

# OUTBREAK RESPONSE PLAN

*White House*

**HEALTHCARE & REHABILITATION CENTER, INC.**

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## **Policy:**

- To effectively manage and contain an outbreak when identified in White House Healthcare.
- To promote an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment
- To help prevent the development and transmission of communicable diseases and infections.
- Outbreak investigations will be organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected.
- The team listed below will meet daily to monitor the outbreak and initiate any needed changes. Local and state department of health will be apprised as required.

## **SECTION A**

### **Infection Prevention Team:**

- Infection Preventionist
- Administration (Administrator and Nursing Director)
- Unit Nurses
- Housekeeping Director
- Dietary Director
- Maintenance Director
- Social Services

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Outbreak investigation will be organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected.

1. The Center will inform residents and their representatives within 12 hours of a single confirmed infection of COVID-19, influenza or norovirus.
2. The Center will inform residents and their representatives of a potential outbreak when there are three (3) or more residents or staff with new onset of respiratory symptoms and /or gastrointestinal symptoms that occur within 72 hours.
3. Updates to residents and their representatives will be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever there are three (3) or more residents or staff with new onset of respiratory symptoms occurring within 72 hours.
4. The Center's designee will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing Center will be altered.
5. Immediate steps will be taken to the best of the Center's ability to isolate symptomatic individuals from those who may be pre-symptomatic or under investigation and residents who do not have any symptoms to dedicated areas with dedicated staff.
6. Testing will be expansive and extensive Center-wide for COVID-19 and influenza and or any other outbreak.
7. Staff testing will also take place to stop the introduction, limit exposure to, and control the spread of these contagious diseases. (See Addendum Procedure for Resident and Employee testing.)

## SECTION B

### Procedure:

According to defined clinical parameters or state regulations:

#### COVID-19

Two (2) residents/patients and/or staff in three (3) days become sick with these listed symptoms and at least one (1) of these has a positive test for COVID-19:

1. Confirm the existence of an outbreak:
  - a. Defined as one (1) LabID SARS-CoV-2 positive, that is an excess over expected (usual) level within the Center (i.e., normal rate is 0% and is now (1) positive LabID result).
  - b. Symptoms:

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Fever, dry cough, shortness of breath, fatigue

Elders may exhibit:

- i. Increased confusion, worsening chronic conditions of the lungs, loss of appetite, and decreased fluid intake
- ii. Less common: sore throat, headache

2. White House Healthcare will implement Facility-wide testing of residents and all Center staff.
3. If resident/patient(s) refuses to undergo COVID-19 testing, those individuals will be treated as a Person Under Investigation (PUI).
  - a. Nursing will document resident/patient's refusal and notify responsible representative of refusal to testing.
  - b. Resident/patient at any point in time may change their mind to testing at which time the center will proceed with testing this individual.
  - c. PUI:
    - i. Resident/patient will be cohorted accordingly
    - ii. Temperature monitoring will continue every shift
    - iii. Onset of elevated temperature or other related symptoms consistent with COVID-19 will require immediate cohorting with symptomatic residents.

## INFLUENZA:

1. Three (3) or more clinically-defined cases or one (1) or more laboratory Identified results for Influenza in a Center within a 10-day period from October through May, should be viewed as an outbreak.

## PNEUMONIA:

2. Two (2) or more with nosocomial cases of non-aspiration pneumonia within a 10-day period should be reviewed for outbreak potential.

