

	Department: Administration	Initial Date: 11/14/ 2022
	Policy Name: Outbreak Response Plan	Location: Parker at River Road License # 61213
	Primary Contacts: Sharon Schwarzkopf Administrator 732-418-8624 Sschwarzkopf@parkerlife.org Deborah Adsit Infection Control Preventionist 732-418-4983 dadsit@parkerlife.org	Secondary Contact: Nelly Otieno-Akal Director of Nursing 732-418-8626 notieno-akal@parkerlife.org

Parker at River Road Outbreak Response Plan.

Purpose: The facility promptly responds to outbreaks of infectious disease within the facility to stop transmission of pathogens and prevent additional infections by identification, triage, isolation, treatment of infectious residents and / or staff; tracking infections throughout the home; and assure safety and security for residents, staff, and visitors.

Outbreak in a long-term care facility is defined as: Outbreak generally refers to the occurrence of 3 or more cases of a communicable disease than expected in each area or among a specific group of people over a particular period. Some infections are so rare that a single case would constitute an outbreak.

“Cohorting”- Means the practice of grouping residents who are affected by same disease or symptoms or infected with same organism to one area of care to prevent contact with other residents for mitigation of spread of disease.

During an outbreak, Parker River Road will designate an area to cohort residents infected with same organism as applicable. Resident infected with same organism may have their care activity confined wo one area to prevent contact with other residents and will remain in their rooms with the door closed to the extent possible and as allows for safety. Isolation precautions is practiced based of modes of transmission and CDC guidelines.

“Isolating”- means the process of separating the sick, contagious persons from those who are not sick

Disease can spread through various modes of transmission which would require different types of management to mitigate the spread. Modes of transmission are defined below:

Airborne: is documented or suspected to be infected with microorganisms transmitted by airborne droplet nuclei of evaporated droplets containing microorganisms that remain suspended in the air and can be widely dispersed by air currents within a room or over a long distance. For example, measles, varicella and tuberculosis.

Droplet: documented or suspected to be infected with microorganisms transmitted by droplets that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning. For example, influenza, meningitis, pneumonia, mumps, and rubella.

Person to person: suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment.

Food Borne: Food contaminated with bacteria, viruses, parasite or toxins. For example, Norovirus, salmonella.

Vector borne: Disease that result from an infection that is transmitted to human by blood feeding arthropods such as mosquitos, tick and flees. For example, lime disease, malaria and dengue fever.

Water borne: Illnesses cause by microorganisms in untreated or contaminated water. For example, legionella, E.coli.

Outbreak can occur anytime. If there is a suspected outbreak, follow the following procedure:

Symptomatic residents and employees are to be considered potentially infected and will be assessed for appropriate actions.

A symptomatic resident will be considered potentially infected, assessed for immediate needs, and placed on empiric precautions, while awaiting physician orders.

Symptomatic employees will be screened by the infection preventionist, DON or designee, and referred to an appropriate medical provider.

Transmission -based precautions will be implemented as indicated for the organism. Staff will be educated on the mode of transmission of the organism, symptoms of infection, and isolation or other special procedures. This includes special environmental infection control measures that are warranted bases on the origins and current CDC guidelines.

The Infection Preventionist/DON/Designee will be responsible for coordinating all investigation activities. (Note: the health department may assume decision making and coordination activities.

In this case, the Infection Preventionist/DON/ Designee will be the liaison between the health department and the facility)

A case definition will be developed to identify other staff and residents who may be affected. criteria for developing a case definition include:

Person- identify key characteristics the patients share in common.

Place- the location associated with the outbreak.

Time- period associated with illness onset for the cases under investigation.

Clinical Sign and Symptoms- for example sudden onset of fever and cough.

Line list : for each person affected by the outbreak will be maintained.

Outbreak Reporting:

As soon as suspected outbreak is identified, NOTIFY

.Local Health Department: Middlesex County Office of Health Services.

New Jersey Department of Health (609-826-5964)

Within 24 hours submit a disease report to NJ DOH via electronic reporting or attached form (NJ Communicable Disease Reporting and Surveillance.

