the facility no later than 72 hours after testing unless results remain pending.

**Testing Protocol and Procedures**

1. Testing will include:
   a. All residents who have not been tested and those who previously tested negative
   b. All staff who have not been tested and those who previously tested negative
   c. Residents and staff who have been confirmed COVID-positive and recovered are not tested.

2. Residents and staff who test negative will be re-tested within three to seven days or as per CDC guidance.

3. To obtain a sample follow directions for swabbing/sputum collection provided by the Passaic County Health Department who provides the test kits from the lab.

4. Wear PPE including gown, gloves, N95 or KN95 respirator mask, face shield and eye goggles in case of splatter or secretion contamination.

5. Swab per specific directions for the nasopharyngeal or oral pharyngeal test

6. Respiratory Specimens - Upper Respiratory Tract
   a. Any specimen collection method (swab or saliva) is acceptable that is approved by the US Food and Drug Administration (FDA), authorized by
the FDA through and Emergency Use Authorization, or approved by the NJ Clinical Laboratory Improvement Services as permitted by the FDA.

i. Nasopharyngeal Swab

1. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. Refrigerate specimen at 39 Degrees F or below and take to the lab.

2. Nasopharyngeal swab: Insert a swab into the nostril parallel to the palate. Leave the swab in place for ten seconds to absorb secretions. Properly label with resident/staff identifying information.

ii. Saliva

1. The test site staff will use the appropriate sterile container to obtain the specimen as provided by the lab.

2. Staff may not eat, drink, smoke or chew gum 30 minutes prior to testing.

3. Using the Spectrum DNA test kit, after the saliva sample is provided, the funnel from the kit is removed and the cap which holds a preservative is screwed on. The tube is shaken for five seconds.

4. On-line registration for the test is required. Samples are delivered to the lab for testing.

**Reporting**
- Testing dates, numbers of staff and residents that have been tested, aggregate testing results for the staff and resident populations and any other information requested by the NJ DOH is reported through the NJ Hospital Association portal on a daily basis beginning on May 20, 2020.

**Protocol to Cohort Affected Individuals**

If individuals exhibit any signs or symptoms of a contagious disease, they will be cohorted to prevent the spread of the disease: ill, exposed, not ill/not exposed.

1. All affected residents will be isolated following CDC transmission protocols based on the disease process which may include the following:
   a. Contact precautions
   b. Droplet precautions
2. If an individual is diagnosed with a contagious disease, notify the Wayne Health department immediately at the following number 973-694-1800 extension 3373.

3. Follow the guidelines of CDC and the state and local health departments as appropriate to determine who and how to cohort based on the disease process and exposure period.

4. **Cohort A, Ill – In Room Quarantine**
   a. Individuals with active symptoms must remain in either a private room or in a semi-private room with another individual who is exhibiting the same active symptoms.
   b. Doors to these rooms must remain closed to limit exposure.
   c. Residents are not permitted to leave their rooms.
   d. Privacy curtains must be kept drawn between residents.
   e. Residents must remain 6 feet or more apart.
   f. PPE must be worn by everyone entering the room and properly disposed of before exiting the room in designated trash containers inside the room.
   g. PPE must be kept outside the entrance to the room.
   h. Handwashing with soap and water in addition to use of hand sanitizer is required before entering or exiting the room.
   i. All meals are to be served on disposable trays and with disposal products to be placed in the trash in the room when finished.
   j. All equipment must be thoroughly cleaned after each use with disinfectant wipes.
   k. Only assigned staff may provide care and cannot be rotated to any other cohort or other areas of the facility.
   l. No visitors are allowed unless approved by the Medical Director for a compassionate, end of life visit. If approved, visitor will receive education by the Infection Preventionist and required PPE must be worn.
   m. Isolation precautions remain in effect until resident has no symptoms for 14 days or has two negative results from COVID testing.

