

Bayside Manor Outbreak Response Plan

Purpose:

The purpose of the Outbreak Plan is to protect our residents, staff, and visitors in the event of any disease or other type of outbreaks that may occur in the facility and or community in compliance with New Jersey law N.J.S.A.2H-12.87.

Plan

The outbreak plan includes general components applicable to most outbreak situations. These components have been incorporated into our infection control and emergency preparedness programs. This outbreak plan is a generic and will be modified as appropriate to reflect specific actions if an outbreak occurs. Each component of the plan is described below.

1. Prevention, Assessment, and Mitigation of Infectious Diseases

- An annual risk assessment is conducted as part of the infection control program to identify, track, trend, and implement prevention techniques to prevent and mitigate disease outbreaks. The Infection Control Preventionist conducts ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcomes and that may require transmission-based precautions and other preventative interventions.
- If an infectious disease outbreak occurs the facility has disease specific interventions that are implemented to mitigate the outbreak and prevent the spread. If the disease is a novel organism the Infection Control Preventionist works closely with the NJDOH, CDC, and CMS regarding actions to be taken. In all cases the facility maintains a list of key contacts at the local, county, and state health departments and monitors CDC, CMS, and NJDOH guidance.
- An all hazards assessment is completed and reviewed annually as part of the facility emergency management plan that identifies known emerging pathogens and the level of risk for a potential outbreak at the facility. The emergency plan also includes procedures for addressing specific pathogens and mitigating the spread of disease as required by state and federal regulations.

2. Resident Care

- The facility routinely monitors Residents for disease specific symptoms and follows existing protocols should any symptoms be identified that might be indicative of outbreak. Ongoing and intensified assessment of all residents will be done to evaluate potential for spread. Nursing assessment guidance will be established by the nurse leaders, infection control preventionist, medical director and consultant nurse practitioner. All outbreaks will be properly reported in conformance with regulations to appropriate agencies and a list of those affected submitted as required.
- Residents will be educated about symptoms to immediately report to a nurse during an outbreak. Nursing staff will assess residents for signs and symptoms as appropriate should an outbreak occur. Facility staff will receive disease specific education and procedures to follow in the event of an outbreak to protect residents and themselves from exposure.
- Telehealth evaluation of residents will be considered to aid in rapid assessment while minimizing the risk of facility and community spread. Staff will explain and provide reassurance and answer residents' questions related to the disease and the use of telehealth. Care plans will be updated to reflect the current needs of each affected resident during the

¹ Cohort groups may be added based on the organism per CDC and regulatory guidance.

outbreak period and interventions implemented and reviewed with the resident to ensure they are person centered.

3. Transmission Based Precautions Protocol

- Transmission based precautions are followed based on the mode of transmission of an infectious organism. Staff receive education about standard, contact, droplet, and airborne precautions on hire and annually. The type of precautions used are specific to each disease.
- The facility maintains a list of common infectious diseases and the required precautions required to prevent spread. The type of precautions may also affect visitation, equipment use, isolation requirements, and visitation, and will be communicated to residents, staff and family through a variety of alerts including signage on facility entrance doors, unit entrance doors and resident rooms as required by CDC and federal and state regulations.

4. Cohort Protocol

Cohorting is the practice of grouping residents by actual infection with or exposure to an infectious agent. Those who are infected with the same organism will be confined to a designated area; those exposed but not symptomatic or diagnosed will be restricted to a designated area until assessed or tested as appropriate, and those not ill who have not been exposed will be grouped separately to prevent exposure or illness. The cohort plan will be implemented when required using three basic groupings¹:

Cohort 1- Strict in-room isolation. Resident is confirmed affected and has active symptoms

Cohort 2 – Isolation - Resident is not ill but has potentially been exposed

Cohort 3 – Unaffected residents. Resident is not ill and not exposed

Cohort 4 – New Admissions/Readmissions

Staff are also assigned to a cohort group during an outbreak when required to prevent the spread of infection. Equipment will not be shared between cohort groups and will be disinfected between resident uses within each cohort.

