

The Heritage Assisted Living OUTBREAK RESPONSE PLAN Revised 11/22/22

As required by N.J.S.A. 26:2H-12:87 the facility has developed an outbreak response plan, which has been customized to the facility, based upon national standards and developed in consultation with the facility's infection control committee.

Policy Statement: Outbreaks of Communicable diseases within the facility will be promptly identified and responded appropriately to decrease the risk of transmission to residents, visitors and staff which has a potential to pose a significant public health threat and danger of infection to the residents, resident representatives, and staff of the facility.

DESIGNATED OUTBREAK RESPONSE TEAM

The purpose of the response team is to quickly identify the outbreak, initiate mitigation procedures to prevent the spread in accordance with this plan and associated policies and procedures, identify potential gaps, request any additional support necessary and facilitate accurate and timely communication to staff, residents, families, and health departments.

Executive Director (CALA, or LNHA) Team Lead	Wellness Director	Infection Preventionist
Food Service Director	Respiratory Protection Program administrator	Maintenance Director
Marketing Director	Resident Programs Director	

MONITORING OF RESIDENTS AND STAFF FOR POTENTIAL COMMUNICABLE DISEASES
STAFF MONITORING

- A. Staff will be screened for signs & symptoms of illness upon reporting to work.
- B. Screening includes temperature checks
- C. The screening will be conducted using the facility screening kiosk
- D. Any staff with signs of a communicable disease will be excluded from work in accordance with communicable disease policy.

Resident MONITORING

- A. Residents are monitored at least daily for signs of illness or change of condition
- B. Residents with signs or symptoms of illness will be isolated from other residents in accordance with the facility communicable disease policy.
- C. During an outbreak, resident monitoring may involve routine daily vital signs (depending on the infectious agent and department of health recommendations).

NOTIFICATION AND ONGOING COMMUNICATION

- A. Upon identification of a potential or actual outbreak, the local health department shall be notified via phone.
- B. A sign indicating the facility's outbreak status will be prominently displayed near the front entry way to notify all visitors if in outbreak status.

- C. For respiratory or GI outbreaks (flu, norovirus, covid-19) Additional notification can also be added to the sign-in kiosk for the visitor to acknowledge the risk of visitation.
- D. The facility's outbreak status and resident's infectious status should be disclosed to a transferring facility (i.e., hospital, SNF etc.) on the Universal transfer form.
- E. The facility's outbreak status and resident's infectious status should be disclosed to the resident's dialysis center, wound care center or any outside care provider.
- F. Staff will be notified of the outbreak status, educated on the infectious agent, signs and symptoms, reporting, their responsibilities in the facility's mitigation plan.

SCREENING VISITORS FOR ILLNESS

- A. The facility shall actively screen all persons entering the building (except EMS personnel) for signs and symptoms of possible illness
- B. The screening will take place in the designated screening area that accommodates social distancing and infection control standards.
- C. Visitor entrances will be limited to the front entryway with immediate access to the Screening Kiosk
- D. All Visitors (including outside health care providers, consultants, and contractors) and staff are required to check-in at the front desk kiosk to receive the following screening:
 - a. Temperature checks including subjective and/or objective fever equal to or greater than 100.4 F
 - b. Completion of a screening questionnaire about symptoms and potential exposure which shall include symptoms associated with respiratory and gastrointestinal infections.
- E. The Kiosk will send a notification to the Executive Director and Business office if the visitors body temperature or screening question responses are outside the parameters.
- F. Screening questions may be changed based on the infectious agent causing the outbreak.

ISOLATION AND COHORTING

Protocol for isolating and cohorting infected and at-risk residents in the event of an outbreak of a contagious disease until the cessation of the outbreak.

- A. Restriction of Movement
 - a. Residents with signs or symptoms of infections will be isolated in accordance with the isolation time for the infectious agent.
 - b. A sign will be posted on the resident's door based on the type of precautions (i.e., contact, droplet etc.)
 - c. Stoppage of communal meals and or group activities will be based on the infectious agent, mode of transmission and number and location of infected residents and staff.
 - i. To prevent unnecessary exposure, dining services staff should not deliver room service meals to residents under transmission-based precautions. The meals should be prepared by the dining services team but delivered by the direct care staff.
- B. Cohort teams
 - a. If the resident has their own apartment and many apartments are equipped with resident specific adaptive equipment to maintain safety and independence, infected

residents, or residents under the suspicion for the infection shall be isolated or quarantined in their own apartment when possible.

- b. The facility will create staff cohort teams based on resident's infectious status.