Outbreak Investigation

Roles and Responsibilities:

The Administrator / designee will be responsible for:

- a. Telephoning a report to the Middlesex County Office of Health Services: 732-745-3100; New Jersey Department of Health: 609-826-5964 and within 24 hours submit Reportable Event to NJ DOH HFS&FO via the NoviSurvey platform.
- b. Notify Medical Director, Corporate Infection Preventionist.
- c. Follow all local health response and guidance which may include:
- d. Restricting admissions to the facility as indicated or as authorized by the health department/Medical Director.
- e. Submitting periodic progress reports to the health department, as requested.
- f. Calling emergency meetings of the Infection Control Committee.
- g. Possible discontinuing group activities, as indicated.
- h. Possible limiting visitors if indicated (i.e., influenza in the community); and

- i. Forwarding Communicable Disease Report Cards to the health department, as required.
- j. Communication to families, residents, and staff.

The Infection Preventionist and Director of Nursing Services / designee will be responsible for:

- a. The Infection Preventionist / designee shall oversee the overall infection control program
- b. The Infection Preventionist / designee shall evaluate potential occupational exposure for Blood; Body fluids; Secretions; Excretions; Non-intact Skin; and Mucous membranes to determine occupational exposure. Tasks will be evaluated for; Volume of exposure; Probability of exposure; and Route of exposure. Using this information, the Infection Preventionist (or designee) shall determine the barriers that are indicated for specific departmental tasks.
- c. Limit exposure between infected and non-infected persons; isolate ill persons and those who have had high exposure.
- d. Communicate need for appropriate barrier use to the appropriate departments.
- e. Secure inventory of disposables and PPE equipment if appropriate to outbreak situation and following on CDC guidelines.
- f. Post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Provide hand sanitizer and PPE as indicated.
- g. Advise staff to check for signs and symptoms of illness and to not come to work if sick. Report the outbreak to the appropriate local health department and/or federal agency and follow guidance.
- h. Along with Administrator, monitor the severity of the outbreak for significant threat or impact upon day-to-day operations. Activate the home's EOP and appoint an Incident Commander if warranted.

The nursing staff will be responsible for:

- i. Notifying the Director of Nursing Services of symptomatic residents.
- j. Providing infection surveillance data in a timely manner.
- k. Obtaining laboratory specimens as directed.
- l. Initiating isolation precautions as directed or as necessary
- m. Confining symptomatic residents to their rooms as much as feasible, when indicated.

All employees should:

- n. Practice good hygiene, handwashing technique, personal protective equipment guidelines and follow transmission base precautions.
- o. Report any symptoms relating to the current disease outbreak to their supervisor.

The Medical Director is responsible for:

- a. Working with the Attending Physician(s) and the health department to determine the need for laboratory specimens; and

- b. Overseeing the management of the outbreak.

The Attending Physician will be responsible for:

- a. Ordering transmission base precautions, as needed or as per state regulations.
- b. Working with the Medical Director and health department to determine the need for laboratory specimens/ testing.
- c. Determining the need for follow-up specimens and discontinuing isolation precautions.
- d. Provide order for specimen collection.
- e. In case of outbreak, determine the need for treatment base on diagnosis.

Lab Testing/ Verify Diagnosis:

Precision life Science, Rapid antigen, rapid flu and Aculab.

Outbreak Confirmation

Define cases:

A case definition usually includes four components:

- a. Clinical information about the disease
- b. Characteristics about the people who are affected
- c. Information about the location or place
- d. A specification of time during which the outbreak occurred

Identify and tract cases.

- Create a line list typically include here: <https://www.nj.gov/health/cd/topics/outbreaks.shtml>.
- Follow local board of health line list forms to create data.
- Based on the line list and information gathered, develop a probable cause of the illness, source or agent, mode of transmission and exposure that caused the outbreak.
- Control and prevention measures. Once the source of the outbreak has been determined, follow the appropriate guidelines based on the chain of infection.
- Continue surveillance tracking of incidence and disease.

Isolation and Cohort

- In the event of need to isolate a possible case, probable case or confirm case, all Parker infection control policies and procedures will be followed and place resident on Transmission Based Precautions as needed. If medically necessary residents will be transferred to Parker at Somerset LTC.
- Residents to remain on transmission base precaution until full symptom surveillance period expires based on date of potential exposure.

- PPE will be worn as indicated for the care of residents. A surgical mask will be worn by the resident when staff are providing direct care in the room.

Active surveillance and Contact tracing

- Contact tracing for residents and staff.
- Monitor all residents daily and as needed depending on the communicable disease and DOH recommendations.
- Continue to educate staff for self-monitoring and report any sign and symptoms of illness.
- Be alert on any new onset of illness.

