



Policy and Procedure Outbreak Response Plan

Purpose:

- ◆ To protect our residents from widespread outbreaks and pursuant to New Jersey law N.J.S.A.2H-12.87 Water's Edge Healthcare has developed and implemented an Outbreak Response Plan
- ◆ The staff at Water's Edge will be educated in outbreak prevention and how to respond to an outbreak.

Procedure:

The Plan addresses:

- 1) Prevention
- 2) Housekeeping protocols
- 3) Isolating and Cohorting decisions
- 4) Notification to resident's, families, visitors, vendors and staff in the event of an outbreak of a contagious disease. This notification will include potential restrictions or changes for entry into the facility.
- 5) Information on the availability of laboratory and radiology testing.
- 6) Protocols to require when ill staff is not to present to the facility for work duties.
- 7) Protocols to conduct routine monitoring of residents and staff to identify signs of a communicable disease that could develop into an outbreak.
- 8) Protocols for reporting outbreaks to public health officials in accordance with applicable laws and regulations.
- 9) Quality of Life and Activities
- 10) Addendums to address new Executive Orders or Regulations

Updated Key contact lists will be maintained.

Outbreak Response Agency Support Phone Numbers

Agency	Number
New Jersey OEM Office of Emergency Management	877-294-4356
Mercer County OEM Office of Emergency Management	609-281-7228
City of Trenton Health Office	609-989-3242 ext 171 or 153
Mercer County Department of Health	609-278-7165
Epidemiologist for Trenton	609-826-5964
OSHA	800-321-6742
New Jersey Department of Health	609-633-8990
Ombudsman	877-582-6995
COVID 19 NJ DOH (updated 3/16/20)	800-222-1222 ncov@doh.nj.gov Emergency 211(3/18/20) activated
New Jersey Communicable Disease	609-943-3308

Inventory of all supplies

PAR levels will be maintained but the following will be reviewed by the administrator and/or Director of Nursing in the event of an outbreak: PPE supplies, food, cleaning products disposable resident care products, and equipment needs. This review is based on the communicable disease challenge and increased needs will be requested from our established vendors.

If the above needs cannot be met/purchased through our established vendors then administration will inform the corporate staff and if needed will contact the local of NJ State Department of Health for guidance.

Signage and Facility Entrance

Signs will be posted at all entrance doors regarding visiting changes, safety, hand-washing and germ prevention.

Signs will be placed on all unit doors closed to visitation.

Visitors and vendors will sign in with the receptionist (barring a moratorium on visits facility or unit specific). Completion of a brief questionnaire may be required before being allowed to visit.

Compassionate visits will be permitted during outbreaks. These visitors will be escorted to their loved one and proper isolation requirements will be maintained.

Employees

All employees who display any symptoms are excluded from work and cannot return until asymptomatic for the required period. If an employee's family member is symptomatic during an outbreak the employee will be excluded from work and will return after the required isolation time/requirements have been met and they remain asymptomatic

Notifications

The administration is open with these facility situations and will post updates and guidance on the facility web sites.

The Social Service and Activity departments will make arrangements for telephone, email, facetime, and skype visits during outbreaks. Nexus Connect, a notification assistance company has been contracted to assist in notification to resident's POAs and families.

Miscellaneous

The administration will check at minimum daily for updates from regulatory agencies and the CDC website. Ongoing communication with the local and state departments of health will be done.

Daily and as needed assessments between the Administrator, Director of Nursing, Infection Preventionist and department directors will be completed.