5. **Cohort B, Exposed – Isolation**
   a. Individuals who have been exposed but do not display active symptoms are placed on transmission based precautions, in their own room, alone to avoid transmission to others.
   b. Doors to their rooms must remain closed.
   c. Residents must remain in their rooms.
   d. Residents must remain 6 or more feet apart.
   e. PPE must be worn by everyone entering the room and properly disposed of before exiting the room.
   f. PPE must be kept outside the entrance to the room.
   g. PPE must be disposed of in designated trash containers inside the room.
   h. Handwashing with soap and water in addition to use of hand sanitizer is required upon entering or exiting the room. 
   i. All meals are served on disposable trays and with disposal products to be placed in the trash in the room when finished.
j. All equipment must be thoroughly cleaned after each use with disinfectant wipes.
k. No visitors are allowed unless approved by the Medical Director for a compassionate, end of life visit. If approved visitor will receive education by the Infection Preventionist and required PPE must be worn.
l. Residents must be screened for signs and symptoms every shift.
m. Isolation precautions remain in effect until resident has no symptoms from exposure for 14 days or has two negative results from COVID testing.

6. Cohort C, Not ill/not exposed
   a. Individuals who have not been exposed should be cohorted with other individuals not exposed and may remain in private or semi-private rooms without isolation precautions.
b. Residents should be instructed to immediately report any symptoms of illness to the nurse.
c. PPE is not required but handwashing with soap and water in addition to use of hand sanitizer is required upon entering or exiting the room.
d. Residents should be instructed to refrain from entering any other cohort areas.
e. Residents will be served meals either in their room or communal dining area on the unit if communal dining is permitted and will not be allowed to leave the unit.
f. Shared equipment must be thoroughly cleaned and disinfected after use.
g. Residents must be screened for signs and symptoms every shift.

7. Cohort D, Positive Test results
   a. Resident symptomatic or asymptomatic with a positive test results will be cohorted in positive cohort A.
b. Doors to these rooms must remain closed to limit exposure.
c. Residents are not permitted to leave their room.
d. Privacy curtains must be kept drawn between residents.
e. Residents must remain 6 feet or more apart.
f. PPE must be worn by everyone entering the room and properly disposed of in designated trash containers inside the room before exiting the room.
g. PPE must be kept outside the entrance to the room.
h. Handwashing with soap and water in addition to use of hand sanitizer is required before entering or exiting the room.
i. All meals are to be served on disposable trays and with disposal products to be placed in the trash in the room when finished.
j. All equipment must be thoroughly cleaned after each use with disinfectant wipes.
k. Only assigned staff may provide care and cannot be rotated to any other cohort or other areas of the facility.
l. No visitors are allowed unless approved by Medical Director on a case by case basis.
m. Isolation precautions remain in effect until resident has no symptoms for 14 days or has two negative results from COVID testing.
8. **Cohort E – Observation Unit**
   Individuals who are admitted, readmitted or who have had an ER visit that is not in an ER room for single use will be in an observation unit
   a. Doors to their rooms must remain closed.
   b. Residents must remain in their rooms.
   c. Residents must remain 6 or more feet apart.
   d. PPE must be worn by everyone entering the room and properly disposed of before exiting the room.
   e. PPE must be kept outside the entrance to the room.
   f. PPE must be disposed of in designated trash containers inside the room.
   g. Handwashing with soap and water in addition to use of hand sanitizer is required upon entering or exiting the room.
   h. All meals are to be served on disposable trays and with disposal products to be placed in the trash in the room when finished.
   i. All equipment must be thoroughly cleaned after each use with disinfectant wipes.
   j. No visitors are allowed unless approved by the Medical Director for a compassionate, end of life visit. If approved education must be provided by Infection Preventionist and required PPE must be worn.
   k. Residents must be screened for signs and symptoms every shift
   l. Precautions remain in effect until resident has no symptoms from exposure for 14 days or has two negative results from COVID testing.

9. **Cohort F – Specialized Units (Ventilator dependent units or Behavioral Unit)**
   a. Residents will be in a room of their respective unit on transmission based precautions
   b. Doors to their rooms must remain closed.
   c. Residents must remain in their rooms.
   d. Residents must remain 6 feet apart.
   e. PPE must be worn by everyone entering the room and properly disposed of before exiting the room.
   f. PPE must be kept outside the entrance to the room.
   g. PPE must be disposed of in designated trash containers inside the room.
   h. Handwashing with soap and water in addition to use of hand sanitizer is required upon entering or exiting the room.
   i. All meals are to be served on disposable trays and with disposal products to be placed in the trash in the room when finished.
   j. All equipment must be thoroughly cleaned after each use with disinfectant wipes.
   k. No visitors are allowed unless approved by the Medical Director for a compassionate, end of life visit. If approved education must be provided by Infection Preventionist and required PPE must be worn.
   l. Residents must be screened for signs and symptoms every shift
   m. Precautions remain in effect until resident has no symptoms from exposure for 14 days or has two negative results from COVID testing.
10. Each cohort should be housed in separate wings or designated areas of the nursing unit to maximize the distance between cohorts and lessen the possibility of exposure.

11. The Infection Preventionist will maintain a line list, update the list daily and submit to the Wayne Health department.

12. Health Services meeting will include identification of Cohort Areas as they change for communication to all staff who provide care and services on the affected unit.

13. Staff on the affected unit will not rotate to other location or units in the facility through the duration of the outbreak period.

**Discontinuation of Transmission Based Precautions for Suspected or Confirmed COVID19 Positive Residents**

The decision to discontinue transmission based precautions for COVID19 positive residents will be made using a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy) in accordance with CDC and NJ DOH guidelines. For new admissions from the hospital with confirmed COVID19 transmission based precautions will be based on the resident's clinical status on discharge from the hospital on a case by case basis according to CDC guidance and the Medical Director's decision and results of testing prior to discharge.

**Environmental Infection Prevention Protocol**

1. Dedicated or disposable medical equipment will be used for a resident who is symptomatic and/or exposed. This may include blood pressure cuff, individual glucometer, wheelchair etc. All dedicated equipment should be clearly labeled with each individual's name.

2. All dedicated equipment will not be taken off any closed unit or moved to any unaffected sections of the facility and will be properly stored in the resident room or designated location.

3. Non-dedicated, non-disposable medical equipment, such as mechanical lifts, shower chair, etc. used for symptomatic or exposed residents must be cleaned and disinfected according to manufacturer's instructions and CDC guidelines between each affected resident.

4. Non-dedicated, non disposable equipment used for exposed or symptomatic residents will not be used for or by any unaffected residents.

5. All non-dedicated, non disposable equipment used for symptomatic or exposed individuals must remain in the appropriate cohort area, for example, Cohort A or Cohort B and cannot be taken to any other areas of the facility.
6. Environmental cleaning and disinfection procedures will be followed consistently and correctly based on manufacture instructions including using correct cleaning process and adhering to required drying times.

7. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for infectious agent, including those resident-care areas in which aerosol-generating procedures are performed.

8. Products with EPA approved emerging viral pathogens claims are recommended for use against Infectious agent. List N will be reviewed. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for infectious agent, products should be used according to label instructions.

9. Soiled linens from affected residents will be bagged and placed in a designated covered bin and these linens will be transported to laundry service provider.

10. Washers, dryers and work surfaces will be cleaned and properly disinfected following the cleaning of soiled linens and personal items of affected residents has been completed.

11. Environmental Services employees will receive training regarding the proper use of PPE and handwashing to prevent exposure and transmission of the infectious agent to others for the transport of laundry.

12. Medical waste will be disposed in an impervious bag.

13. Exposed and symptomatic residents will receive all meals on disposable trays using disposable products.

14. All disposable food items will be properly disposed of on the unit, bagged according to policy and placed directly in the trash compactor.

15. No food carts from the kitchen will cross the entrance threshold to any affected unit. All trays will be passed through the door to a staff member on the unit and placed on a cart on the unit for delivery to residents.

16. Carts on the unit will be cleaned and disinfected after each meal. Unit carts will not be removed from the unit if there are active cases.