Communication Plan:

- Employees
 - Town Halls, huddles, group emails, TEAMS message as needed.
 - Informative flyers throughout the facility on infection control, transmission base precaution, hand washing, etc.
 - Staff interviews may be required to identify more cases. Call all staff who have reported that they are sick.
 - TEAMS message will be sent and Webex with Managers to initiate plan.
- Residents /Families
 - Notification via in person, phone call, email and/or written informing the residents and families a needed.
 - Letters and telephone calls may be needed to contact resident families and identify others who may be ill.
 - Bi-weekly conference calls with families.
 - Social Worker provides virtual support group.
- Screening Process Communication
 - Individual presenting with symptoms will not be permitted on the premises.
 - If needed, employees will be instructed specific location(s) they can enter and exit to prevent cross contamination.
- Continued communication with local and state DOH and regional epidemiologist
- Miscellaneous
 - Notification of lab testing if applicable.

Work Zones:

Parker at River Road will be divided into five zones if >2 elder confirmed cases of COVID-19 are in the home and contact tracing has proven extensive exposure through home with >2 neighborhoods having had exposure to staff and elders.

- Zone 1 – Evergreen Way – beginning at the Deer View Way breezeway connected to Evergreen Way and Deer View Way. Fire doors connected to the Center Court will remain closed if in an outbreak.
- Zone 2 – Magnolia Way – beginning at the fire doors connected to the Center Court. Fire doors within the zone will remain closed (includes therapy room) if in an outbreak.
- Zone 3 – Deer View Way – beginning at the fire doors connected to the Center Court. Fire doors within the zone will remain closed if in an outbreak.
- Zone 4 – Apple Blossom Way – beginning at the fire doors connected to the Center Court. Fire doors within the zone will remain closed if in an outbreak.
- Zone 5 – Administrative Hallway – (includes activity kitchen, Nurse Manager/ MDS coordinator/Infection Control Preventionist shared office, med/treatment room, DON office, main administrative hallway, dietician, IT).
- Employees will not co-mingle among zones unless they are deemed exempt, or an exception is made by the Incident Commander.
- Fire doors will remain closed if in an outbreak.
- There will be one entrance for all employee care partners – the main entrance unless otherwise directed by Incident Commander or next ranking employee.

Screening:

- Temperature to be taken on inbound screening questionnaire to be completed.
- Shift report can be done by phone or WebEx if needed to maintain proper social distancing.
- Masks are maintained at the employee screening area. (Note: The mask will be kept in each employee's designated cubby at the front lobby and will be replaced daily.) Eye protection will be placed in its own labeled bag and replaced as needed and will be kept in a cart outside of the neighborhood in Center Court.
- All staff have been fit tested for a N95 mask. The master list is maintained with the Educator. Administrative Services has a copy of the master list.
- All staff will punch in at the time clocks. If the time clock is not working or is not available, he/she must manually sign in the binder at their designated entrance and will be manually entered into Smartlinx.

Staff Assignments and Travel Within the Facility:

- Employees who have work assignments on the neighborhoods are to work in their neighborhood. This includes Nurses, C.N.A.s, Recreation, Dining Assistants and Housekeepers.
- Per diem – every effort will be made to ensure per diems do not cross homes or it is kept at a minimum. If they are floated, it will be tracked by the Scheduling Coordinator.

- If there are deployed Health & Wellness and Adult Day employees, they will report to their assigned neighborhood to support with activities, dining and other as defined by the Administrator and DON.
- Social Worker, EVS Manager, Recreation Manager, Food Services, Dietician and Maintenance Supervisor will float between those neighborhoods unless otherwise indicated by the Administrator or DON.
- Nurse Manager, MDS Coordinator, and Infection Control Preventionist Nurse to cover for vacant positions.
- Therapy Department will support with activities, dining, ADLs, etc. and will continue to follow infection control protocols with their equipment.
- DON supports the home.
- Informatic Nurse or IT Department would reassign EMAR when necessary.
- Scheduler maintains consistent staffing per home. Employees that must float out of their zone will be tracked.
- Concierge will remain at the reception desk of the home.
- Main Kitchen Staff are strictly assigned to the kitchen unless otherwise instructed by the Incident Commander.
- Staff will work on their designated assignments on their specific neighborhood. To the best of our ability, attempts will be made to adjust individual staff assignments in the same neighborhood. If this cannot be accomplished, an employee may be floated with Incident Commander approval and the change in whereabouts will be tracked.

***In the event an employee must float, he or she must perform hand hygiene to the point of exit of his/her neighborhood and perform hand hygiene at the point of entrance.