Prevention - Housekeeping Protocol

- Evaluate all cleaning products to be sure they meet CDC & EPA requirements for use with the designated disease. If using EPA-registered disinfectants or cleaning/disinfectant products with demonstrated (proven) viricidal claims against flu viruses, check the manufacturer's instructions on "spectrum of action" and method of use (dilution, contact time, etc.). If using a product labeled only for use as a disinfectant, remember that federal law requires those surfaces being treated to be cleaned first.
- Follow product cleaning instructions and allow product to remain on the surface for the recommended time period or until dry
- Increase cleaning passes on affected units to at least three times a shift
- Use disposable wipes disposing in resident trash cans only after use to prevent carrying infectious materials from room to room
- Use trash cans and other disposal receptacles that are no touch as much as possible
- Do not rotate housekeeping staff who work on an affected unit to any other locations within the facility
- Equipment and carts must remain in the hallway and cannot go over the threshold of any resident doorway
- Soiled wipes, water etc. must be changed between rooms and disposed of in the contaminated room to prevent cross contamination
- Consider dry mopping with antiviral cleaning products to limit spread of disease
- Clean all high touch areas multiple times (at least 3x's) throughout the day including:
 - Doorknobs
 - Handrails
 - Tray tables
 - Furniture surfaces
 - Light switches
 - Bathroom faucet handles
 - Appliance handles
 - Elevator buttons
 - Remote controls
- Monitor all soap, paper towel, and hand sanitizer dispensers' multiple times throughout the day and replenish as needed
- Double bag all trash from affected rooms and place in common collection point for pick up and disposal
- Do not take any housekeeping carts off the affected unit for any reason
- Wear all required PPE when cleaning affected rooms and dispose of PPE before leaving the room and wash hands
- Do not wear PPE in hallways or between rooms
- Report any symptoms of the disease immediately to the nurse and your supervisor

PREVENTION- ISOLATION

Use **Droplet Precautions** for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.

- **Source control:** put a mask on the patient.
- **Ensure appropriate patient placement** in a single room if possible. If single rooms are not available, utilize the recommendations for alternative patient placement considerations in the Guideline for Isolation Precautions. Make decisions regarding patient placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives. In *ambulatory settings*, place patients who require Droplet Precautions in an exam room or cubicle as soon as possible and instruct patients to follow Respiratory Hygiene/Cough Etiquette recommendations.
- **Use personal protective equipment (PPE) appropriately.** Follow the CDC PPE recommendations for droplet precautions.
- **Limit transport and movement of patients** outside of the room to medically-necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette.
- **Residents should wear surgical masks during a widespread outbreak when outside of their room.**

Use **Airborne Precautions** for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

Source control: put a mask on the patient.

- **Ensure appropriate patient placement in an airborne infection isolation room (AIIR)** constructed according to the Guideline for Isolation Precautions. In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission.
- **Restrict susceptible healthcare personnel from entering the room** of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare personnel are available.
- **Use personal protective equipment (PPE) appropriately,** including a fit-tested NIOSH-approved N95 or higher level respirator for healthcare personnel.
- **Limit transport and movement of patients** outside of the room to medically-necessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Healthcare personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.
- **Immunize susceptible persons as soon as possible following unprotected contact** with vaccine-preventable infections (e.g., measles, varicella or smallpox).

ISOLATING AND COHORTING

Group activities, congregate dining and trips outside of the facility will be evaluated and may be discontinued.

CDC transmission protocols will be followed at all times. These protocols are based on the disease process.

Cohorting means the practice of grouping patients/residents who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.

Cohort A- RED ZONE -Strict in-room isolation. Resident is Ill

- Individuals with active symptoms must remain in either a private room or in a semi-private room with another individual who is exhibiting active symptoms. Every effort will be made to provide a private room.
- Doors to these rooms must always remain closed to limit exposure
- Residents are not permitted to leave their room
- Residents are required to wear mask at all times to minimize droplet spread
- Privacy curtains must be kept drawn between residents
- Residents must remain 6 feet apart
- PPE must be worn by everyone entering the room and properly disposed of before exiting the room according to CDC guidelines for the disease process
- PPE must be kept outside the entrance to the room
- PPE must be disposed of in designated trash containers inside the room
- Handwashing with soap and water in addition to use of hand sanitizer is required before entering and before exiting the room
- Linens must be bagged separately and so marked for the laundry
- All meals are to be served on disposable trays and with disposal products to be placed in the trash in the room when finished
- No equipment should be shared with any other residents and all equipment must be thoroughly cleaned after each use with disinfectant wipes
- Only assigned staff may provide care and cannot be rotated to any other cohort or other areas of the facility during their work shift.
- Absolutely no visitors are allowed except for compassionate visiting on the actively dying.
- Isolation precautions remain in effect until the resident is symptom free for a minimum of 14 days – depending on the actual disease process this could be more – due to viral shedding

ISOLATING AND COHORTING CONTINUED

Cohort B – YELLOW ZONE - Quarantine. Resident is not ill but potential exposure and is under investigation.