17. Maintenance workers will not bring carts carrying equipment on and off the unit. Any equipment can be transferred to a dedicated unit cart and after use all equipment will be cleaned before removal from the unit.

18. Food carts will be covered and returned to the kitchen where they are cleaned and disinfected with an EPA registered disinfectant.
19. Tissues, respiratory secretions must be discarded in regular garbage.

**Infectious Disease Outbreak Housekeeping Protocol**

1. Cleaning products will be evaluated to be sure they meet CDC & EPA requirements for use with the designated infectious agent/disease. If using EPA-registered disinfectants or cleaning/disinfectant products with demonstrated (proven) viricidal claims against flu viruses, check the manufacturer’s instruction on “spectrum of action” and method of use (dilution, contact time, etc.). If using a product labeled only for use as a disinfectant, federal law requires those surfaces being treated to be cleaned first.

2. Product cleaning instructions will be followed and product will remain on the surface for the recommended time period or until dry.

3. Use disposable wipes disposing in resident trash cans only after use to prevent carrying infectious material from room to room.

4. Use trash cans and other disposal receptacles that are not touched as much as possible.

5. Do not rotate housekeeping staff who work on an affected unit to any other locations within the facility.

6. Equipment and carts must remain in the hallway and cannot go over the threshold of any resident doorway.

7. Soiled wipes, water, etc. must be changed between rooms and disposed of in the contaminated room to prevent cross contamination.

8. Dry mopping with antiviral cleaning products if possible to limit spread of disease.

9. Clean all high touch areas multiple times throughout the day on a frequency determined by the Infection Preventionist:
   a. Doorknobs
   b. Handrails
   c. Tray Tables
   d. Furniture Surfaces
   e. Light Switches
   f. Bathroom Faucet Handles
   g. Appliance Handles
   h. Elevator Buttons
   i. Remote Controls

10. Monitor all soap, paper towel, and hand sanitizer dispensers’ multiple times throughout the day and replenish as needed.
11. Bag all trash from affected rooms and place in common collection point for pick up and disposal.

12. Do not take any housekeeping carts off the affected unit for any reason.

13. Wear all required PPE when cleaning affected rooms and dispose of PPE before leaving the room and wash hands.

14. Do not wear PPE in hallways or between rooms unless CDC Optimization Strategies to conserve PPE are in effect.

15. Report any symptoms of disease immediately to the nurse and supervisor.

16. Terminal cleaning of rooms when resident leaves rooms of Cohort A, B, D, E, F

17. Clean rooms on transmission based precautions last.

Protocol for Residents Requiring Physician Office Visits and/or Medical Treatments Outside Facility

- Outside physician office visits and/or medical treatment appointments (other than dialysis treatments) will only be scheduled if in-house and/or telephonic or other electronic visits are not possible. Physician office visits and/or treatment decisions will be made on a case by case basis with the facility attending physician and the outside practice/treatment center.

- Prior to sending any Resident to a Physician Office visit or Medical Treatment Appointment outside the facility, the practice/treatment center will be contacted to determine the exact appointment time and all requirements for the visit to ensure the safety of the resident.

- The COVID19 status of the Resident will be communicated in advance of the visit to prevent exposure to COVID19 both for facility residents and for staff and patients outside the facility.

- The physician practice/treatment center will be notified of any facility residents who displays symptoms of COVID19 prior to going for their appointment and will follow the directions provided regarding the visit/treatment schedule to follow as well as provision of PPE to limit the spread of infection.

- Residents will be provided with a face mask and/or face covering and all required PPE as appropriate based on their COVID19 status and the physician
practice/treatment center requirements prior to leaving the facility and must be worn during transportation to and from the visit and during the visit.

- Residents will have their temperature and vital signs taken prior to leaving and upon return from the office/treatment visit documented in the medical record.

- Residents will be screened for COVID19 symptoms on return from the office/treatment visit and properly cohorted.

- The transport company will be made aware in advance of the COVID19 status of residents being transported for the physician visit/treatment.

