

INGLEMOOR REHABILITATION AND CARE CENTER POLICY AND PROCEDURE

Policy # 196
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Revised: September 20, 2021
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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 hand hygiene to prevent spread of the infection.
 - c) Signs posted for any required PPE (e.g. eye protection, face mask) to prevent spread of the infection.
 - d) Notification to resident families of steps being initiated to help prevent spread of infection.
 - i) Screening of all persons entering the facility, for the following:
 - (1) Temperature checks for fever (temperature 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 the visitor has been diagnosed with SARS-CoV-2 and has not yet met criteria for the discontinuation of isolation per current guidance issued by NJDOH and CDC.
 - e) **Vendor restriction**
 - i) Communication to be done via phone or email as much as possible.

f) **Delivery restriction**

i) Supplies, DME, pharmacy, food, etc will be delivered at designated areas (e.g. loading dock, front lobby) as much as possible.

g) Group Activities and group dining may be limited based on facility risk assessment

2) **Staff Education**

Facility wide education to include:

a) Disease specific education and prevention

b) Hand hygiene

c) Required PPE and its proper use

d) Housekeeping – implement increased disinfection schedule of common areas 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. Residents with symptoms of a respiratory infection will be tested for SARS-CoV-2 using a rapid/POC test as per facility protocol. Transmission-based precautions, including isolation rooms and appropriate PPE, will be initiated for all positive tests as per facility protocol. SARS-CoV-2 positive residents will be cohorted as appropriate and facility space permits

ii. The resident's facility PCP will be notified of all rapid/POC SARS-CoV-2 test results. In the event of a negative test, the PCP will be 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 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/designee will be responsible for completing surveillance within their respective departments. An employee displaying signs or symptoms of respiratory illness will be referred to Director of Nursing/designee for evaluation and appropriate recommendations will be provided (e.g. rapid/POC SARS-CoV-2 test, sent home to follow-up with PCP and to not return to work until cleared by PCP, etc).

III. TESTING

Resident and Staff

Residents and staff will be tested according to the most recent NJDOH guidance, e.g. Executive Directive No: 20-026, 20-033, 20-034, 021-012

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. In the event of any visitation restrictions or at the request of the resident/family/visitor, virtual visitation will be made available through a multitude of virtual platforms (i.e. Skype, Facetime, Google Duo, Zoom, Whats App, and others as needed). Virtual visits can be arranged by contacting Social Service or Activity Department.
- 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) Residents and their families will be encouraged to reduce/reschedule all unnecessary medical appointments and/or optional social engagements outside of the facility. Where possible and with the approval of the resident/family, telehealth visits will be conducted.