New Jersey Veterans Memorial Homes
Infectious Disease Outbreak Response Plan

Purpose:
To protect our residents, families and staff from harm resulting from an outbreak of infectious disease organism while in the Veterans Memorial Home (VMH)

Definitions:
"Outbreak" means any unusual occurrence of disease or any disease above background or endemic levels.

"Cohorting" means the practice of grouping residents whoa are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.

"Isolating" means the process of separating sick, contagious persons from those who are not sick.

Procedure:
General Preparedness for Infectious Disease Outbreak

- The VMH emergency operation program will include a response plan for a community-wide infectious disease outbreak, such as; pandemic influenza, COVID-19, etc. This plan builds on the best workplace practices and lessons learned from previous outbreaks and follows the infection prevention and control policies of the VMH. The Administration in actively involved as are all facility staff in the response to an Infectious Disease Outbreak.
- The Plan will be reviewed annually and/or when there are updates.

PPE and Other Supplies

- As part of the emergency operations Outbreak Plan, the VMH will maintain a supply of personal protective equipment (PPE) including isolation gowns, face shields, surgical masks, disposable N95 respirators, and gloves. The amount that is stockpiled, to the extent possible, will be maintained at a minimal eight-week supply based on a COVID-19 (or other Pandemic/Endemic) census maximum burn rate, as well as an off- site accessible supply.
- The VMH will maintain a stockpile of essential cleaning and disinfectant agents.
- The VMH has formulated a plan with their vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption to normal business including an Outbreak.

Infection Preventionist:

- The Infection Preventionist (IP) is responsible for conducting routine audits of Infection Control Practices in the VMH.
- The IP is responsible for establishing and implementing policies and procedures for screening residents, visitors and staff for exposure to, and signs and symptoms of, serious infectious diseases.
- At the beginning of an Outbreak, the IP will initiate a line listing and report Outbreak information to the local and state Health Departments as required.

- The VMH's IP will educate staff regarding the specific signs, symptoms, incubation period, and route(s) of infection, the risks of exposure, and the recommendations for skilled nursing facilities as provided by the CDC, including the review of basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand hygiene.
- The IP will collaborate with the VMH's Medical Director or Clinical Consultant, Safety Officer, Human Resource Director, local and state public health authorities, and others as appropriate, regarding interventions to implement in response to an Infectious Outbreak.
- The IP will post signage regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route(s) of infection at the entry of the VMH along with the instruction that anyone who is sick must not enter the building.

Screening:

- To ensure that staff, and/or new residents are not at risk of spreading the Outbreak organism into the VMH, screening for exposure risk and signs and symptoms will be completed PRIOR to admission of a new resident and prior to staff beginning their shift at work. During an outbreak visitors, volunteers, and non-essential personnel, will have entry to the building based on consideration of the most current regulatory guidance.
- Staff are asked to self-screen for symptoms consistent with the outbreak prior to reporting to work and report these symptoms to their supervisor for further instructions. The Supervisor will inform the IP of the staff member's symptoms.
- The IP will determine if symptoms are consistent with those of the current outbreak and follow pertinent protocol, i.e., testing, quarantine, etc.
- The VMH will prohibit staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities or based on CDC guidance.

Visitor Restrictions/New Admissions:

- In the event there are confirmed cases of the outbreak in the local community, the VMH may consider closing the VMH to new admissions. Outside visitation will be based on the guidance of local, state or federal public health authorities. If restrictions are sanctioned, alternative visitation arrangements (such as outdoor visitation) or methodologies (such as video calling) may be used as applicable and authorized.

New Jersey Veterans Memorial Homes
Infectious Disease Outbreak Response Plan

Isolation and Cohorting of Infected Residents During and Outbreak:

- The VMH will have a designated area to cohort residents infected with the same organism, as necessary, during an Outbreak. Residents infected with the same organism may have their care confined to one area to prevent contact with other residents and will remain in their rooms with the door closed to the extent possible.
- Refer to current NJ DOH and CDC guidance as to Isolation and Cohorting for corresponding organism.
- Based on the Infection Control Policy, staff will be required to wear recommended PPE, which may include gown, gloves, surgical mask or N95 mask, eye protection, when caring for an infected resident to reduce risk of exposure based on transmission-based precautions.
- The VMH will minimize as much as possible the number of staff assigned to enter the room of the isolated person. Staff will be trained as per current CDC or DOH guidance. Additional training and supervision on the mode of transmission of this Outbreak will be provided to staff, which will include proper use of PPE, handwashing and hand hygiene.