Breaks and Lunch

- Staff will not leave their assigned zone for breaks unless instructed. Plastic dividers will be used on each table as a barrier for social distancing.
- If needed, breaks and lunch will occur in a designated area on each neighborhood. Each break room will be equipped with a small refrigerator, microwave, table, and chairs.
 - Zone 1 – Evergreen Way – Main Dining Room in Evergreen Way
 - Zone 2 – Magnolia Way – Activity Kitchen through rehab
 - Zone 3 – Deer View Way – Slate Patio
 - Zone 4 – Apple Blossom Way – Apple Blossom Library
 - Zone 5 – Administrative Hallway – Existing staff lounge or office space
 - Zone 6 – Dining Room – Dietary Staff
- If not in an outbreak, breaks and lunch will occur in the Existing Staff Lounge. Maximum occupancy in the staff lounge will be 2 care partners per table.
- Dining will stock the break rooms with condiments, plastic utensils, etc.
- Employees with offices will dine in their offices with a limit of 2 employees if social distancing permits otherwise follow Zone 5.

- Employee meal delivery – Main Kitchen staff will deliver the food at the point of entry of the zone at designated times for day and evening shift (11:15 a.m. and 4:45 p.m.)
- Main kitchen staff will leave the 11-7 staff meals in the break room refrigerators.
- Breaks and lunch times may be staggered.
- Main staff lounge will be cleaned by the EVS team and employees in between usage using the provided disinfecting wipes.
- EVS staff in the zones will clean the break room frequently
- Maintenance will be responsible for setting up tables and chairs in each zone break area.

Resident Dining

- The Chef de Cuisine and/or Lead Cook will remain in the kitchen to supervise and interact with food deliveries taking place outside the building.
- Main kitchen staff will deliver food trucks inside the fire doors of the neighborhood at 12:00 p.m. for lunch and 4:30 p.m. for dinner.
- During an outbreak, if paper products are being utilized, Nursing will empty the trucks inside the neighborhood and will be ready for retrieval by the fire doors. If using China, Dining Assistant will pick up the truck near the fire doors.
- Depending on the infection control status of the home or direction from the Department of Health, the Main Dining Room and Activity Room will be open. The two rooms will be open for a limited group of residents for meals.
- Paper products will be used on all neighborhoods when necessary.
- Staff working on their specific neighborhoods will be responsible for delivering meals,
- Any resident on isolation or surveillance will receive paper products and will be disposed of in the elder's room trash and the bag will be tied and disposed of properly.

Recreation

- Group activities will continue unless otherwise directed by the Incident Commander.
- Recreation staff member will be assigned to each zone during an outbreak.
- During an outbreak, activities can occur room to room, 1:1 basis, or doorway programming if directed.
- Nursing and Recreation staff will walk with elders on the neighborhood. Other support staff such as Rehab and Health & Wellness can assist.
- Clinical Assistant will deliver the mail to the zone for distribution to elders.
- Newspaper will go to the outside of the zone for distribution to the elders on top of the meal carts. Manager will deliver mail and newspapers to the outside of the zone for distribution to elders.

- Recreation Manager will manage supplies/inventory and will deliver to outside of the zone needed.
- Recreation Department will support with activities, dining, etc. and will continue to follow infection control protocols with their equipment.

PPE

- All PPE will be safeguarded with access only to authorized individuals and will be distributed as approved.
- All Nurse managers and Infection Control Preventionist Nurse will ensure staff are educated on utilization and application of PPE. If managers are going to educate, they need to be educated by a nurse.
- All elders should be wearing surgical mask when walking outside and/or in common areas. Surgical masks will be replaced daily or as needed.
- All elders who are positive for COVID-19, and/or under 10-day quarantine should be wearing a surgical mask during care and when with the employee care partner.
- All essential caregivers/compassionate care visitors/vendors must follow PPE protocol of the home at the time of the outbreak.

Nursing

- Medication delivery will be directed to the Nursing Manager/Designee.
- Employees can use the bathroom within their zone.
- Small isolation carts will be made and stored in the medication room in Apple Blossom Way. They will be delivered to the zone when needed.
- If an employee is from another home, he/she will need to exit their location and enter through the main entrance of the facility. Screening is required any time an employee enters a new Parker Location or home. (Limit crossover when possible)
- Full vital signs to be checked on every resident, including temperatures every shift unless otherwise indicated.
- Weight for the first of the month to be scheduled between homes.
- Monitoring back up supplies – Nursing Management E Kits / pharmacy / IV supplies with sufficient corresponding items required.
- PPE – Director of Nursing or designee determines the use of PPE and coordinates the retrieval of PPE with Central Supply and distribution. PPE must be disposed of at the point of use.