## SECTION C

1. Develop a case definition based on symptoms, characterized by disease cases
  - a. What: the pathogen, site, and/or sign/symptoms
  - b. Who: the population in which cases are occurring
  - c. Where: the unit location of cases
  - d. When: length of time cases has been occurring

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2. Create line listing and search for additional causes and cases
  - a. Review surveillance and lab reports
  - b. Obtain appropriate lab specimens as directed by the physician or state/local health department
3. Use appropriate line listing forms when symptoms are identified for both resident and staff:
  - a. Respiratory Line Listing, Gastroenteritis Line Listing
4. Organize data according to time, place, and person
  - a. Time: duration of the outbreak and pattern of occurrence
  - b. Place: develop location and onset of dates of cases
  - c. Person: evaluate characteristics that influence susceptibility such as age, sex, underlying disease, immunization history
  - d. Exposure by nursing staff, or other infected residents
5. Formulate likely cause
  - a. identify (organism) source and possible mode of transmission

## **Notify**

- Administrator
- Director of Nursing
- Medical Director
- Attending physician/Medical Director
- Staff and department directors
- Family of the affected resident(s)
- Local/state health department, according to regulations
- Nursing will inform residents and their representatives by 5pm the next day of the occurrence of a single confirmed infection of influenza, COVID-19, or norovirus. Three (3) or more residents or staff with new onset of respiratory symptoms and /or gastrointestinal symptoms that occur within 72 hours. Resident(s) and their responsible representatives will be informed of possible outbreak within the center.
- Social Services and nursing will notify all residents' responsible representatives of outbreak either by phone, email and/or written letter weekly or more frequently as needed.

## **Communication:**

Source of Notification:

White House Healthcare will be using Cliniconex a automated notification system. This system will be able to notify the residents responsible party right away if there is an

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outbreak in our facility, a special event or any other announcement that you need to know. This service will allow our staff more time to focus on the care of your loved one. These notices will go out by voice call by default. As per regulation all families and staff will be notified by no later 5pm. The next day of the following I: 1 confirmed positive case and/or 3 new onset of suspected respiratory symptoms.

During an outbreak which will restrict visitation, families will be called by the facility staff once a week. During an outbreak there will be alternate means of communication such as video conferencing with Zoom or FaceTime for the well-being of our families and residents. These conferences will give the families the opportunity for our families and residents to interact with each other.

## SECTION D

1. Implement control measures based on sign, symptoms, diagnosis, mode of transmission, and location in the Center.

Measures may include:

- a. Transmission-based precautions
- b. Restricting visitors
- c. Screening all employees for elevated temperatures and signs/symptoms
- d. Restriction of affected residents from group activities
- e. Suspending communal dining
- f. Suspending admissions to affected unit
- g. Suspending admissions to Center if deemed necessary
- h. Increased housekeeping, intensive environmental cleaning with frequent cleaning of high touch areas

Staff Coordinator will implement staffing contingency plan for possible change in staffing levels. (see our staffing contingency plan below for more details)

### **Staff Shortage Contingency plan**

It is the policy of White House Healthcare to anticipate and create a plan in the event of a staffing shortage. This plan consists of creating crisis capacity strategies in our healthcare facilities to continue to provide quality patient care.

#### Procedure

If during a disaster, such as a epidemic or Pandemic WH will in-service the staff on the guidelines as set by the local Health as it pertains to reporting to work. If staff are unable to return to work due to an illness WH will made every effort to replace there employees. WH will make every effort to call those that are off duty to come and

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replace those that are not able to work. All employee contacts are in the emergency preparedness manual. Other departments will be asked to substitute and help such as feeding assistance as long as they have one hour paid feeding assistance training. Other department will only be allowed to work in feeding assistance capacity based on the competencies performed. WH will also offer new waiver of which you have the ability to be an CNA based on a 8 hour training plus competencies performed. WH will also follow DOH for any additional staffing waivers as well as following 1135 waiver set forth by the federal government. WH will continue to monitor for special staffing waivers as it implemented. Under the 1135 waiver - WH has the ability to have HHA work in our facility as long as they exhibit competencies. Also, WH will make every effort to retrieve nurses and aides from surrounding states as allowed under 1135 waiver.