Outbreak Interventions Implemented by the VMH:

- All individuals entering the VMH or certain areas of the VMH may be required to wear a face mask in accordance with CMS, CDC and NJDOH guidance. Residents who cannot/will not wear a facemask must remain in their room, to the extent possible when applicable.
- Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposed individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.
- Implement the isolation protocol in the VMH (isolation rooms, cohorting, cancelation of group activities and communal dining) as described in the VMH's infection prevention and control plan and/or recommended by local, state, or federal public health authorities.
- Increase environmental cleaning, specially all high touch areas which include door knobs, handrails, light switches, elevator buttons, etc. and follow current CDC guidelines for environmental cleaning specific to the outbreak organism in addition to routine cleaning for the duration of the threat.
- The VMH will review engineering controls in place and may utilize appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.

New Jersey Veterans Memorial Homes
Infectious Disease Outbreak Response Plan

Staffing Plan:

- In the event of staffing shortages due to Veterans Home employees being unable to work or return to work due to COVID-19 or other Pandemic/Endemic related illness, the VMH will put the following plans into place:
- Overtime shifts will be offered to Veterans Home staff.
- Procurement of Agency personnel
- Enlist the assistance of National Guard and VA staff, as available, to assist with facility needs
- Utilize per diem staff (facility per diem staff of from the DOH per diem staff list)
- Engage in active recruitment efforts to hire additional personnel
- Allow staff to return to work in accordance with following CDC guidance: *"CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages."*

Testing:

- The VMHs have arrangements with at least one laboratory to perform testing of residents and staff.
- The VMH will test any resident symptomatic for the Infectious organism and will conduct additional testing of residents and staff in accordance with applicable DOH, CDC and CMS guidance.
- Point of Care (POC) testing methods may be used as well utilizing FDA approved testing products.

Communication to Families, Residents and Staff Members:

- In the event of an "Outbreak" in the facility, an email-based contact system (aka listserv or blast) will be sent to all resident representatives or their designee, residents and staff members who have email access. This email listserv will provide information on the outbreak status and will communicate changes to restriction and alterations in normal operations if needed.
- Said email will also provide families and resident representatives with information such as menus, activities calendars and special events.
- Additionally, residents and staff members without email will reference the daily posting of the "Outbreak" Update Notice, which will be posted in the facility at the Main Entrance reception desk.
- The email communication will also be utilized to notify families and resident representatives by 5:00pm on the next calendar day following the diagnosis of a COVID-19 (and/or other Pandemic/Endemic illness) resident or staff member or three or more residents or staff with the onset of new respiratory symptoms, consistent with COVID-19 (and/or other Pandemic/Endemic illness) within 72 hours of each other. For those without email, or refusing to provide an email address, a copy will be sent via the United States Postal Service.
- Virtual visits will be initiated if in-person visitation is stopped to families and resident representatives and as the situation requires. These visits will be coordinated by the Recreation Department via a variety of platforms and devices.

- Family/POA virtual meeting will occur regularly by the CEO/Designee. Family will be able to email questions prior to the meeting with answers/information provided to the same during the next meeting.

Core Practices of Infection Prevention and Control:
The facility will maintain core infection prevention and control practices during an outbreak such as:

- Increased cleaning of the facility.
- Increase cleaning of high touch areas.
- Maintain adequate levels of disinfectant and germicidal agents.
- Increase staff education on COVID-19 and/or applicable pandemic/endemic and prevention methods.
- Education should include prevention pertinent to the current Outbreak including proper PPE use, handwashing and hygiene, social distancing, signs & symptoms, etc.
- Continued screening of visitors and staff members entering the building.
- Persons must initially enter through the front (main) door of the facility for screening.
- Annual training exercises to ensure the plan is practical, comprehensive, and ensures the safety and well-being of it's Residents and staff. The annual training shall include, but not be limited to, coordinating with emergency medical services, hospitals, and fire and police departments. Each long-term care facility shall record a summary of the effectiveness of the training exercise and any need for future modifications to the training exercise.
- Annual Infection Control Assessment and Response (ICAR) survey conducted by the Department of Health.

References:

Sample Policy for Emergent Infectious Diseases for Skilled Nursing Care Centers, Compiled and Prepared by AHCA/NCAL Emergency Preparedness. Washington, D.C. 20005. https://www.caltcm.org/assets/AHCA_NCAL_Infectious_Disease_Sample_Policy.pdf Accessed: 22 March 2020.

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N.J.S.A. § 26:2H-12. https://casetext.com/statute/new-jersey-statutes/title-26-health-and-vital-statistics/chapter-262h-declaration-of-public-policy/section-262h-1287-definitions-requirements-for-certain-long-term-care-facilities-relative-outbreak-response-plans

NJ DOH Guidance 20-026.