- The resident’s nurse will review the communication/consult sheet when the resident returns to the facility and act on any notations that may indicate any change in condition or new symptoms or COVID19 exposure noted during the visit/treatment.

- Any resident that displays any new symptoms indicative of possible COVID 19 while at or after the physician/treatment visit will be immediately placed on transmission based precautions, the physician practice/treatment center, the transport company, the attending physician and family notified, and COVID19 testing completed.

- The decision to place residents on transmission based precautions for those who go out to a physician office visit/treatment center will be made on a case by case basis by the Medical Director and Infection Preventionist.

- The facility will follow the current CMS, NJDOH and CDC guidance regarding outside facility visits and PPE in effect at the time of the visit.

**Protocol for Residents Requiring Dialysis**

- Prior to sending any Resident to Dialysis the Dialysis Center will be contacted to determine the correct location and chair times based on the COVID19 status of each resident to assure proper location at the dialysis center to prevent exposure to COVID19 both for facility residents and for other dialysis center residents.

- The physician and the dialysis center will be notified of any facility residents who display symptoms of COVID19 prior to going for dialysis treatment and will follow the physician orders and dialysis center directions regarding the treatment schedule to follow as well as provision of PPE to limit the spread of infection.
Treatment decisions will be made on a case by case basis with the facility, attending physician and the dialysis center.

- Residents will be provided with a face mask and/or face covering and all required PPE as appropriate based on their COVID19 status and the dialysis center requirements prior to leaving the facility to be worn during transportation to and from the dialysis center and while at the dialysis center.

- Residents will have their temperature and vital signs taken prior to leaving for dialysis and upon return from dialysis.

- Residents will be screened for COVID19 symptoms on return from dialysis and properly cohorted.

- The transport company will be made aware in advance of the COVID19 status of all residents being transported to dialysis.

- The resident’s nurse will review the dialysis communication sheet when the Resident returns to the facility from the dialysis center following treatment and act on any notations that may indicate any change in condition or new symptoms or COVID19 exposure noted during the dialysis treatment.

- Residents that displays any new symptoms indicative of possible COVID 19 while at dialysis or after a dialysis treatment will be immediately placed on transmission based precautions, the dialysis center, the transport company, the physician and family notified, and COVID19 testing completed.

- The decision to place residents on transmission based precautions for those who go out to a dialysis center for treatment or to place the resident in a single room will be made on a case by case basis by the Medical Director and Infection Preventionist.

**Protocol for Resident Activities**

- Group Activities, communal dining will be cancelled as directed by the Infection Preventionist and/or health authorities. Trips outside the facility will be suspended.

- Activities will be unit based with residents remaining in their rooms or within the doorways. Tactile objects may not be shared. Activities will be based on individual resident interests.

- Residents will be encouraged to remain in their rooms. Residents who are not on quarantine or isolation status and leave their room will wear a facemask, perform hand hygiene and maintain social distancing.
• Residents will be offered the opportunity to communicate with family members via electronic virtual communication. Preakness Healthcare Center will provide tablets and computers.

• Ethnic and holiday special meals will be offered.

• Religious services will be broadcast using the inhouse TV system in the main dining room. Clergy who perform the service must be tested. Residents will view the services virtually.

Protocol for Visitors, Non-Staff Medical Personnel, and Vendors

• Visitors will be restricted from entering the room of known or suspected residents with infectious agent (i.e., Person Under Investigation) except for compassionate or end of life visit. Visitors for approved compassionate or end of life visits will be screened for fever or respiratory symptoms. If permitted to enter, personal protective equipment must be worn as required by the facility, hand hygiene must be performed and the visitor must receive education from a nursing supervisor to visit in a designated location.

• The use of SKYPE, Facetime and other video call applications on cell phones or tablets will be offered in lieu of face to face visits. IDCP teams will review the need for visitors based on end-of-life or compassionate situations.

• Medical visits can be limited to telehealth or other assessment modalities in the case of an outbreak in the facility.