WH has contracted with agencies to substitute for remaining slots. These agencies contacts are located in the emergency preparedness manual. If staffing shortages continue, WH will discontinue the acceptance of new admission in order to provide the utmost care to our current residents. In addition, as is the case during Covid-19 after several residents were transferred to Hospital the consolidation of a units occurred. By taking this measure we eliminate the need for extra staff and are able to provide quality care to our residents.

In cases of Epidemic or Pandemic outbreak WH will follow local health department recommendations. During Covid -19 outbreak WH will follow the following guidelines Crisis Capacity Strategies to Mitigate Staffing Shortages:

If not already done, allow asymptomatic HCP who have had an unprotected exposure to the virus that causes COVID-19 to continue to work.

- a. These HCP should still report temperature and absence of symptoms each day before starting work. These HCP should wear a facemask (for source control) while at work for 14 days after the exposure event. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic
2. Once all has been reviewed with administrator, Infection Preventionist, Medical Director and Nursing:
    - a. Conduct mandatory staff education
      - I. Hand hygiene
      - II. Outbreak disease symptoms
      - III. Reporting the occurrence of symptoms of resident and staff.

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- IV. Transmission-based precautions
  - b. PPE will be made available in preparation for an outbreak
  - c. Advise staff who are exhibiting symptoms to stay at home
3. Monitor for effectiveness of investigation and control measures until cases cease to occur or return to normal level
4. Compare group of uninfected residents with infected residents
5. Conduct care practice observation IF cause implies a breakdown in resident care practices.
6. Complete an Investigative Summary and submit a copy to
  - a. Nursing Director
  - b. Administrator
  - c. Medical Director

Summarize data/information collected, include case definition, contact tracing, cause, and final evaluation of outbreak.

## Resources:

NJDOH, Guidance for COVID-19 and/or exposed healthcare personnel  
[https://nj.govhealth/cd/documents/topic/NCOV/Guidance for COVID-19 Diagnosed and/or exposed HCP.pdf](https://nj.govhealth/cd/documents/topic/NCOV/Guidance%20for%20COVID-19%20Diagnosed%20and/or%20exposed%20HCP.pdf).

CDC, Testing for Coronavirus (COVID-19) in nursing homes  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CMS, April 19, 2020 (QSO-20-26-NH) Communicable Disease Reporting Requirements/Transparency

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## Testing for COVID-19

### Procedure for Testing Residents and Employees:

In the event of an outbreak as describe earlier, WHH Administration together with our Medical Director and ID specialist and with the guidance of the NJDOH will determine if Facility wide testing Should be performed.

### Resident Testing

White House has a contract with MOLECULAR Lab to facilitate facility wide testing for the residents. theses test will be administered as per regulation and guidance of the NJDOH.

Firstly, we will have our symptomatic residents testing followed by our asymptomatic residents. All positive/negative results will be related to there responsible parties as well. All positive residents will be placed in our SCU for isolation for 14 days asper recommendation from DOH. All residents receiving a negative result as a baseline will have a retest within 3-7 days of the baseline. All testing will be performed on a weekly basis until there are no cases in the facility.

If a resident/patient refuses to undergo COVID-19 testing, then the LTC shall treat the individual as a Person Under Investigation, make a notation in the resident's chart, notify any authorized family members or legal representatives of this decision, and continue to check temperature on the resident at least twice per day. Onset of temperature or other symptoms consistent with COVID-19 require immediate cohorting in accordance with the Plan. At any time, the resident may rescind their decision not to be tested.

### Employee testing:

WHH has contracted with MOLECULAR LABS for ALL employee and resident testing. The testing will be administered by WH NP as well as the nursing staff. All employees who have not had a positive result will be tested for there baseline as well as a retest 3-7 days following there baseline test. All employees who will receive a negative result will need to have a weekly test performed in order to work in the facility. All test will be ongoing until there are 2 weeks of no cases in the facility. All employees who will have a positive result will be out of work for 10 days (with 3 days of symptom free). All these procedures are in accordance with CDC and NJDOH regulations.

