

INGLEMOOR REHABILITATION AND CARE CENTER POLICY AND PROCEDURE

Policy # 196

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TITLE: SARS-CoV-2 (COVID-19) OUTBREAK RESPONSE POLICY

PURPOSE: To ensure facility-wide preparedness, prevention and control of SARS-COV-2 (COVID-19) infection to contain the spread, reduce the severity and/or duration of an outbreak within the facility

PROCEDURE:

The following procedures shall apply at all times within the facility, regardless of facility outbreak status.

Non-Staff Education

1. The facility shall provide ongoing education to residents, families, visitors, and/or other non-staff healthcare providers (HCP) regarding the prevention of SARS-CoV-2 (COVID-19) infection, as well as ways to mitigate its spread during an outbreak. This education may include:
 - a. Specific disease occurrence;
 - b. Current facility requirement for quality hand hygiene, respiratory etiquette, source control, and physical distancing;
 - c. Risks/benefits of vaccination;
 - d. Required/recommended personal protective equipment (PPE), such as eye protection, face mask, respirator, gown, and/or gloves;
 - e. Ongoing steps being taken to help prevent the continued spread of SARS-CoV-2.

Staff Education

1. The facility will provide education to staff members regarding the prevention of SARS-CoV-2 infection, as well as ways to mitigate its spread. This education will include:
 - a. Disease specific education and methods for prevention, including vaccination;
 - b. Hand hygiene;
 - c. Required PPE, including donning/doffing, proper use and disposal;
 - d. Cleaning, disinfecting and limiting sharing, where possible, of medical equipment between residents;
 - e. Transmission-based precautions (TBP), including appropriate PPE, infection control, and signage;
 - f. Housekeeping/Laundry staff specifically will be educated on the implementation of a routine disinfection schedule of common areas and review of protocols to limit transmission-based spread of infection;
 - g. Self-symptom monitoring, such as fever, cough, or sore throat, and the requirement to report any symptoms to their supervisor for further evaluation by the DON or designee;
 - h. Self-reporting of any close-contact exposures to their supervisor for further evaluation by the DON or designee;
 - i. Self-testing, including in cases of close contact, and the requirement to report any positive results to their supervisor for further evaluation/instructions by the DON or designee.

Routine Surveillance of Staff and Residents

1. Surveillance will be performed for all residents for signs and symptoms of respiratory illness (such as fever, cough or congestion), as well as other signs/symptoms consistent with SARS-CoV-2 infection (such as nausea, vomiting or diarrhea) at a minimum of every shift.
 - a. In addition, staff will be required to report any close contact exposures with people infected with SARS-CoV-2 for further evaluation of DON or designee, which may include:
 - i. Serial point-of-care (POC) antigen testing;
 - ii. Change in assignment/duties;
 - iii. Masking;
 - iv. Work restriction.
 - b. Residents and families will be encouraged to report any close contact exposures to the DON or designee for further evaluation, which may include:
 - i. Serial point-of-care (POC) antigen testing;
 - ii. Increased vital signs monitoring;
 - iii. Completion of Respiratory Assessment;
 - iv. Source control/masking;
 - v. Refraining from participation in group activities and/or dining.
2. Resident-specific surveillance will be completed by the primary nurse every shift and any new symptoms reported to the Nursing Supervisor and resident's primary healthcare provider (PCP) for further evaluation.
 - a. Residents with new symptoms of a respiratory infection may be tested for SARS-CoV-

2 using a rapid/POC antigen testing as per current facility protocol and in accordance with current NJDOH and CDC guidance.

- i. The resident's facility PCP, as well as the DON or designee, Medical Director, and consulting Infectious Disease specialist shall be notified of all rapid/POC antigen SARS-CoV-2 test results.
 1. In the event of a negative test, the facility PCP will be encouraged to continue evaluating for other causes of respiratory illness, including influenza or RSV.
 - b. Transmission-based precautions (TBP), including in-room isolation and appropriate PPE, will be immediately initiated for all positive SARS-CoV-2 tests as per facility protocol and current NJDOH and CDC guidance. SARS-CoV-2 positive residents may be cohorted as appropriate and facility space permits.
3. Staff members displaying signs or symptoms consistent with SARS-CoV-2 will be further evaluated by DON or designee for potential appropriate follow-up actions, such as: rapid/POC antigen SARS-CoV-2 testing; or work exclusion with instructions not return until they meet facility criteria for Return to Work; and/or recommendation to follow-up with PCP for further medical care.