Therapy

- Therapists will support elders with therapy services as well as with ancillary needs.

Egress

- In the event of an emergency evacuation, all egress in all neighborhoods is accessible.

Personal Laundry

- Personal laundry will be washed and dried in the main laundry room, all laundry from PUI and or COVID-Positive locations must be placed in soluble bags.
- Dirty clothing bundles will be covered when transported to the laundry room and again covered when transported back to the resident's room.
- If needed laundry bins will be located outside the exits on PUI and or COVID-Positive locations.

Linen

- Each neighborhood will continue to use their existing linen closets.
- Maintenance or EVS designee will accept the linen delivery in the rear entrance. The vendor will not enter the facility.
- EVS will drop off the clean linen in each neighborhood in the morning and afternoon.
- Dirty linen will be bagged, tied, and left in the utility room. Dirty linen will be left outside of the zone during the morning, afternoon, and evening hours.

Supplies

Personal Care Supplies/Incontinence Supplies:

- Supply Chain staff member will be responsible for delivering medical supplies to each neighborhood. If unexpected items are needed, email Material Services and it will be delivered. In the event of an urgent need and receiving is not onsite, call Receiving to the facility to distribute them.
- Medication Rooms:
- Nurse Manager to make rounds and check supplies needed (oxygen, water, PPE, sanitizer, disinfectant wipes, etc.) and send an email to Parker Material Services (Fidel and Ron).
- Supplies will start to be delivered at 8 am.
- An employee in the zone or Ron will stock the items.

EVS

- Trash removal occurs daily during morning, afternoon, and evening hours. Outdoor route to be used where able.
- Linen removal occurs daily during morning, afternoon, and evening hours. Outdoor route to be used where able.
- Temporarily change all housekeepers' schedules to increase weekend coverage.
- Lifts to be cleaned by each nursing care partner as needed. Use spray and wipe down or disinfect using wipes.
- Wheelchairs to be cleaned by nursing care partners and EVS assigned to designated neighborhood. Use spray and wipe down.
- Routine cleaning and disinfecting of the areas.

- Biohazard waste boxes will be in the designated biohazard closet. Each biohazard waste box should be lined with a red biohazard bag. Biohazard waste pick up will be scheduled by the EVS Manager.
- There will be an increase frequency of cleaning during the outbreak. Nurses will be responsible for disinfecting medication carts and nursing equipment supported by EVS.
- Halo machine will be utilized during deep cleaning.
- External professional cleaning company can be utilized to clean the facility as needed.
- EPA registered disinfectant in use.

Persons Under Investigation due to high-risk exposure or confirmed lab results.

- Residents with high exposure and at high risk should be placed on transmission base precautions.
- Resident monitoring will be in place.
- All symptomatic residents will be evaluated for causes of their symptoms.
- Separated from other residents and remain in a designated room.
- One case resident will be isolated in place in a private room. Two cases resident will be cohort in a designated room.
- If rooms are not available at Parker at Landing Lane, elders can be moved to a designated room in Parker at Somerset or Parker at River Road.
- Contingency Plan: Alternate care sites to be determined in alliance with the local department of health if needed.
- Physicians will be notified.
- Proper PPE designated will be worn.
- Level of restriction to be maintained.
- Meals will take place in room as needed.
- Recreation and Social Workers will provide audio/visual methods of communication.
- Communication with POA/responsible party will remain fluid for the duration of the time.
- Physician to serve as a consultant.
- Telehealth implemented if needed.

Emergency Staffing/Contingency Plan

See Emergency Staffing policy for more details.

- Identify internal staffing capability including additional shifts, potential loyalty or incentive pay, and/or outsource agencies for assistance.
- Coordinate with sister facility within Parker to determine if staff can be utilized.
- Inform OEM for other potential resources.
- Should a labor stoppage or shortage occur, the DOH will be notified.
- All data required to be reported will continue to be reported

Declaration that an outbreak is concluded:

- An outbreak is over when zero cases that meets the investigation criteria is reported within two incubation periods and in consultation with the NJDOH outbreak epidemiologist. The incubation period, period of contagiousness, and date of most recent case will be used in making the determination that the outbreak is resolved.
- A summary of the investigation will be documented and reported to QAA committee and health department, if indicated.