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All staff will be as to sign Authorization form for the release of laboratory test results to White House Healthcare. All employees refusing to have a test performed will be excluded from work.

All Baseline Testing will be completed by May 26, 2020. Retesting of individuals who test negative at baseline within 3-7 days after baseline testing. Further retesting in accordance with CDC guidance, as amended and supplemented on a weekly basis.

In addition, and as per guidance from LHD we will institute weekly testing for our employees and residents during an outbreak for all residents and staff who were not positive for covid-19 in the previous 3 months. The entire facility will be tested from the onset of the breakout and until 14 days from the last positive result which must include two rounds of testing.

Based of the guidance from the NJDOH on September 23, 2020. The following procedures will be implemented

## Viral testing

Viral testing is considered screening when conducted among asymptomatic individuals without known or suspected exposure to SARS-CoV-2 for early identification and considered surveillance when conducted among asymptomatic individuals to detect transmission hot spots or characterize disease trends. Authorized assays for viral testing include those that detect COVID-19 nucleic acid or antigen. The first two SARS-CoV-2 antigen tests to receive FDA Emergency Use Authorization or EUA are authorized for testing symptomatic persons within 5 days of symptom onset and there are limited data on antigen test performance in asymptomatic persons. However, given the transmission of COVID-19 from asymptomatic and pre-symptomatic nursing home residents and healthcare personnel (HCP)\* with COVID-19 infection, CDC is providing considerations for the use of antigen tests in asymptomatic persons during this public health emergency. Refer to the CDC Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homesantigen-testing.html> and the accompanying Considerations for Interpreting Antigen Test Results in Nursing Homes table in the Appendix

Testing a previously positive COVID-19 case:

For persons previously diagnosed with COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset or first positive test. If re-testing is performed within 3 months, re-isolation would not be indicated, and quarantine would not be recommended in the event of close

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contact with an infected person. For persons who develop new symptoms consistent with COVID-19 3 months after the date of initial onset of the prior infection or exposure (e.g., in response to an exposure or serial testing).

Once a resident test comes back positive all residents from that unit as well as all units will have two rounds (14 days) of testing performed. Additional two weeks after which the outbreak will be concluded.

## New Testing Pilot program

New testing Protocols beginning **11/30/ -12/14/20-** all staff, visitors and anyone entering the facility must be testing with a antigen test, or proof of a testing within the last two days. The facility will be using Bianox testing provided by the state. All staff will be tested every other day for two weeks. Staff do not need to come to facility on their day off, they will be tested the next time they are scheduled. If there will be Refusal to be tested, employees or other individual will not be allowed to stay in the facility

## **Identification of a COVID-19 case in LTCFs**

When a new case of COVID-19 is identified in our facility, facility-level testing is an important tool to assist with containment and response. Routine testing may identify cases in HCP, new- or re-admitted residents and/or in residents who have been at the facility longer than 14 days. Upon identification of a confirmed case of COVID-19 within a LTCF, there are critical priority actions facilities should take regardless of where the transmission event occurred. Regardless of attribution of the case, all facilities should take the following steps when a new case of COVID-19 (e.g., residents, HCP, essential caregivers) is identified in their facility:

- Perform a risk assessment to determine any potential exposures and/or infection control breaches at the facility.
- Determine any possible exposures the new case of COVID-19 (e.g., resident, HCP, essential caregiver) may have had prior to diagnosis including contact with other known COVID-19 positive persons or those who later developed symptoms consistent with COVID-19.
- Alert the local health department to the newly identified case.
- Identify close contacts including 48 hours prior to symptom onset/date of specimen collection of associated case, if applicable.
  - o Close contact is identified as being within approximately 6 feet of a COVID-19 case for a prolonged period of time (**≥ 15minutes**); or
  - o Having direct contact with infectious secretions from an individual with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets (e.g., being coughed or sneezed on).
- Quarantine close contacts for 14 days from last exposure and provide care using all COVID-19 recommended personal protective equipment (PPE).
- Any newly positive residents should be cohorted appropriately