Cohort A	Well Residents without symptoms or close contact with an infected individual
Cohort B	Residents who had close contact with an infected person
Cohort C	Residents who have symptoms or test positive with or without symptoms

In cases of emergency staffing patterns and cohorts are unable to be maintained, staff will care for residents in the following order.

1. well residents then
2. close contact residents,
3. then ill residents

SHARED UNITS

- A. In the event that a resident who resides in a shared unit becomes ill with an Infectious disease, the well resident may be moved to another unit (if available).
- B. If the resident is unable to be moved, interventions (based on the infectious agent) to reduce the risk of transmission will be implemented. Interventions based on the infectious agent and resident risk may include
 - a. A room separator
 - b. Separate bed side commode and or shower area
 - c. Portable air filter/ purifier
 - d. Residents on droplet or respiratory precautions should not have a nebulizer treatment in an apartment with a roommate.

Memory Care

- A. Use person-centered approaches to keep residents from wandering and interacting with other residents
- B. Increase cleaning and disinfection of unit and apartments
- C. Move furniture in the unit to promote distancing
- D. Stagger mealtimes if necessary for residents who require supervision or assistance with dining
- E. Use disposable activities supplies
- F. Assist residents with frequent hand hygiene
- G. Designated memory care staff when feasible
- H. Discuss possible need for one-on-one care for high-risk residents who cannot be quarantined.
- I. During a respiratory outbreak, avoid programs which can produce droplets such as singing.

CURTAILMENT OF VISITATIONS

If the outbreak is substantial, or at the direction of the department of health, the facility may need to restrict some or all resident visitations. In the event of a curtailment, the facility should:

- A. Prominently display facility's website and or social media platforms to include communication to resident representatives and the public; and provide a phone number or method of communications for urgent calls or complaints.
- B. Designated staff will be assigned as a primary contact to families for inbound calls and will conduct a regular call at least weekly to keep families up to date, this may include virtual visitation, conference calls, e-mails, phone calls and etc. Create and maintain an email list serve.
 - a. Facility will provide alternative methods of communication to include phone, video communication, Facetime and etc., with residents and families and resident representatives. The
 - b. facility designated person will serve as a "visual coordinator" to arrange, coordinate time schedules with residents and families
 - c. The facility will provide a cumulative update for residents and resident representatives and families at least once weekly through letters or email listserv communications during a curtailed visitation period. The updates will include information about any infectious disease outbreaks as required by NJDOH, information on mitigating actions implemented by the facility to prevent or reduce the risk of transmission, to include if facility normal operations will be altered.
 - d. Administrator or facility designated staff will issue weekly outbreak response newsletters. Families will be encouraged to submit Questions, concerns and or suggestions via E-mail.
 - e. The administrator and or facility designated staff will update website, at a minimum on a weekly basis, to share the status of the facility and information that helps families to know what is happening in the facility's environment such as food menus, schedule activities and etc.

ACTIVE SURVEILLANCE

- A. Residents and staff will be observed for signs and symptoms of the infectious disease.
- B. The appropriate NJ DOH line list will be maintained in accordance with the infectious agent and line list instructions.
- C. The line list should be sent to the DOH in accordance with instructions.

TESTING

- A. The facility has a contract with SMA Medical Inc. which has the capability to conduct specimen analysis.
- B. Facility staff should collect the specimen (stool, urine, sputum, swab etc.) in accordance with protocols and send to the lab.
- C. The facility has on-line portal access to review the results.
- D. The facility has a CLIA waiver which will allow the facility to conduct limited point of care testing for diseases such as Influenzas or covid-19.
- E. If a food borne outbreak is suspected, the facility should work with the local health department to assist with environmental cultures.

SUPPLY MANAGEMENT

- A. Supply par levels and surge capacity emergency stockpile of PPE are maintained and reviewed by the Executive Director and reported as required.
- B. 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.
- C. In the event of a communicable disease supply inventory needs may be increased and will be purchased from our established vendors.
- D. If any supply needs cannot be met/purchased through our established vendors, then administration will inform the local and NJ State Department of Health for guidance. Administration will also reach out to other health care providers for possible assistance.
- E. In an event of national PPE shortage, the facility will follow the extended use policy which is in accordance with CDC guidance.

MAINTAINING ADEQUATE STAFFING

Strategy for securing more staff in the event of an outbreak of infectious disease among staff or another emergent or non-emergent situation affecting staffing levels at the facility during an outbreak of an infectious disease.

