

Masonic Charity Foundation of NJ	Policy	Number KC 50
Title Outbreak Response Procedure		Procedure Effective Date: 11/1/2019
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<u>Procedure Review Date:</u> 10/15/20; 4/21/21; 5/15/22; 8/10/22; 3/31/23; 5/16/23		

I. OUT BREAK RESPONSE PROCEDURE

1. The Masonic Village at Burlington, (MVB), does not care for ventilator-dependent residents at this time. If that changes, this policy would be updated to address the needs of those residents.
2. The protocol for isolating and cohorting infected and at-risk residents in the event of a contagious disease will be followed according to MVB's Isolation Procedures.
3. In the event of an outbreak the Executive Director or designee will compose a letter for staff, residents, families and visitors. This will be distributed by in-house mail or e-mail to residents and staff. The Executive Director or designee will provide notification to families via email, letter or telephone. The physician or nurse practitioner will notify the resident and resident representative of confirmed or suspected communicable disease diagnosis. The clinical manager of the affected area will notify responsible parties for each resident and document notification in the electronic record.
 - a. Disease specific information will be distributed to all parties by the Infection Preventionist. This includes, but is not limited to, availability of laboratory testing, protocols for assessing illness in visitors, protocols for staff that is affected by illness, and coordinating outbreak response measures with the local Department of Health and the State epidemiologist.
 - b. Staff members that are ill are required to remain home until symptom free based on protocols for specific communicable disease.
4. Masonic Village at Burlington participates in Influenza-Like Illness reporting weekly in Communicable Disease Reporting and Surveillance System, (CDRSS), to quickly identify signs of respiratory and gastrointestinal communicable diseases that could develop into an outbreak. In addition, clinical managers, nursing personnel, human resources, department managers and the staff scheduler notify the Infection Preventionist of any knowledge of team member communicable diseases that could potentially cause an outbreak.
5. It is the policy of MVB that outbreak measures will be instituted whenever there is an incidence of infections above what would normally be expected considering seasonal variations. If a cluster or outbreak is suspected (an incidence of infections above what would normally be expected considering seasonal variations), the Infection Preventionist will collect data on the appropriate line listing. The following will occur:
 - a. Notify the Administrator of the suspected outbreak.
 - b. Immediately isolate and cohort affected residents and/or staff.
 - c. Notify the Medical Director for guidance.

- d. Contact the local Board of Health for agent assignment and Event number.
 - e. Initiate Line Listing for all residents/team members.
 - f. Implement strategies depending on the type of communicable disease suspected.
6. Altering Normal Operations: MVB may need to alter the normal operations of the community during an outbreak. This may include visitor restrictions; stoppage of communal dining and group activities; closure of salons and wellness center; limiting movement of residents in the community; closing dining venues for in-person dining; resident or unit isolation. EMS personnel will not be restricted from entry during an outbreak.
- a. Alternate Methods for visitation – MVB will offer alternate methods of communication for people that would otherwise visit during restrictions. This will include telephone and virtual communication, (facetime). A listserv has been created to facilitate routine communication to families. Updates will be posted at least weekly on the MVB website. Neighborhood nurse managers and the Wellness Nurse will serve as the primary contacts to families for incoming and outgoing communication. Team members will assist with messaging by helping residents send letters, cards, emails or text messages to families and assisting with video chat communications.
 - b. As restrictions relax, methods for outdoor and indoor visitation will be offered.
7. The Infection Preventionist (IP) will conduct an outbreak investigation. In the absence of the IP, the Director of Nursing or Assistant Director of Nursing will conduct the investigation. Appropriate notification will be completed within MVB to the Medical Director, Administrator, all departments, attending physicians, family members, and to the appropriate state and local agencies.
8. PPE: MVB has and will maintain a two-month supply of PPE in preparation for outbreak situations.
9. Staffing:
- a. During emergency situations volunteers may be utilized when acquisition of officially approved and credentialed volunteers are provided during emergencies and disasters by official organizations and agencies including the following:
 - 1. Public Health Services (PHS) staff
 - 2. National Disaster Medical System (NDMS) medical teams
 - 3. Department of Defense (DOD) Nurse Corps
 - 4. Medical Reserve Corps (MRC)
 - 5. Disaster Healthcare Volunteer (DHV)
 - 6. Personnel identified in federally designated Health Professional Shortage Areas (HPSA)
 - b. Masonic Village shall coordinate access to volunteer resources on an as-needed basis in times of emergency or disaster through their established relationships and communication channels with county healthcare coalitions and state-based volunteer registries including Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP).

