

Hudson Hills Outbreak Response Plan

Please use this as a guide only, we recognize that not every scenario is going to be captured. In all cases, we should follow good judgment along with reasonableness. Hudson Hills will follow the guidelines below but will also follow guidance from any other governing bodies.

- Hudson Hills Senior Living will follow all CDC guidelines
- Hudson Hills Senior Living will monitor residents for infections and put into place all necessary practices
- The Director of Nursing will monitor for trends of infection and take all necessary precautions for safeguarding residents and staff members
- The Administrator will be informed as necessary of infection trends for guidance and input
- If there is a communicable disease or infection trend, it will be reported to the North Bergen Board of Health and to the Department of Health as appropriate

STANDARD PRACTICE FOR INFECTION IDENTIFICATION

NEW ADMISSIONS

Potential new long-term care residents are required to provide medical records including a History and Physical from their primary physician to include significant past and present infections, diseases, medical conditions and immunization history. Medical records for short term residents will be obtained from the discharging hospital and reviewed for significant past and present infections, diseases, medical conditions and immunization history prior to being accepted for admission.

All new residents are administered the first step of a two-step PPD to screen for Tuberculosis within 24 hours of admission. If the first test is negative, the second step is administered in seven to ten days. Any resident with a positive skin test will have a chest XRAY to rule out tuberculosis.

Vaccinations / Immunizations are offered to **all** residents, unless contraindicated, and include the annual influenza vaccine and the pneumonia vaccine.

Education about infection prevention and control will be provided to all residents and families as appropriate to include handwashing as an important element of the infection control program.

Hudson Hills Senior Living has established procedures to perform and document surveillance during routine monitoring to determine compliance with infection control policies and procedures.

HEALTHCARE ASSOCIATED INFECTIONS

- Identify and correct breaches in infection control practices that may have contributed to the spread of a healthcare associated infection
- To prevent the further spread of infection (resident to resident, staff to resident, etc.) through initiation of appropriate isolation precautions where warranted.
- To identify and treat epidemiologically substantial organisms (i.e. C Difficile, MDROs, etc.) that have a high risk of transmission, severity of disease and/or are difficult to treat.

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ISOLATING INFECTED AND AT-RISK RESIDENTS IN THE EVENT OF AN OUTBREAK OF CONTAGIOUS DISEASE

- Assess residents with actual/potential infections/illnesses to determine appropriate interventions in Plan of Care.
- Reportable infectious, contagious or communicable diseases will be reported to the appropriate city, county and/or state health department officials. If the infection/disease is listed as a Nationally Notifiable Infectious Disease according to the CDC, the Director of Nursing will notify the CDC of the occurrence.
- Isolation precautions will be discontinued when it is determined that medically the resident(s) no longer requires such precautions.
- Hudson Hills Senior Living will notify family members by either phone or e-mail within 24 hours or by 5:00PM of the next business day when there is an infectious disease outbreak.
- Prevention and precaution signs will be displayed within the facility along with notices to alert persons of the isolation restrictions.
- PPE and isolation equipment is stored in the store room in the back of the house. Daily stock is kept in the office of the Director of Nursing for easy staff access and replenished as needed.
- All personnel are trained on infection control policies and procedures upon hire and periodically thereafter. The depth of training shall be appropriate to the degree of direct resident contact and job responsibilities but will include, at a minimum, hand washing and where to find and use appropriate PPE and infection control related products.
- Hand hygiene products – soap, paper towels, alcohol-based hand sanitizer, etc. – will be readily and conveniently accessible for use by staff to encourage compliance with hand hygiene policies.

CONTINUOUS MONITORING AND REPORTING

- Facility staff, residents and visitors will be continuously assessed and monitored for illness with results being reported to the Director of Nursing.
- Staff that are ill will not be allowed to present at the facility for work duties; visitors that are ill will not be permitted entrance into the facility
- The Director of Nursing will maintain and update a line list for infectious disease
- An infection control surveillance checklist will be used to monitor infection control compliance.

COMMUNICATION WITH RESIDENTS AND FAMILIES DURING A DISEASE OUTBREAK

- Residents, families and other interested parties will be notified of an infectious disease outbreak and mitigating actions in one or more of the following ways:
 1. E-mail
 2. Written communication and postings in the community
 3. Posting on the Hudson Hills website and/or social media platforms
- During an outbreak period and/or during a curtailed visitation period, residents and families will be updated at a minimum of weekly as to the status of the outbreak.
- Hudson Hills Senior Living will provide opportunities for the resident to communicate with loved ones via Facetime, Zoom, conference calling and other available means of communication. Trained staff members will facilitate these interactions with families which will be scheduled in advance to ensure all residents have the opportunity to communicate with family.