• Utilize agency personnel only if the agency verifies the personnel have not had symptoms or been exposed to the infectious agent through travel or community exposure and the agency presents the required test results as required by the facility.

• Visitors to Residents with known or suspected exposure to the infectious agent should be scheduled and controlled as follows:
  o All visitors will be screened for symptoms of acute respiratory illness before entering the healthcare facility.
  o An evaluation of the risk to the health of the visitor (e.g. visitor might have underlying illness putting them at higher risk for the infectious agent and ability to comply with precautions will also be made.
  o Instructions will be provided, before visitors enter the Residents’ room to wash hands before entering and before leaving the room and limiting surfaces touched while in the Resident’s room.
  o All visitors who enter must wear the required PPE and will be trained on how to don and doff Personal Protective Equipment and properly dispose of used PPE along with a handwashing demonstration.
Visitors cannot be present with residents during any aerosol-generating procedures such as nebulizer use, suctioning, etc.
Visitors will be instructed to limit their movement within the facility to that unit or the designated visiting area.
All visitors must follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.
Instruction and handouts for handwashing, respiratory hygiene and use of PPE will be available for all visitor to take and use.

Visitors will be instructed to report any possible symptoms of the infectious agent immediately to their medical practitioner and to the facility Infection Preventionist or Director of Nursing for inclusion on the line list.

**Protocol for Xray and Laboratory Personnel Entering Preakness Healthcare Center**

- The personnel will be screened according to the screening process at the entrance of the facility. Personnel will be informed which residents are on transmission-based precautions for whom orders for diagnostic tests or labwork are received.

- Transmission-based precaution units or rooms are indicated by a stop sign, what precaution the resident is on and the Personal Protective equipment to be worn before entering the resident's room.

- Hand Hygiene will be performed before entering a resident's room and after exiting the room.

- All equipment brought into the resident rooms must be sanitized (wipe down with sanitizing wipes) before using it for the next resident or transporting it in the hallways.

- Quarantined units will be the last units in which tests are performed.
  - A full gown, mask, (face shield if indicated) must be worn when entering the quarantined unit, COVID 19 Positive unit, and observation unit.
  - Remove all PPE before exiting these units. Sanitize the equipment, and perform hand hygiene

**Employee Protocol**

This protocol outlines actions to take for employees prior to, during, and after a disease outbreak. All staff are designated as essential employees.

1. Employee contact information will be updated in the event of an outbreak including validating the current phone number and email address.
2. Employees will be identified who can work additional shifts if needed to fill positions of affected employees.

3. Assigned tasks will be identified by department that can be temporarily eliminated or modified during an outbreak if a staffing shortage occurs.

4. Coordinate with temporary staffing agencies to assure they are complaint with facility protocols and have a monitoring system in place to check their employees for exposure prior to sending them to the facility.

5. Ancillary department employees may be assigned to assist in various areas outside their department after verification they can safely perform the task during a staffing shortage.

6. Employees will be cohorted during an outbreak and will not be rotated to different units to minimize the spread of the infectious agent.

7. Employee assignments will take into consideration age, chronic medical conditions, and family situation – i.e. pregnancy, newborn infant, etc as directed by Human Resources.

8. Education will be provided to employees regarding infection prevention practices – handwashing, personal hygiene etiquette, donning and doffing PPE.

9. PPE are appropriate for employee use when caring for resident who are asymptomatic but have been exposed along with gowns and gloves for any resident on transmission based precautions.

10. PPE are required for employee use when caring for symptomatic residents.

**Employee Monitoring**

1. In the event of an outbreak in the facility all employees will be monitored for symptoms each day when they report to work.

2. Employees are required to notify their supervisor of any potential exposure to the infectious agent from travel or thru family exposure.

**Management of Symptomatic Employees**

1. Any employee that develops a fever, cough, or difficulty breathing will be provided with a face mask to wear and immediately sent home.

2. Any employee deemed potentially contagious will be sent home and will not be allowed to return to work until 14 days after the last symptom was resolved or according to CDC guidance if different.
3. A line list of employees exposed to or exhibiting symptoms will be created and continued until the last case is resolved as directed by the local health department.