- Individuals who have been exposed but do not display active symptoms should be cohorted with other individuals who have been exposed without active symptoms.
- Doors to these rooms may be open while residents are asymptomatic
- Residents must remain in their rooms
- Residents must remain 6 feet apart
- PPE must be worn by everyone entering the room and properly disposed of before exiting the room
- PPE must be kept outside the entrance to the room
- PPE must be disposed of in designated trash containers inside the room
- Linens must be bagged separately and so marked for the laundry
- Handwashing with soap and water in addition to use of hand sanitizer is required before entering and before exiting the room
- All meals are to be served on disposable trays and with disposal products to be placed in the trash in the room when finished
- No equipment should be shared with any other residents and all equipment must be thoroughly cleaned after each use with disinfectant wipes
- Vital signs including temperature and assessment for symptoms will be done twice daily for each resident or more often as ordered
- No visitors are allowed

Cohort C – GREEN ZONE - Unaffected residents. Resident is not ill and not exposed.

- 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
- Residents should be instructed to immediately report any symptoms of illness to the nurse
- PPE is not required but handwashing with soap and water in addition to use of hand sanitizer is required
- Residents should be instructed to refrain from entering any other cohort areas
- Residents will be served meals either in their room or communal dining area on the unit and will not be allowed to leave the unit
- Vital signs including temperature will be taken twice a day and unaffected residents assessed for symptoms
- Shared equipment **MUST** be thoroughly cleaned and disinfected after use

NOTIFICATION FOR RESIDENTS AND FAMILIES

Effected Residents

Residents that present with symptoms r/t an outbreak will be medically assessed by the nursing staff for the symptoms specific to the outbreak. The physician and/or Nurse Practitioner will be informed and order the needed diagnostic studies. Routine resident updates on the nurses' assessments will be given to the physician and nurse practitioner on the resident's status and response to treatment. Telehealth evaluation should be considered to aide in exposure prevention.

Staff will inform the resident of diagnosis and treatments, provide comfort and reassurance to the resident and at all times answer the residents' questions.

COHORTING AND ISOLATION guidelines as listed in this policy will be enacted.

Non-effected Residents and Families, Significant others and Guardians

All unaffected residents will be kept away from affected resident. Residents will be educated on symptoms to report to a nurse immediately should they occur. Staff will be informed on symptoms to observe and report. Ongoing and intensified assessment of all residents will be done to evaluate potential spread. This nursing assessment guidance will be established by the nurse leaders, infection control preventionist, medical director and nurse practitioner. Telehealth evaluation of suspected infected residents should be considered to aide in exposure prevention. Again staff will explain and provide reassurance and at all times answer the residents' questions.

Administration recognizes the importance of open communication and will inform residents, families, significant others and guardians of the outbreak concerns and how this affects "everyday life" at the facility, e.g. visiting hours, meals activities, and limited access to the facility or a designated area in the facility.

- First a phone tree notification will be established by the Administrator and the Social Service department to inform all residents' primary contacts.
- Written notification mailings will be considered.
- Email notifications will be done if email addresses are available.
- Social Media, particularly the facility's Face Book page will post notifications and updates.
- Facility notifications will be posted at the facility entrance.

Resident rights and privacy will be maintained with all of the above notifications.

NOTIFICATION FOR VENDORS

- All vendors will report at the entrance of the facility.
- A log is maintained to record the vendor's visit and what department they are visiting.
- Vendor screening questions, if required, will be done prior to facility entry.
- The involved department director or staff are notified and will meet/escort the vendor as the situation requires.
- Equipment and supplies will be accepted as appropriate to any limitations r/t the outbreak.