- A. Review and assess if staff work consistently as cohorts for their shift. Advise if up-staffing to allow for cohort workforces would effectively mitigate the risk
- B. Identify potential contractors who can aide in providing necessary staff need, timeline and duration strategy to be implemented.
- C. When a staff shortage is anticipated the facility will use contingency staffing strategies to plan and prepare for mitigating this problem:
- D. Determine the current staffing needs to provide a safe work environment and safe resident care based on:
 - a. The number of residents residing in the community and;
 - b. The care needs of those residents
- E. Contingency capacity strategies will include:
 - a. Adjusting staff schedules
 - b. Hiring additional staff
 - c. Offer referral bonuses for existing staff to refer candidates
 - d. Offer signing bonuses
 - e. Utilize "hazard pay" rates
 - f. Utilizing Agency staff (utilizing agency staffing does not necessarily indicate that a contingency capacity strategy has been initiated)
 - g. The Facility has Staffing Agency contracts with the following:
 - i. Intelycare Nursing Agency
 - h. Cancel all non-essential activities and visits to shift staff who work in these areas to support resident care with appropriate orientation and training
 - i. Training managers to provide resident care
 - j. As appropriate, request that employees postpone elective time off from work. Consideration will be given to the mental health benefits of time off during an outbreak

- F. Communicate with local public health partners to identify possible staffing resources a. Atlantic County Health Department 609-645-7700. Undertake Crisis Capacity Strategies to Mitigate Staffing Shortages a. Per CDC and NJDOH guidance

TRAINING

STAFF TRAINING

- A. Staff will receive competency-based training upon hire and least annually on
 - a. The use of personal protection equipment, including when to use and proper donning and doffing of the PPE
 - b. Core principles of infection control including the chain of infection, hand hygiene, respiratory etiquette, cleaning and disinfection techniques, standard precautions and transmission-based precautions.
 - c. Bloodborne pathogens
 - d. Diseases such as Covid-19 and Tuberculosis
 - e. Food safety
 - f. Reporting of illness
 - g. Protocols for identification of residents with communicable diseases and education of residents regarding prevention and spread of communicable diseases
- B. During an outbreak
 - a. Staff will receive training on the infectious agent including transmission, prevention of transmission and signs and symptoms.
 - b. Reinforce standard precautions training including hand hygiene and PPE
 - c. The facility's mitigation plan to prevent the spread of the infectious agent.

RESIDENT TRAINING

- A. Residents will receive information on the infectious agent/ illness and disease process. The information will be in an easy to read and understand format.
- B. Residents will be trained on hand hygiene, respiratory etiquette and how to prevent and spread the disease
- C. Residents will be updated on the facility's mitigation efforts.

Environmental Services:

During a contagious infectious outbreak, the facility will safeguard the cleanliness of the environment, to reduce the potential of spread of infectious pathogens. The facility is ensuring that the cleaning processes follow established policy, CDC, Department of Health, and EPA recommendations.

- A. All disinfection solutions used are of the appropriate and registered by Environmental Protection Agency (EPA) based on the infectious agent. (Refer to the cleaning and disinfection policy and the EPA list for the agent)
- B. Cleaning supplies and equipment shall be appropriately cleaned, disinfected and stored to protect against the spread of pathogens.
- C. All personnel are responsible for promptly reporting potentially infectious conditions.
- D. The wellness department will notify the housekeeping department when the possibility of the spread of infectious organism exists (Resident testing positive for

COVID-19, c-diff, etc.).

- E. Increase the frequency of cleaning and disinfection of high touch areas.
- F. Cleaning and disinfection consist of a thorough cleaning and disinfection with special emphasis on those items handled directly by the resident, furnishings, faucets handle, commodes, doorknobs, etc. high touch areas.
 - a. Washing of walls were frequently touched areas.
 - b. Floor clean specific to covering; example, carpet, wood, tile, ceramic, etc. Non-disposable, re-usable residents care items should be designated to a cohort when possible cleaned and appropriately disinfected before reusing.
- G. The apartments of a resident with a highly contagious disease such as Covid-19, should be cleaned and disinfected by the care staff member assigned to the cohort. Housekeeping team members should not enter these apartments to prevent unnecessary exposure.
- H. All residents' laundry will be washed and dried separately; returned to their rooms using proper infection control standards.
- I. The housekeeping team will ensure that hand hygiene stations containing alcohol-based hand rubs, soap and paper towel dispensers located throughout the community are replenished.
- J. All water Fountains are shut off, will remain inoperable during the outbreak period.