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LESSONS LEARNED

- Although we did not have a PPE or cleaning supply shortage and were able to obtain the supplies we needed, we determined it would be prudent to increase our inventory in the event of a community outbreak.
- We found the education/re-education of staff on proper use/need of appropriate PPE beneficial in decreasing the overuse of PPE and assisting in maintaining adequate supply levels.
- Early identification of highly contagious infections is paramount. Educating nurses on focused assessments and other healthcare staff on signs/symptoms to be reported immediately helped us to identify potential infections early and enabled us to implement proper isolation strategies.

COVID-19 OUTBREAK

1. If employee is: Symptomatic and is away from work
 - a. **DO NOT** report to work, contact personal medical provider; notify direct supervisor and the Director of Nursing.
 - b. Supervisor to collect answers to these questions:
 - i. Date and time of first symptoms, date of COVID-19 test performed or presumptive³ diagnosis received, the names of all employees working closely with the employee during the 5 days prior to the onset of symptoms and areas the employee had work in when at work last.
2. If employee is: Symptomatic¹ and is at work
 - a. Direct employee to go home and seek medical attention; notify direct supervisor and the Director of Nursing
 - b. Supervisor to collect answers to questions
 - i. Date and time of first symptoms, date of COVID-19 test performed or presumptive³ diagnosis received, the names of all employees working closely with the employee during the 5 days prior to the onset of symptoms and areas the employee had work in when at work last.
 - c. Employee must stay away from the work site until cleared by medical to return.
3. If employee is: Asymptomatic, AWAY from work, and has been in Close Contact² with a presumptive³ or confirmed case
 - a. **DO NOT** report to work, notify direct supervisor and the Director of Nursing
 - b. Direct employee to quarantine 14 days or until presumptive case tests negative or employee tests negative
 - c. If the presumptive person tests positive for COVID-19, the employee must self-quarantine for 14 days with no symptoms or have a negative test prior to coming back to work.
 - d. If close contact employee develops symptoms, follow instructions in #1.
4. If employee is: Asymptomatic, AT work, and has been in Close Contact² with a presumptive³ or confirmed case:
 - a. Direct employee to go home, notify direct supervisor and the Director of Nursing
 - b. The employee will be sent home and required to remain away from the work site in self-quarantine until the presumptive person has tested negative, or 14 days have passed without developing symptoms.
 - c. If the presumptive person tests positive for COVID-19, the employee must self-quarantine for 14 days with no symptoms or have a negative test prior to coming back to work.
 - d. If close contact employee develops symptoms, answer these questions:
 - i. Date and time of first symptoms, date of COVID-19 test performed or presumptive diagnosis received, the names of all employees working closely with the employee during the 5 days prior to the onset of symptoms and areas the employee had work in when at work last
5. If employee is: Asymptomatic and has travelled to a high-risk area⁵:
 - a. Quarantine 14 days or until employee tests negative
6. If an employee is asymptomatic and has had Contact of Contact⁴: No Restrictions Apply

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Definitions:

1. Symptoms: Respiratory symptoms (cough, shortness of breath) with a fever of 100 °F or greater
2. Close contact is defined as having direct contact or being within 6 feet of a presumptive or confirmed COVID-19 case for a period of 15 minutes or more or having direct contact with infectious secretions of a presumptive or confirmed COVID-19 case (i.e. being coughed on)
3. Presumptive case is defined as a diagnosis of COVID-19 from a medical provider for which a test has been performed and the results have not been received or a diagnosis of COVID-19 by a medical provider without a test performed with instructions to self-quarantine.
4. Contact of a Contact is defined as exposure to asymptomatic persons who have had close contact with a person who has presumptive or confirmed COVID-19 diagnosis
5. Countries, states, towns, regions, etc. that have been classified by Hudson Hills to be at high risk for COVID-19 transmission.

If the employee should seek medical treatment by calling their Primary Care Provider.

Hudson Hills Senior Living is committed to reducing risk at the facility to the greatest degree possible

- All visitation will be restricted with the only exception being compassionate visitation (See Compassionate Visitor Policy). All attempts will be made to assist residents to communicate with family members – facetime, telephone calls, ZOOM calls, etc.
- All staff will enter through the Independent Living lobby entrance where they will be screened for symptoms and have their temperature taken.
- All deliveries for staff and/or residents will be made to the Independent Living lobby entrance so packages can be properly disinfected prior to reaching the staff/resident.
- All staff entering the facility will wear a facemask at all times while in the facility. Face masks will be changed when they become soiled, damp or hard to breathe through.
- All staff will adhere to Standard and Transmission-Based precautions. Hand hygiene will be performed before and after any resident contact, contact with potentially infectious material and before putting on and after removing PPE.
- Dedicated medical equipment will be used when caring for residents with known or suspected COVID-19. When non-dedicated, non-disposable equipment is used, equipment will be cleaned and disinfected according to the manufacture's instruction.
- Resident's with known or suspected COVID-19 will be placed in a private room and/or cohorted with other residents with known and/or suspected COVID-19.
- Education will be provided to the staff including but not limited to general information and updates on COVID-19, Infection control and prevention, proper use of PPE, the need to stay home and to not report to work when ill, the need to practice social distancing when in break rooms and common areas, cough etiquette.