

INGLEMOOR REHABILITATION AND CARE CENTER POLICY AND PROCEDURE

Policy # 196
Date: March 10, 2020
Revised: May 13, 2020
Revised: May 16, 2020
Revised: August 18, 2020

TITLE: OUTBREAK RESPONSE POLICY

PURPOSE: To ensure, based upon national standards/best practices, facility wide preparedness, prevention and control of infection.

POLICY:

I. EDUCATION

- 1) IRCC will provide education to residents, families, visitors and staff regarding prevention and minimizing spread of infection.
 - a) Signs posted throughout facility regarding specific disease occurrence and steps for prevention.
 - b) Signs posted to require handwashing in prevention of infection.
 - c) Notification to resident families of steps being initiated to help prevent spread of infection.
 - i) Limiting visits as required by NJDOH
 - ii) Screening of all persons entering the facility, for the following:
 - (1) Temperature checks, including subjective and/or objective fever equal to or greater than 100.4.
 - (2) Completion of a questionnaire about symptoms and potential exposure which shall include at a minimum:
 - (a) Whether in the last 14 days, the visitor has had an identified exposure to someone with a confirmed diagnosis of COVID-19, someone under investigation for COVID-19, or someone suffering from a respiratory illness.
 - (b) Whether the visitor has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation per guidance issued by NJDOH and CDC.
 - (c) Whether in the last 14 days, the visitor has returned from a state on the designated

list of states under the 14-day quarantine travel advisory, available for review at:
<https://covid19.nj.gov/faqs/nj-information/travelinformation/which-states-are-on-the-travel-advisory-list-are-there-travelrestrictions-to-or-from-new-jersey>.

If answering yes to any of the above, visiting will be restricted. Visitors will be provided instruction on hand hygiene and use of PPE, (if indicated).

- d) **Vendor restriction**
 - i) Communication will be done via phone or email
- e) **Delivery restriction**
 - i) Supplies, DME, pharmacy, food will be delivered at designated area and loading dock
 - f) Group Activities may be limited
 - g) Restrict pets from visiting
- 2) Staff Education
 - Facility wide education to include
 - a) Disease specific education and prevention
 - b) Handwashing
 - c) Proper use of PPE
 - d) Housekeeping – implemented increased disinfection schedule and review of protocols to limit transmission based spread of infection
 - e) Cleaning, disinfecting and limiting sharing of medical equipment between residents

II. Surveillance

- 1) Daily surveillance of residents and staff for signs and symptoms of respiratory illness (including: fever, chills, headache, cough, sore throat, muscle or body aches, rhinorrhea, shortness of breath)
 - a. Resident specific surveillance will be completed by nursing department daily
 - i. For care of residents with undiagnosed respiratory infection use of Single room and droplet precautions will be initiated. If Single room is not available, resident will be cohorted as appropriate. IRCC's healthcare workers will be provided appropriate PPE.
 - ii. Resident's facility PCP will be notified of resident with undiagnosed respiratory illness and encouraged to test for other causes of respiratory illness, including infections such as influenza. IRCC will verify the diagnosis using clinical, epidemiological and lab test information.
 - iii. Residents presenting with fever with severe acute lower respiratory illness (e.g. PNA, ARDS) may require hospitalization without alternative explanatory diagnosis and will be tested for SARS-CoV- 2 as deemed by the physician.
 - b. For employee surveillance, each department head will be responsible for completing surveillance within their respective departments. An employee displaying signs or symptoms of respiratory illness will be referred to nursing department for evaluation and appropriate recommendations will be provided (i.e. sent home to f/u with PCP and to not return to work until cleared by PCP).
 - c.

III. Testing

Resident and Staff

Residents and staff will be tested according to the most recent NJDOH guidance, Executive Directive No: 20-026

IV. Communication

Residents, Families, Guardians and Staff

- a. Methods to communicate information on mitigating actions implemented by the facility to prevent or reduce transmission, will be done through: in person 1:1 or group education, email communications, facility posting, cellular phone communication, and others.
- b. Updates for residents, their representatives, and families will be done via email. Email list for both long term and PAR will be maintained by the admissions/front desk office.
- c. Due to visitation restrictions, virtual communication will be made available through a multitude of virtual communications (i.e. Skype, Facetime, Google Duo, Zoom, Whats App, and others as needed). Scheduled appointments can be made by contacting social service or activity department. Time will be limited to 30 minutes to ensure use for all residents.
- d. The facilities communication plan will inform residents, families and/or their representatives, via email, by 5pm the next calendar day following the subsequent occurrence of either: a single 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.

V. Staffing

The facility maintains contracts with staffing agencies in the event of a new outbreak of COVID-19 or other infectious disease that has the potential to effect staffing requirements. In addition, the facility may seek emergency waivers to aide in potential staffing crisis, if necessary.

VI. Reporting

- 1) Based upon surveillance data, the administrator, Medical Director and Director of Nursing will be notified of any suspected reportable disease.
- 2) State DOH and Local DOH will be notified as required.
- 3) Should a resident require a higher level of care; communication prior to transfer will take place including:
 - a. Notification of suspicious or positive diagnosis to emergency medical services.
 - b. Notification of suspicious or positive diagnosis to receiving facility.
 - c. Facemask to be placed on resident (as tolerated) prior to transfer.
- 4) Should a resident expire and have a diagnosis of COVID-19 or PUI the following will take place:
 - a. Notification to the DOH (State & Local).
 - b. Notification to Essex County Medical Examiner.
 - c. Notification to the Funeral Home, prior to arranging for body to be picked up.

VII. Other Considerations

1) Limiting unnecessary physician appointments outside of facility