4. All employees returning to work must have documented negative test results.

Management of Exposed Employees

1. Any employee exposed to the infectious agent will be tested as directed by the local health department.

2. Exposed employees will not be allowed to return to work until 14 days post exposure if non symptomatic in accordance with CDC requirements.

3. Symptomatic employees will not be allowed to return to work until medically cleared following CDC guidelines.

Work Guidelines

1. Employees will not rotate locations in the facility during an outbreak.

2. Employees will be cohorted based on exposure and will only be allowed to enter and exit the unit assigned and must leave the building immediately after their shift without visiting other units.

3. Passaic County sick leave policies will be followed in accordance with public health guidelines and regulatory requirements.

4. Testing of staff will be as per NJ DOH regulatory requirements and/or CDC guidance for specific infectious agents.

Contingency Staffing Plan

Contingency Plan, Nursing Staff

a. The Director of Nursing will develop a contingency staffing plan for nursing staff.

b. Nursing department staff includes employed staff, contracted agency staff for nurses and CNAs, clerical staff with underlying CNA certification, nurses in management positions such as Staff Development, QAPI, MDS.

c. Auxiliary staff will be assigned and trained to perform tasks that do not require a license or certification.

Contingency Plan, Dietary Staff
a. The Executive Director retains the authority to assign staff from non-dietary departments to perform tasks that can safely be performed such as delivering trays to units, preparing pantry items after training is provided.

Contingency Plan, Buildings and Grounds Staff

a. The Buildings and Grounds staff are responsible for the operation of equipment such as boilers, chillers, monitoring and repairs.

b. The staff routinely assigned to Preakness Healthcare Center are part of the Passaic County-wide department. Additional staff will be assigned to Preakness and trained on infectious agent and PPE as needed.

Contingency Plan, Environmental Services Staff

a. In the event of insufficient staffing, trained environmental services staff from the County Buildings and Grounds department may be assigned by the Director of the Buildings and Grounds Department to supplement Preakness staff. Staff will be trained on infectious agent and PPE.

Employee Education Protocol

1. The Infection Preventionist will work in conjunction with the Medical Director to identify employee education required based on local, state and federal guidelines.

2. The Infection Preventionist will coordinate the identification and provision of education with the staff educator, Director of Nursing, Medical Director and Executive Director.

3. The Infection Preventionist will serve as the point of contact for the local, state and federal agencies and will be responsible to keep up to date with changing guidelines.

4. The Infection Control Preventionist will be responsible to re-educate or coordinate re-education of staff based on changing guidelines from public health agencies.

5. Education will include but is not limited to:
   a. Symptoms associated with the infectious agent.
   b. How to prevent exposure to and transmission of a specific infectious agent.
   c. Correct Handwashing with competency assessment thru direct observation.
   d. Correct type and use of PPE including donning, doffing and proper disposal.
e. Job and task specific education to prevent the transmission of the infectious agent – i.e. handling of soiled linens; dietary preparation of meals using disposable products and handoff of trays without entering affected units; housekeeping proper cleaning and disinfection; clinical staff isolation guidelines when providing care.

f. How to recognize possible exposure and/or symptoms

g. How to use the CDC PUI tool for a specific infectious agent.

h. Reporting protocol in the event of exposure of resident.
i. Review the facility protocols related to the infectious agent.

j. Sick leave policy modifications as required.

6. Employees will receive additional education as follows:

a. Be medically cleared for fit testing to use N95 respirators and them be fit tested and trained in the use of the N95 respirator.

b. Employees will be educated, trained, and will practice the appropriate use of PPE prior to caring for symptomatic or exposed Resident, including correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment.

c. How to cohort residents based on exposure and symptomatology.