- c. In a highly emergent situation where the use of volunteers may be needed for non-patient care related tasks (sentry duty, clean-up and other supportive duties), Masonic Village shall only utilize volunteers that are known parties to the facility or organization. A record citing contact information (name, address and phone number) for all volunteers utilized shall be maintained.
 - d. Masonic Village shall utilize their existing communications plans and updated staff contact lists to communicate with off-duty staff during emergencies and disasters where additional personnel are needed or alternate staffing patterns need to be established to manage emergency operations.
 - e. Non-Clinical departments will help assume some of the workload for the community focusing on supportive duties.
 - f. Nursing Managers, Nursing Supervisors and MDS personnel will help by assuming clinical position roles.
 - g. If sufficient staff is not available from our workforce, the facility's Incident Commander shall coordinate with other LCS communities to attempt to obtain additional employees to assist during emergencies and disasters.
 - h. Masonic Village will reach out to temporary/staffing agencies to fill available positions.
10. Outbreak monitoring and reporting will continue until resolution. At that time narrative reports will be completed and forwarded to appropriate state and local agencies. The IP will have the authority to implement control measures as appropriate, in coordination with the facility administration and medical staff as well as state and local agencies. For example, these control measures may include resident isolation or unit isolation measures for the entire facility and the use of personal protective equipment.
11. An interdisciplinary evaluation for the outbreak will be completed and recommendations for preventative measures will be presented at the next quarterly Quality Assurance and Quality Improvement, (QAPI) and Infection Control meetings.

II. Outbreak Response Specific to COVID-19

Masonic Village at Burlington continuously reviews our operations and performance to ensure that services provided will be of the highest quality and consistent with all current standards and licensing, regulatory, and/or accrediting agency requirements. In reviewing our response to the initial COVID-19 pandemic, we recognize the importance of the following in successfully responding to outbreaks.

Lessons Learned include:

1. Executing our Emergency Operations Plan
2. Frequent contact with local and state departments of health
3. Frequent contact with NJHA and LeadingAge NJ/DE
4. Daily review of clinical operations
5. Ongoing education, training and competency in COVID-19 and Infection Control

6. Value of strong vendor relationships for sourcing and managing PPE
7. Sourcing of washable isolation gowns
8. Ongoing communication to residents, families and team members
9. Have multiple lab connections to facilitate testing supplies and timely results
10. Continual monitoring of regulatory, licensing and other guidance as developed or updated.
11. Establishment of PPE stockpile

1. Testing:

- a. Testing of all facility staff and residents will occur in accordance with current CDC guidance and Executive Directive 21-012¹ as amended and revised.
- b. Any new employees hired into the community will be tested for COVID-19 upon hire.
- c. All new residents from the community or other healthcare facilities whose COVID-19 status/ vaccination status is unknown will be placed in a single-patient room and tested for COVID-19 upon admission, of negative, repeated in 48 hours, and if negative, repeated again in 48 hours.
- d. Residents out of the community for 24 hours or more will follow new admission guidelines.
- e. Continued testing will occur in accordance with CDC and NJ DOH guidance as amended and supplemented.
- f. Residents that test positive for COVID-19 will be cared for, if feasible on a separate closed unit. If separate unit is not available residents will be cared for in single room with private bathroom. Those that are COVID-19 negative but have an identified exposure will be monitored for at least 10 days from last exposure.
- g. Team Members that test positive for COVID-19 will be required to quarantine at home per CDC guidelines.
- h. Any resident or team member who is newly symptomatic consistent with COVID-19 will be retested at the onset of symptoms regardless of the interval between the most recent negative test and symptom onset.
- i. Upon a new single case of COVID-19 infection in our community outbreak testing will begin immediately through either contact tracing or broad-based facility wide testing.
- j. Individuals that have previously tested positive will be re-tested after a period of 30 days in accordance with CDC, CMS, and NJDOH recommendations and prevailing guidance.

2. Reporting:

- a. MVB will report at least twice a week the number of COVID-19 cases, staffing and supply information in the National Healthcare Safety Network.

3. Notifications/Communication:

- a. The physician or nurse practitioner will notify the resident and resident representative of confirmed or suspected COVID-19 diagnosis.
- b. The Executive Director or designee will notify all residents, resident representatives, family members and team members of the number of confirmed or suspected COVID-19 cases in the community. This will occur via letter, email, or website posting. No resident or team member identifying information will be provided.

- c. Communication of single confirmed COVID-19 infection or three or more residents or team members with a new onset of respiratory symptoms that occurred within 72 hours of each other will be reported to all residents, resident representatives, and team members via our notification process by 5:00 PM the next calendar day.
- d. Cumulative updates will be provided to residents, resident representatives, family members and team members at least weekly or by 5:00 PM the next calendar day following the subsequent occurrence of either a confirmed COVID-19 infection or three or more residents or team members with a new onset of respiratory symptoms that occur within 72 hours of each other. This will occur via our notification process.
- e. Families, guardians and the public may call (609) 239-3989 to leave an urgent message or complaint. This line will be available 24/7.
- f. MVB website will be updated at least weekly providing status updates and information as to what is happening in the community.

4. Education

Education is provided to staff, patients/residents, their representatives, and families (as clinically indicated) related to COVID-19. Topics will include, but are not limited to, Infection Prevention and Control practices to limit exposure such as:

- a. Hand hygiene
- b. COVID-19 signs and symptoms
- c. Reporting of occurrence of symptoms (patients/residents and staff)
- d. Maintaining social distancing, Covering coughs and sneezes
- e. Transmission-based precautions
- f. PPE donning and doffing
- g. Face masks for health-care provider and patient/resident, especially during direct-care activities (as tolerated by the patient/resident)
- h. Face mask and eye protection for health-care provider if patient/resident is unable to tolerate wearing a face covering
- i. Strategies to optimize/preserve PPE

This policy will be reviewed at least annually at an infection control quarterly meeting.