STAFF NOTIFICATION AND PROTOCOL

Employee

- Employee contact information is updated regularly by the Human Resource's department.
- Employees are informed upon hire to provide contact information changes to the HR department.
- Texts, Emails, Facebook and phone tree notification will be done as needed. Written notifications will be posted at the entrance to the facility and at the time clocks under the direction of the administration.
- Employees will be identified who can work additional shifts to fill positions of affected employees.
- Assigned tasks will be identified/prioritized by department directors that can be temporarily eliminated or modified during an outbreak should a staffing shortage occur.
- The facility will make every effort to have routine employee unit assignment.
- **Employees will receive outbreak disease education to dispel concerns and prevent unwarranted call out.**
- Re- education to employees will be given on infection control practices: Handwashing, personal hygiene, donning and doffing PPE
- Employee assignments will take into consideration: age, chronic medical conditions and family situations- i.e. pregnancy, newborn infant etc.

Employee Monitoring

- All employees are monitored for signs of symptoms when they report to work
- Employees are required to notify their supervisor or director if they develop symptoms
- Employees are required to notify their supervisor or director of any potential exposure.
- Employees that become symptomatic at work will be removed from duties and given guidance on appropriate medical follow up. This may include testing. The local and state department of health's will be notified.
- Sick leave policies will be followed but may be modified to allow flexibility and consistency with public health guidance.
- **Return to work will be determined by standards set at the CDC and are disease specific. The medical director, Director of Nursing, Infection Preventionist and Administrator will enforce these guidelines**

Staff Education

- Employees receive infection control education on hire and annually that includes discussion of all components of the outbreak plan.
- Employees will receive disease specific education to ensure protocols for use of PPE, cohorting and interventions are followed to prevent and mitigate the spread of the disease in the event of an outbreak. Education will also dispel concerns and prevent unwarranted call outs.
- Re-education will be given to all employees covering disease specific infection control practices specific to their job responsibilities including handwashing, personal hygiene, donning and doffing PPE during an outbreak.
- Return demonstrations will be used to determine competency with hand hygiene and use of PPE as required based on the specific organism. Department specific education will be provided to ensure staff in each department understand the specific actions required within their job role to mitigate the spread of infection.

Water's Edge revised educational materials to reflect guidance from CDC regarding donning and doffing and disposal of PPE as recommendations from governing bodies changed. The ICAR division of the DOH acts as an educational and reference on PPE.

Employee Shortages

- It is recognized that staffing shortages may occur during times of outbreak.
- Staffing schedules will be reviewed and amended.
- Overtime will be approved
- Review of all department staff will be done and reassignments will be made to meet essential care
- Cross training will be given on duties that may be safely done by staff that traditionally do not perform these duties. Activities, Therapy staff, office workers etc..
- Staff that are on workman's compensation will be assessed to perform duties that would not violate their restrictions
- An All-Hands-on-Deck attitude is at the core to meet these challenges.
- The facility will inform and reach out to the local and state DOH when internal staffing needs cannot be met.
- The facility will follow all CDC and NJDOH recommendations for contingency and critical staffing challenges. (12/2021)

PROTOCOLS TO CONDUCT ROUTINE MONITORING OF RESIDENTS AND STAFF TO QUICKLY IDENTIFY SIGNS OF A COMMUNICABLE DISEASE THAT COULD DEVELOP INTO AN OUTBREAK

Monitoring and Communication of Resident changes

- The Infection Preventionist and Director of Nursing will initiate the "Line List"/ PPS epidemiological tool tracking form as established by the NJDOH to coordinate information and use as a basis for trends and tracing of any possible outbreak. A separate list of possible infected employees will also be initiated.
- 24 hour report on changes in resident condition
- Clinical Management meeting every am (Monday through Friday) to review resident and unit concerns
- Weekend Nurse Leader communication with facility to review any individual resident concerns and assess for facility wide issues that may warn of potential outbreak.
- PCC Dashboard reminder notices to all staff for reporting any signs of potential communicable disease
- Infection Control unit logs on antibiotic usage reviewed weekly for trend identifications.