Supplies

a. Preakness Healthcare Center maintains an inventory of alcohol-based hand sanitizer, soap, personal protective equipment that includes but is not limited to gloves, masks, face shields, gowns, footwear and head coverings. Equipment is purchased through contracts established yearly pursuant to bid. In the event equipment is needed from a non-contracted vendor, the Purchasing Agent of Passaic County has the authority to procure the necessary PPE.

b. During nationwide shortages, Preakness will request distribution of supplies through the Passaic County OEM.

c. During nationwide shortages, Preakness will conserve PPE equipment in accordance with CDC guidance.

d. Preakness Healthcare Center will maintain a two month emergency stock pile inventory of PPE and alcohol-based hand sanitizer in a designated on-site trailer and in the Passaic County warehouse.
Infection Prevention Committee

1. Membership
   A. Executive Director
   B. Assistant Executive Director
   C. Infection Preventionist
   D. QAPI Coordinator
   E. Staff Development Coordinator
   F. Nurse Practitioner
   G. Director of Nursing
   H. Medical Director
   I. Director of Environmental Services
   J. MD, Board Certified in Infectious Disease

2. Meetings

   Infection Prevention Committee meets quarterly chaired by the Infection Preventionist. Consultant Infectious disease physician will attend in person or virtually two of the four quarterly meetings.

Notifications

1. Infection Preventionist will notify all department directors of the location of residents with a Positive Respiratory Illness and quarantine via email. Department Directors will inform their staff.

2. Director of Nursing/designee will notify the resident and the designated representative for the resident within 24 hours of the positive result via phone call.

3. Signage for suspension of visitation, precautions to be followed on a unit and other directions will be posted.

4. The Executive Director or Infection Preventionist will notify the local department of health, the NJ DOH, the County Health Department and any other required regulatory agencies.

5. The Executive Director will provide a written update to staff and residents and, families/interested parties who have provided their email through a constant contact email group, as well as post the updates on the County website and County Facebook page using non-identifying information at least once/week.

6. Data will be reported as required into databases established by the NJ DOH, CDC NHSN or in accordance with regulatory requirements.
Communication

Preakness Healthcare Center facilitates access through in-person visits, electronic or telephonic visits to the Ombudsman and NJ Department of Health representatives as required by the agencies.

Cumulative written updates on at least a weekly basis are provided to residents, their designated representatives and families and staff during periods when visitation is curtailed. The updates include the status of the facility and information on the activities in the facility. Communication methods include:

- Phone calls to designated representatives of residents with the resident’s specific medical information.
- Postings on the Preakness Healthcare Center page of the Passaic County website, Passaic County Facebook, constant contact email listserv and traditional mail for non-identifying information.
- Updates are also issued by 5 pm the next calendar day when there is a single confirmed infection of COVID-19 or when there are three or more residents or staff with new onset of respiratory symptoms within 72 hr. of each other.

Virtual communications between residents and those they wish to communicate with are facilitated by:

- Therapeutic Recreation staff:
- Volunteers and Community Outreach
- Virtual applications include Facetime, Skype and Webex.
- Tablets and computers for use by residents during virtual visits are provided by Preakness Healthcare Center or a resident may use his/her own electronic device.

A dedicated phone number is established to arrange visitation during periods when visitation must be scheduled: 973-585-2145.

Security staff may be reached 24 hr/day at 973-317-7023 for urgent calls or complaints.

Outbreak Recovery

The conclusion of an outbreak will be determined by the Wayne Department of Health and the NJ Department of Health.

Activities will focus on returning to normal operations in accordance with requirements of the NJ Department of Health.
Review

- The Outbreak Management Plan will be review/revised upon conclusion of an outbreak, on an annual basis and as necessary to address specific infectious agents or as per regulatory directives. Reviews will include lessons learned.

- If any material changes are made to the plan, Preakness Healthcare Center will submit the Plan to the New Jersey Department of Health within 30 days of any material change to the Plan.

- The Plan will be resubmitted each year with Preakness Healthcare Center’s license renewal or as directed by the NJ DOH.

Lucinda Corrado, LNHA
Executive Director

[Signature] 9/14/20

Magda Eraiba, M.D.
Medical Director

[Signature] 9/16/20