5. Communication Protocol

- Group notification of resident's, families, visitors, vendors, volunteers, physicians, and staff in the event of an outbreak of a contagious disease is conducted immediately. Notification includes provision of information regarding the type of outbreak, restrictions on visitation, educational materials, specific resident impacts, actions implemented to mitigate the spread of disease, and changes in routine daily care and services delivery.
- Group notification and outbreak updates and guidance will be posted on the facility web site based on the disease specific requirements and guidance from NJDOH and CDC. The Social Service and Activity departments will coordinate telephone, email, facetime, and skype visits during outbreaks as appropriate if visitation is restricted.
- Individual notification of residents, families, and physicians is also completed when a resident is diagnosed with or has been exposed to the organism. Residents and staff will be notified of an outbreak, the extent of the outbreak within the facility, actions implemented to mitigate the outbreak, notification of any restrictions such as visitation, or communal dining or activities. Education will be provided in easy to understand language regarding the disease, required personal protective equipment, and alternatives to restrictions.
- Residents, families, significant others, and staff will be informed of the impact of the outbreak on "everyday life" at the facility, e.g. visiting hours, meals, recreation programs, and limited access to the facility or a designated area in the facility. Visitation information will be provided based on the type of outbreak and guidance from NJDOH and CDC as appropriate.
- Phone tree notification may be established by the Administrator to inform all residents' primary contacts. Written notification mailings will be considered. Email notifications will be done if email addresses are available. Notifications and updates will be posted on Social Media, particularly the

facility's website. Notifications will be posted at the facility entrance as required and on entry doors to affected units and as appropriate Resident rooms. Resident rights and privacy will always be maintained, and notifications will be in aggregate only.

6. Housekeeping & Laundry Protocols

- Disease specific cleaning and disinfecting protocols are in place to ensure facility cleanliness and mitigation of spread of infectious organisms. The facility maintains a supply of cleaning products approved by EPA for cleaning and disinfecting. Additional products can be purchased through vendor contracts in an outbreak that may require a special product.
- Housekeeping staff follow written protocols for general cleaning and disease specific protocols are implemented as appropriate that may require increasing cleaning passes, cleaning of high touch surfaces, and use of cleaning products when needed that are disease specific.
- Housekeeping staff will properly dispose of trash per CDC guidance in the event of an outbreak.
- Laundry will be processed based on the specific disease organisms in the event of an outbreak following CDC and NJDOH guidance. During an outbreak it may be necessary to restrict family laundering of resident clothing to prevent community spread.

7. Dietary Protocol

- Meals will be served on disposable paper goods and utensils to mitigate the possibility of cross contamination from resident care units and the kitchen.
- Dietary staff are not permitted on any resident care unit affected by the outbreak
- Staff from other areas of the facility will not be permitted to enter the kitchen
- All vendor deliveries will be placed outside on the loading dock and dietary staff will bring the deliveries into the facility and properly store.

8. Staffing Protocol

- Staffing protocols address employee work restrictions and provide alternative plans to staff the facility if shortages occur. The use of personal protective equipment by staff and residents if appropriate will be implemented in an outbreak to minimize the spread of infection between employees and residents.
- Staffing schedules may be temporarily changed to ensure resident care needs are met.
- Assigned tasks may be identified/prioritized by department directors that can temporarily be modified during an outbreak should a staffing shortage occur. Administration will make every effort to have routine employee unit assignments whenever possible during an outbreak.
- Contracts are in place to utilize outside agency assistance if needed. When allowed the facility can also hire temporary staff from out of state when allowed by the NJDOH and appropriate NJ licensure boards.

9. Employee Screening Protocol

- All employees will be screened for signs or symptoms in the event of an outbreak when they report to work. Employees are required to notify their supervisor or director if they develop symptoms before reporting to work. Employees are also 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 and sent home. This may include provision of PPE and testing Information.
- Employees will be tested if required by CDC, CMS, or NJDOH directive. Results will be reported as required.
- 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 by CDC and

are disease specific. The Administrator and DON will enforce these guidelines.

10. 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.