Employee Awareness

- All nurse aides are taught to report resident changes and concerns to the primary nurse or Clinical Manager.
- Point of Care – nurse aide documentation program in the Point Click Care system uses alerts from the nurse aide to the nurse.
- All employees given education on hire and annually on transmission based precautions, hand washing, blood borne pathogens and PPE.

The Infection Control Preventionist performs routine rounds on all units, attends the morning clinical care meetings with attention to new medication orders that may be an early indication of a potential outbreak, and investigates for trends of infections.

INFORMATION ON THE AVAILABILITY OF LABORATORY AND RADIOLOGY TESTING

- As noted under the [NOTIFICATION TO VENDORS](#) section in this policy all vendors will report at the front entrance to log in, respond to any healthcare questions r/t the outbreak and provide what they are here for, and what department they are visiting. The department director or a designee will escort the vendor.
- There may be protective or cleaning requirements of a vendor's equipment r/t the outbreak. This will be adhered to prior to exposure to any resident or staff.
- When an outbreak occurs the nursing staff and Infection Preventionist will perform an inventory on all potentially needed laboratory and other testing equipment.
- Laboratory vendors and radiology vendors will be notified when an outbreak occurs and informed on how that may impact their services to the facility.

PROTOCOLS TO REQUIRE WHEN III STAFF IS NOT TO REPORT TO WORK PROTOCOLS TO CONDUCT ROUTINE MONITORING OF RESIDENTS AND STAFF TO IDENTIFY SIGNS OF A COMMUNICABLE DISEASE THAT COULD DEVELOP INTO AND OUTBREAK

- All staff is screened prior to entering the facility or unit that is handling an outbreak.
- CDC and DOH guidelines are followed as it relates to the outbreak disease.
- Staff are educated that if you are sick-STAY HOME. Fever, flu like symptoms, cough, nausea, vomiting and diarrhea are some of these symptoms. The call in and sick time policy as noted in the employee handbook will be followed.
- Staff is to inform their supervisor should any of these symptoms occur while on duty.
- Infection control protocols are to be followed at all times. Handwashing, germ reduction- using tissues and disposing of them, etc.... Routine audits of these practices will be done for compliance. All staff know to expect this of themselves and their co-workers.

PROTOCOLS FOR REPORTING OUTBREAKS IN ACCORDANCE WITH LAWS AND REGULATION

Water's Edge abides by all laws and regulations. Outbreak concerns are immediately reported to the City of Trenton Health Department, Department of Health, Ombudsman (if applicable) and any other government agencies that may be required r/t the outbreak. The updated Key Contact List at the opening of this policy is used as reference.

QUALITY OF LIFE AND ACTIVITY PROGRAM

Water's Edge recognizes the importance of filling the resident's lives with activities and socialization. We attempt to prevent loneliness and know that humor, fun and mental activity are treatments and kindness that can heal.

Maintaining quality of life is very important during a restriction on visitors and group activities. Keeping up morale and using distraction to reduce stress is equally important during a crisis as providing excellent physical care.

Staff needs to use as many tools as possible to keep residents actively engaged and encourage as much socialization as possible through alternative activities. The following is a list of suggestions that may be useful.

1. Initiate unit based competitions that require resident involvement. Some suggestions include activities that can be conducted in each unit hallway throughout the day by any staff member. Residents can remain in their rooms by the doorway and participate. Take the activity calendar and redo it to reflect provision of the same activities rotating to resident units rather than large groups in one room where social distancing is not realistic. Giving a paper ticket to the winners with a drawing weekly with a nice prize also is another incentive to participate. Staff often get involved and should be encouraged to do so since they need the mental stress relieve as well.
 - Memory Jeopardy or Wheel of Fortune
 - Hallway Bingo,
 - Hallway Sing Along,
 - Wandering Musician / Harpist
 - In room chair dancing,
 - Hallway current events,
 - Ethnic and holiday events can be celebrated by special meals
 - Religious support is also important during these times so consider setting up broadcasts of religious services and staff leading religious activities who are comfortable doing so.
 - Make copies of simple puzzle games or fill in the blank games that provide residents with the opportunity to create a funny story.
 - Providing pens and paper for residents to write notes to their loved one to mail and for writing down their favorite memories for family and creating memory books is a great activity.
 - Create My Cookbook is a website that is easy for a staff member to use who can collect favorite recipes from each resident and create a resident cookbook.
 - Identify individual resident interests and provide reading materials, or help with favorite radio or TV stations so residents can listen to their favorite music or TV shows.
 - Consider having residents do useful projects to help such as dictating brief notes to their friends in the facility to cheer them. Everyone likes to receive a message that someone cares and is thinking about them. To minimize cross contamination, residents can write their wish on a piece of paper or dictate to a staff member who can write and deliver.
 - Provide simple crafts that can be done in their rooms appropriate to their interest, ability and safety needs.
 - Provide access to a computer on wheel only touched by staff who can place it outside the doorway of resident rooms so they can facetime with family.
 - Provide written directions so residents with iPads and iPhones can facetime on their own.
 - Have staff write one or two word notes and include on resident meal trays to brighten their days.

COVID 19 ADDENDUM TO FACILITY OUTBREAK RESPONSE PLAN

The facility's Outbreak Response Plan will be adhered to as per policy the following is an addendum to this Outbreak Plan specific to the COVID 19 Outbreak of 2020 and to be in compliance with the NJDOH Executive Directive 20-013 on May 12, 2020

Individuals under this directive include all current residents and staff. Staff is defined as all direct and non-direct care workers in the LTC. This includes Administrative, Janitorial, and Kitchen staff. It also includes individuals who are full time, part time or per-diem and other personnel.

Facility Testing will be performed as follows;

- A review of all current in-house residents and staff will be performed to determine those who need updated testing. The current line lists and all test results will be used for reference in this determination.
- Any resident or staff that has previously tested positive shall NOT require a retest for 90 days post recent positive test unless required by the DOH.
- Water's Edge will perform the COVID 19 nasal-pharyngeal swab test. This test is a molecular based test approved by the U.S. Food and Drug Administration.
- **Round #1** - Any resident or staff who has not been tested or received negative results from a previous test will be tested. This will be completed prior to or by May 26, 2020.
- **Round #2** - After the above testings' are completed, test that have a negative result will require a second test that must be obtained within 3 to 7 days. Tests that have a positive result will be managed as follows:
- **Round #3** – further retesting will be in accordance with CDC guidance. The CDC web site will be referenced for current recommendations and the City Of Trenton DOH will be consulted and informed.
- On-Site testing at the facility will be done with the residents, unless the resident has a test performed at an authorized site within the time guidelines noted in this Directive. On-Site testing at the facility will be encouraged for all employees. If an employee chooses to be tested at another qualified laboratory, the employee must provide a copy of the test results from this laboratory no later than 72 hours after testing unless the results remain pending and a copy of the laboratory's pending results form must be provided within 72 hours.
- Water's Edge has contracted with MD Labs and Acuitis Labs to provide all testing kits.
- An in-service was provided for nurses on how to perform, store and process the test swabs. Testing will be completed by these nurses.
- The lab is notified for pick-up of secured test swabs (contact # 609-570-1000) . The MD lab will transport swabs to the laboratory testing site for diagnostic completion.
- Secured access to the laboratory web site for test review and procurement of test results has been established to meet security and HIPPA regulations.
- In the event of a shortage of testing or PPE supplies the Administration will contact the Office of Emergency Management and the City of Trenton's DOH for assistance and direction.
- **Addendum/ Nov 2020** – on site rapid testing can be performed at the facility using an FDA approved test. These tests will be conducted by a nurse educated on the test procedure. The results are read by the nurse and documentation of results will be completed. All positive results will be reported to the TDOH and NJDOH via line list and direct communication. Test demand/requirements are driven by the NJDOH and CMS regulations.

COVID 19 ADDENDUM TO FACILITY OUTBREAK RESPONSE PLAN

The facility's Outbreak Response Plan will be adhered to as per policy. The following is an addendum to this Outbreak Plan specific to the COVID 19 Outbreak of 2020 and to be in compliance with the NJDOH Executive Directive 20-026 on August 10, 2020. These additions and addendums take precedence over previous plans and protocols if there is conflict.

P&P on Virtual Visitation

P&P on Telemedicine

As per EO 20-026 the facility's communication to the resident's family/representative will be done by 5 pm the next calendar day following the 2 listed occurrences:

- ✓ Each time a single confirmed case of COVID 19 is identified
- ✓ Whenever 3 or more residents or staff have new onset of respiratory symptoms that occur within 72 hours of each other.

Nexus Connect (the facility contracted Communication Service) will send at minimum weekly blasts that update families and residents' representatives on COVID status in the facility.

The facility Social Media site will prominently display both the facility phone number and the urgent call hot line number for communication of urgent situations or complaints from a family representative.

The facility will meet all reporting regulations as required by the CDC, CMS and both local and state Departments of Health.

The following attestations will be sent to the DOH as outlined in this directive:

- Phased reopening attestation – this supports the facility has posted its outbreak response plan on it's website for public view. It also certifies the facility is not experiencing a staffing shortage, is not under a contingency staffing plan, the facility meets documentation requirements, communication requirements and testing requirements as outlined under directive 20-026.
- By October 10, 2020 the facility will submit to NJDOH an Infection Control attestation stating that we have contracted with an Infection Control Prevention employee.
- By August 10, 2021 the facility will submit an Infection Control attestation recognizing that a designated full time infection control employee is employed.
- By May 10, 2021 the facility shall submit a Respiratory Protection Program implementation attestation. This will signify compliance with OSHA respiratory protection standards for employees.
- By October 10, 2020 the facility will submit a PPE stockpile attestation signifying the facility has obtained a 2 month supply of PPE based off the CDC's PPE burn rate calculations.

N95s	Gowns	Surgical Masks	Gloves	Face shields
2620	8933	70333	98000	2040

- By October 10, 2020 the facility will submit a Data Report attestation signifying compliance with the NHSN LTC COVID 19 module meeting the twice per week data submission requirement.
- If at any time the facility needs to downgrade to a lower phase level due to an outbreak. The facility will collaborate with both the local and state DOH and will submit an attestation when the outbreak is resolved.



Policy and Procedure

Virtual Communication during COVID Outbreak

Purpose:

Water's Edge is committed to adhering to both CMS and NJ DOH directives as it relates to virtual communication with residents' families and representatives. In the event of visitation restrictions due to an outbreak of infectious disease or in the event of an emergency.

Procedure:

The facility under the direction of the Administrator and DON will initiate virtual communication using the following established processes:

- Nexus Connect- a contracted company that provides "blast" communications to all resident's families and representatives will send the communication r/t the facility's status. This communication includes: outbreak standing, impact on visitation, phone numbers and personnel at the facility for contact.
- Social Media – The facility's website and Social Media pages will provide updated facts on any new outbreak information along with appropriate steps to set up virtual communication with a resident.
- ***At all times the resident must want and agree with the virtual communication.***
- Families will contact the staff member whose duties are to coordinate Virtual Communication.
- Designated staff will perform and assist with the virtual communication. A calendar log providing the list, staff assigned and times of all virtual visits will be available to the staffing coordinator, nurse managers, social workers and Activities Director.

It is acknowledged that this Policy can be implemented for any outbreak, facility wide or unit location specific. Social and emotional isolation besides having an unhealthy clinical effect on a resident can be very detrimental to their happiness.

June 2021/ Nov 2020 /Nov 2021



Policy and Procedure

Tele-Medicine

Purpose:

Water's Edge is committed to adhering to both CMS and NJ DOH directives as it relates to telemedicine.

Telemedicine is the **use of electronic information and telecommunication technology** to get the health care you need while practicing social distancing. All you need is a phone or device with the internet to continue your medical care while protecting yourself and your healthcare provider from COVID-19. (CDC definition). The resident will be informed of the telemedicine visit and the process.

Why telemedicine now?

To decrease your contact with healthcare facilities, other patients, and healthcare staff in order to reduce the risk of COVID-19 and keep you healthy.

What are the benefits of telemedicine?

- Allows you to talk to your doctor live over the phone or video chat
- Allows you to send and receive messages from your doctor using chat messaging or email
- Allows for remote monitoring of patients
- Incidental benefits-
 - Save on travel time/ transportation costs
 - Reduced wait time for services
 - Reduced number of visits to clinic

When can you use telemedicine?

To contact your healthcare provider about the management of your health generally or about management of an existing health condition during the COVID-19 outbreak.

What types of care can you get using telemedicine? – General health care assessment and evaluation (i.e. wellness visits, blood pressure control, advice about certain non-emergency illnesses, like common rashes). Prescriptions for medication, Mental health assessment and counseling

The Virtual Communication Officer and/or the Clinical unit manager will coordinate all telemedicine appointments. HIPPA regulations will be adhered to. Documentation of the telemedicine visit will be completed in the EHR.

June 2020/Dec 2021



Policy and Procedure

Nursing Home Visitation *CMS Revision issued 11/12/2021*

Purpose

To establish a process to comply with the Federal mandate that addresses the new guidance for visitation in Nursing Homes during the COVID-19 Public Health Emergency, including the impact of COVID-19 vaccination. The rights of all residents to receive visitors as well as the rights of those residents that may be imposed upon will be addressed in this policy. All visits will occur in a manner that does not place any resident at increased risk. **Visitations for residents are not only viewed as a right but are recognized as needed to prevent the physical and emotional toll on our residents and their loved ones.**

Guidance to prevent COVID -19 infection under this revision (Core Principles)

Adherence to the 11.4.2021 CMS regulation requiring all nursing home employees to be vaccinated against COVID-19 as a requirement to participate in Medicare and Medicaid programs.

Visitors who have a positive test for COVID-19 in the past 14 days, have symptoms of COVID-19 or are currently in quarantine should NOT enter the facility. Visitor screening will continue to ensure safe operation and adherence to Infection Control principles.

Hand hygiene will be adhered to. Use of alcohol based hand rub is preferred

Face covering or masks and physical distancing at least six feet between people is encouraged.

Signage throughout the facility on:

COVID-19 precautions, the use of masks or face coverings, facility entrance and exit points and hand hygiene will be visible.

Facility Visitation Parameters (Outdoor and Indoor visits)

General visitation is encouraged to be done between 10:30 am and 6:30 pm.

Compassionate care visits do not have any time constraints.

2 visitors per resident is encourage. Groups larger than 2 cannot occur in a semi-private room. These visits (greater than 2) will occur in areas that can accommodate more than 2 visitors if available.

The facility is to avoid large gatherings, where large number of visitors are in the same space at the same time and physical distancing cannot be maintained.

Other Considerations (Outdoor and Indoor visits)

Visitation location depends on the ability to maintain social distancing when other residents are impacted by the visit, example – roommates and presence of other visitors in the room.

Visitor movement- visitor movement will be limited. Visitors cannot walk around the hallways, or go to other units or into other resident rooms. Visitors should go directly to the resident's room or visitation area.

Close physical contact/touch can occur when the resident is fully vaccinated and they choose to have close contact. Visitors should also physically distance from other residents and staff.

The facility reserves the right to modify this policy based upon community outbreak activity and the direction of the local health department while adhering to the regulations put forth in this mandate.

If any visitor refuses to adhere to the Core Principles of infection control their right to visit may be revoked.

Guidelines for our Resident's visitors

- ✓ ***Visitors continued to be screened for COVID upon entering the facility***

- ✓ ***A visitor that has tested + for COVID in the previous 14 days, has symptoms of COVID or are currently in quarantine are NOT permitted in the facility.***

- ✓ ***Hand hygiene is performed upon entry to the facility and after the visit. Hand sanitizer is preferred for hygiene.***

- ✓ ***A surgical mask or full face shield is required. Cloth masks are NOT permitted.***

- ✓ ***When in the facility your visit is limited to your loved one.***

- ✓ ***Refrain from walking in hallways or visiting other residents.***

- ✓ ***Social distancing MUST be maintained between other residents and staff.***

Posting at entrance and in elevators.