PPE

1. Required PPE for staff, other HCPs and/or visitors will be determined based on the county's NJ CALI score and/or the facility outbreak status in accordance with current NJDOH and CDC guidelines.
 - a. Staff members and/or residents may choose to wear a new surgical mask and/or respirator (e.g. N-95) at any time while in the facility, even if not required based on the county's NJ CALI score and/or the facility outbreak status.

Outbreak Testing

1. Residents and staff will be tested using POC antigen testing according to the current facility testing protocol in accordance with the current NJDOH and CDC guidance.
2. Residents/staff who tested positive for SARS-CoV-2 in the last 30 days will not be retested, unless a rebound infection is suspected, and then only use antigen testing.

Transmission-Based Precautions (TBP)

1. TBP will be initiated immediately for residents with suspected SARS-CoV-2 while test results are pending. TBP will be immediately discontinued as soon as safe to do so (e.g. the test/serial testing is negative).
2. Residents who are SARS-CoV-2 positive will maintained on in-room TBP until such time as they are considered recovered according to the following criteria:
 - a. At least 10 days from the date of symptom onset or, if asymptomatic, date of positive test; for residents who are severely immunocompromised and/or critically ill, additional criteria may apply;
 - b. Improvement/resolution of respiratory symptoms;
 - c. At least 48-hours have passed since last fever without the use of fever-reducing medication.

3. Staff and other HCP providing direct care for positive residents are required to wear gown, gloves, respirator and eye protection.
4. Staff who are SARS-CoV-2 positive will be restricted from work and instructed to maintain TBP at home until such time as they are considered recovered according to the following conventional staffing criteria:
 - d. At least 10 days from the date of symptom onset or, if asymptomatic, date of positive test;
 - i. Or at least 7 days from date of symptom onset or, if asymptomatic, date of positive test and two negative tests at least 48-hours apart;
 - e. Improvement/resolution of respiratory symptoms;
 - f. At least 48-hours have passed since last fever without the use of fever-reducing medication
 - g. Upon return to work, they will be instructed to maintain source control;
4. In the event of a staffing shortage, the Administrator may choose to use contingency and/or crisis strategies as per CDC guidance on mitigating healthcare personnel shortages and with the agreement of the local Department of Health.

Communication

1. The facility may inform residents, families and/or their representatives, of any newly positive SARS-CoV-2 resident and/or staff, as well as any ongoing actions to prevent/reduce the spread of SARS-CoV-2 within the facility, and/or changes in outbreak status.
 - a. Communication may occur via:
 - i. 1:1 education;
 - ii. Group education;
 - iii. Email;
 - iv. Facility posting/signage;
 - v. Cellular phone (voice or text);
 - vi. Mailings.
 - b. Email lists for residents and families/representatives for both long term and post-acute residents will be maintained by the Admissions/Reception office.

Visitation

1. Visitation is permitted for all residents at all times, with the agreement of the resident. Additional core infection control practices, such as source control, social distancing and hand hygiene, may be implemented depending county NJ CALI score and/or facility outbreak status.
2. In the event of any in-person visitation limitations and/or at the request of the resident/family/visitor, virtual visitation will be made available through a multitude of virtual platforms, such as: Skype, Facetime, Google Duo, Zoom, Whats App. Virtual visits can be arranged by contacting Social Services or the Activity Department.
 - a. Residents and families/representatives will be notified via email of any changes in visitation policy.

Staffing

The facility will maintain contracts with staffing agencies in the event of a new outbreak of SARS-CoV-2 or other infectious disease that has the potential to effect staffing requirements.

Reporting

1. Based upon surveillance data, the Administrator, Medical Director, Director of Nursing and consulting Infectious Disease physician will be notified of any new suspected/confirmed positive case.
2. State and local NJDOH will be notified of new positive cases as required.
3. Should a resident require a higher level of care, the following will take place prior to transfer:
 - a. Notification to family/POA of need for transfer;
 - b. Notification of suspected/positive diagnosis to emergency medical services;
 - c. Notification of suspicious or positive diagnosis to receiving facility;
 - d. Facemask to be placed on resident (as tolerated) prior to transfer.

Other Considerations

1. The facility has a contract with an Infectious Disease Physician to advise the facility on matters of infection control, prevention and treatment.
2. The facility has a contract with a local laboratory to provide any needed laboratory testing, such as PCR molecular amplification, in a timely manner for residents and/or staff members.

REFERENCES

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