11. Laboratory and Radiology Testing Protocols

- When infection or colonization with epidemiologically important organisms is suspected, cultures may be sent, if appropriate, to a contracted laboratory for identification or confirmation. Cultures will be further screened for sensitivity to antimicrobial medications to help determine treatment measures.
- Radiological testing may also be required that may include onsite x-rays. All findings will be discussed with the attending physician and reported as required to local, county and state public health agencies.
- Disease specific testing protocols are implemented to quickly identify all affected individuals, initiate infection control actions, and implement treatments. Lab and radiology testing are disease specific and these decisions are guided by CDC and NJDOH directives
- Designated legally responsible parties will be notified of individual testing results and findings documented in each individual resident's medical record.

12. Public Health Reporting Protocol

- All infectious disease outbreaks are reported to public health officials in accordance with applicable laws and regulations. Public health officials also provide the facility with directives and guidance during an outbreak and provide support, guidance, access to testing and specific PPE if needed.
- Facility administration monitors updates from regulatory agencies including CDC, NJDOH and CMS. Communication with public health agencies is conducted as required and includes reporting outbreak statistics and a daily line list of affected individuals. The Administrator, Director of Nursing, Infection Preventionist and department directors will meet daily and review all directives to ensure implementation as required.
- Bayside Manor abides by all laws and regulations. Outbreak concerns are immediately reported to the local, county and state health department, as required, the Ombudsman (if applicable) and any other government agencies that may be required based on the outbreak.

13. Resident Quality of Life Protocol

- Bayside Manor recognizes the importance of socialization and meaningful activity for our residents. To prevent loneliness, the use of humor, engagement in activities of choice, and mental activity provided with a large dose of kindness is also healing. Maintaining quality of life is especially important during a period when visitation and group activities are restricted. Keeping up morale and using distraction to reduce stress is equally important during a crisis as providing excellent physical care.
- Alternate visitation protocols will be implemented consistent with the type of outbreak and public health guidance. Whenever possible virtual visits and phone calls will be used to encourage family and friends to maintain contact with residents. Activity programs will be tailored to restrictions required to contain the spread of infection. Meals may be required to

be served in resident rooms instead of in a communal dining area.

14. Supply Inventory Protocol

- Supply par levels are maintained and reviewed by the Administrator, Director of Nursing, and Infection Control Preventionist in the event of an outbreak. PPE supplies, food, cleaning products, disposable resident care products, and equipment needs are monitored weekly and replaced based on established levels.
- In the event of a communicable disease supply inventory needs may be increased and will be purchased from our established vendors. If any supply needs cannot be met/purchased through our established vendors, then administration will inform the corporate staff and will contact the local and NJ State Department of Health for guidance.

15. Signage Protocol

- Signs are posted at all entrance doors regarding visiting changes, safety, handwashing, and germ prevention. Signs specific to any outbreak will also be posted on all entrance doors with directions for visitors. Signs will be placed on all resident doors if a unit is 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 care and end of life visits may be permitted during outbreaks in compliance with CDC and NJ Department of Health guidance.
- Visitors will be escorted to their loved one, provided with needed PPE and instructed in use, and proper isolation requirements will be maintained.

Lessons Learned from COVID19

The following changes have been made to facility infection control protocols and operations due to the COVID19 pandemic:

- Bayside instituted a respiratory protection program in compliance with revised OSHA regulations. This program includes fit testing staff for the use of N95 respirator masks.
- Bayside revised staff, resident, and family educational materials to reflect new guidance from CDC regarding donning and doffing and disposal of PPE. All employees have received education and materials have been included in the facility infection control program and orientation packets.
- Bayside calculates the use and burn rate of PPE daily and statistics are reported as required on the NJHA portal.
- Bayside has re-evaluated and obtained an emergency stockpile of PPE in the event adequate supplies cannot be purchased.
- Bayside reports COVID19 outbreak and testing statistics as required on the NJHA portal as required.
- Bayside re-evaluated all cleaning and disinfecting products and protocols and made appropriate changes to address COVID19.
- Bayside modified communication protocols and has contracts with vendors to ensure open and accessible communication within and outside the facility during a period of visitation restrictions.
- Bayside staff re-imagined resident activities and delivery of meals to ensure safety and minimize the risk of infection while maintaining safe social interactions.
- Bayside implemented a facility-wide cohort plan that required creation of cohort specific units to contain the spread of infection.
- Bayside contracted with an Infection Preventionist consultant to assist the facility to review the infection control program and assist with outbreak prevention and management

*More detailed information and procedures are available at the facility or by request.