Resident Quality of Life & Visitation Protocols

- A. Our facility recognizes the importance of socialization and meaningful activity for our residents. 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.
- B. Alternate visitation protocols will be implemented consistent with the type of outbreak and public health guidance.
- C. Whenever possible virtual visits and phone calls will be used to encourage family and friends to maintain contact with residents.
- D. Activity programs will be tailored to restrictions required to contain the spread of infection.
- E. Meals may be required to be served in resident rooms instead of in a communal dining area.
- F. Outdoor visits of family members and loved ones are very much encouraged and are an essential component to our residents'/patients' emotional and physical wellbeing.
- G. All outdoor family visitations are conducted in accordance with the CDC's and NJDOH's health and safety precautions guidelines for outdoor visitations.
- H. Indoor visitation will be available for End-of-Life, Compassionate Care, and Essential Caregivers in accordance with facility policy.

This plan is reviewed at least annually and updated as needed.

A copy of this plan is sent to the NJDOH and will be published on the facility website.

A copy of the plan will also be provided to the residents/ Responsible parties of new move ins (admission)and provide notice to residents and their families any time the facility makes material changes to its plan.

OUTBREAK RESPONSE TEAM DESIGNATION of DUTIES DURING AN OUTBREAK

EXECUTIVE DIRECTOR (team Lead)

- Notify the local Department of Health, Director of Nursing and infection preventionist when an outbreak is identified or suspected.
- host daily update meetings during stand up
- ensure the outbreak plan is consistently implemented
- Keep up to date with area transmission rates.
- Ensure Contact tracing is performed and investigate the outbreak
- Ensure that facility operations continue.
- Maintain and submit the line list
- perform contact tracing to quarantine close contacts

WELLNESS DIRECTOR/Designee

- Ensure resident care is followed in accordance with establish guidelines for the infectious disease
- Ensure the physician and family are notified of the resident's status and plan of care
- Ensure staff is monitoring each resident for signs and symptoms of the condition
- ensure that the facility outbreak status is communicated to EMT's or other transport employees and other facilities during resident transfer
- Collaborate with the infection preventionist and AL administrator
- Arrange for alternatives to on-site physician visits such as telehealth visits as needed.
- Tracking resident's vaccinations
- Ensure that staff are following the cohort plan
- Identify education opportunities
- Facilitate communication between departments
- ensure isolation signs and carts are used properly
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INFECTION PREVENTIONIST

- Become the subject matter expert for the infectious agent including routes of transmission, isolation protocols and individuals considered high risk.
- Provide a variety of training materials for the infectious agent based on the audience (department managers, line staff, ancillary staff, families, and residents)
- monitoring the implementation of infection prevention and control policies and recommending disciplinary measures for staff who routinely violate those policies.
- Perform direct observations and audits to ensure that infection control processes are followed.
- Provide scheduled or on the spot staff training.
- Keep abreast of CDC, DOH, OSHA, FDA, EPA etc. changes to recommendations.
- Make recommendations to the Outbreak team
- Assist with the investigation

OUTBREAK RESPONSE TEAM DESIGNATION OF DUTIES CONTINUED:

RESPIRATORY PROTECTION PROGRAM ADMINISTRATOR (if respiratory outbreak)
<ul style="list-style-type: none"> • Keep RPP program up to date including annual fit testing • Increase the number of staff who are on the program • Observe staff on the RPP program to ensure that respirators are used appropriately. • Provide additional respirator training.
MAINTENANCE DIRECTOR
<ul style="list-style-type: none"> • Ensure facility is properly ventilated • Ensure that filters are changed as required • Assist with room changes as required • Only maintenance staff on the RPP program should enter a resident's apartment who is on Respiratory isolation • Ensure his or her staff is kept up to date with the emergency plan • Collaborate with the infection preventionist to procure the appropriate hospital grade disinfected approved to combat the infectious agent • Ensure staff is trained on the use of the chemical and appropriate PPE • Ensure the housekeeping staff performs approved cleaning and disinfection techniques to reduce the spread of infectious agents • Conduct staff cleaning observations.
FOOD SERVICE DIRECTOR
<ul style="list-style-type: none"> • Ensure staff is aware of the outbreak strategies which affect the department and staff members. • Ensure staff are aware of which apartments they should not enter. • If Foodborne outbreak is suspected, follow the appropriate policy and DOH guidance.
MZRKETING DIRECTOR
<ul style="list-style-type: none"> • Assist with family communication of outbreak • Maintain up to date apartment vacancies lists • Abide by move in restrictions as indicated
RESIDENT PROGRAMS and MEMORY CARE DIRECTOR
<ul style="list-style-type: none"> • Use disposable activities supplies • Clean and disinfect activities areas • Provide engagement activities to residents who are isolated or quarantined (do not enter the apt. • Assist with resident and family communication of outbreak status • Track Employee Vaccinations • Track Employee illnesses • Provide staff with work restriction and return to work instructions based on infectious agent

In the absence of a team member (s), the Executive Director will reassign tasks