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Any newly positive HCP should be provided information on duration of isolation and when they can return to work. Refer to NJDOH Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel at [https://www.nj.gov/health/cd/topics/covid19\\_healthcare.shtml](https://www.nj.gov/health/cd/topics/covid19_healthcare.shtml). NOTE: Any identification of COVID-19 in the LTCF should be reported to the local health department and will prompt an investigation. During an investigation the LTCF will work with the LHD to implement additional infection prevention and control measures. Refer to the NJDOH COVID-19 Communicable Disease Investigation Chapter (Table 1) at [https://www.nj.gov/health/cd/topics/covid2019\\_professionals.shtml](https://www.nj.gov/health/cd/topics/covid2019_professionals.shtml). Newly positive facility-onset COVID-19 case in a resident Facility-onset COVID-19 infection in a LTCF is defined as a confirmed diagnosis >14 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring unless there is confirmation of possible transmission or exposure through a breach in PPE. This does not apply to residents who were positive for COVID-19 on admission to the facility and were placed into appropriate TBP OR residents who were placed into TBP on admission and developed SARS-CoV-2 infection within 14 days after admission, unless there is confirmation of possible transmission or exposure through a breach in PPE. Upon identification of a facility-onset COVID-19 case in their facility, and in addition to the steps outlined above, the facility should:

- Perform weekly testing of all residents until no new facility-onset cases of COVID-19 are identified among residents and positive cases in HCP and at least 14 days have elapsed since the most recent positive result and during this 14-day period at least two weekly tests have been conducted with all individuals having tested negative.
- Continue weekly HCP testing in accordance with applicable NJDOH COVID-19 Temporary Operational Waivers and Guidelines at <https://www.nj.gov/health/legal/covid19/>.
- Refer to NJDOH Outbreak Management Checklist and COVID-19 Disease Chapter for full outbreak recommendations. If the newly identified COVID-19 positive resident does not meet the facility-onset COVID-19 case criteria, the facility should take the following additional actions:

- Upon identification of a case of COVID-19 in a resident who was recently admitted (within 14 days), the receiving facility must provide these results back to the sending facility to allow for the appropriate response and investigation.
- Alert the local health department to a new case and identify the facility that the resident was transferred from (if applicable).
- Conduct a risk assessment to determine if the resident had been cohorted appropriately, cared for in full TBP, if any breaches in PPE occurred, and if there are any resident, HCP, or essential caregiver exposures that may have occurred.

Newly positive HCP During the course of weekly surveillance testing, HCP may test positive. Given the local community transmission of SARS-CoV-2, it is difficult for public health to attribute an isolated positive case of COVID-19 in HCP to a specific facility, particularly if there are limited epidemiologic linkages that could

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support exposure or transmission. However, regardless of attribution, LTCFs should take immediate action to ensure that further transmission does not occur. This is particularly relevant for facilities without an active outbreak. Upon identification of a new COVID-19 case in HCP, and in addition to the steps outlined above the facility should:

- Alert their local health department to possible COVID-19 outbreak in their facility, if not currently experiencing an outbreak. If the facility was experiencing an outbreak, report the new test result as a newly confirmed case.
- Conduct a risk assessment to determine if the HCP may have exposed any residents or other HCP. Facilities should take into account the role of the HCP, level of resident contact, use of appropriate PPE, and use of source control (e.g., facemask/face covering) when in the healthcare facility.
- Perform facility-wide testing of residents, as described above, if the facility is not already conducting routine testing of all residents. Results of testing will guide further response activities and recommendations.
- Encourage transparent communication. If the newly positive HCP works at other healthcare facilities, strongly encourage the HCP to alert those facilities immediately.
- Continue routine HCP testing in accordance with applicable

\*Healthcare personnel (HCP): HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, feeding assistants, students and trainees, contractual HCP not employed by the healthcare facility, and persons not directly involved in resident care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel