

## Morris Hall Pandemic Response Plan (incl. COVID-19)

<i>Date Implemented:</i>	8/20	<i>Date Reviewed/ Revised:</i>	8/20	<i>Reviewed/ Revised By:</i>	8/20
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Approved by Department Head:

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Approved by Administrator:

Carole Oll

An outbreak is suspected when healthcare associated infections occur above the baseline rate, there is an increase in incidence of disease or an event, or when an unusual microorganism is present. An outbreak may be associated with factors such as individuals, patients, location, organism, contaminated products or devices, environment, or healthcare practices. Ending an outbreak involves modifying one or more of these factors.

### Definition:

An unusual outbreak of illness in patients would be identified by three (3) or more patients with unusual illness consisting of same symptoms, on the same nursing floor within 48 hours. An unusual outbreak of illness in employees would be identified by three (3) or more employees with unusual illness consisting of same symptoms, on the same nursing floor or department (for Non-Nursing Departments) within a 48-hour time period. The employee would also have had to work in the facility within 48-hours of their illness.

For COVID, an outbreak is currently defined as one or more facility-acquired resident cases or two or more laboratory confirmed cases among health care personnel within a 14-day period. Facility-acquired COVID-19 infection in a long-term care resident 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.

### Policy:

The facility will have a method to investigate an unusual level of disease within Morris Hall Senior Care Communities.

### Purpose:

To control and prevent further disease and to identify factors contributing to an outbreak in order to develop and implement measures to prevent similar outbreaks in the future.

### Accountability:

Administration  
Infection Control Committee  
Medical Director  
All Departments

### Review:

Triennially or as needed.

## **Policy Explanation and Compliance Guidelines:**

### **Responsibility:**

1. **Employees:** Employees should promptly notify the Nursing Supervisor and/or designee whenever there is a known or suspected communicable disease, exposure to a communicable disease, or with an unusual outbreak of illness identified in employees, patients, or visitors. An unusual outbreak of illness in patients would be identified by three (3) or more patients with unusual illness consisting of same symptoms, on the same nursing floor within 48 hours. An unusual outbreak of illness in employees would be identified by three (3) or more employees with unusual illness consisting of same symptoms, on the same nursing floor or department (for Non-Nursing Departments) within a 48-hour time period. The employee would also have had to work in the facility within 48-hours of their illness.
  - a. For COVID-19, employees should promptly notify the physician as well as the Nursing supervisor and/or Infection Practitioner if a patient exhibits any signs or symptoms compatible with COVID-19: fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting or diarrhea.
2. **Nursing Supervisor:** Nursing Supervisor and/or designee notifies the Infection Control Practitioner and Director of Nursing with suspected or known outbreak or exposures. Nursing is responsible to notify the physician when a patient has developed a suspected communicable disease, assists to ensure prompt implementation of infection control measures and initiates isolation precautions.
3. **Principal Investigator:** The Infection Control Practitioner and/or designee is responsible, under the direction of the Infection Control Committee Chair, to accept all reports of the outbreak and exposure, coordinate the investigation, notify Employee Health Nurse of exposed employees, consolidate data, communicate needs and immediate control measures as is the focal point to whom and from which information flows.
4. **Chair, Infection Control Committee:** The Medical Director and/or designee advises in the detection, prevention and control of the infectious agent and assumes supervision of the infection control program.
5. **Employee Health:** The Employee Health Nurse and/or designee, under the direction of the Medical Director, is responsible to investigate all employee exposures, notify employees of exposures, instruct employees to seek appropriate medical treatment and testing and maintain exposure records.
6. **Attending Physician:** The Attending Physician reports unusual signs and symptoms in patients to the Infection Control Practitioner and/or designee, consults Infectious Disease Physician for patient care, informs patients of exposure and orders treatment, prophylaxis, precautions or follow-up.

\*Morris Hall will refer to the “The NJDHSS-CDS Guidelines for the Control of Gastroenteritis Outbreaks in Long-Term Care and Other Institutional Settings” and “NJDOH GUIDELINES FOR THE CONTROL OF RESPIRATORY VIRUS OUTBREAKS IN LONG-TERM CARE AND OTHER INSTITUTIONAL SETTINGS” in the event of an outbreak. If the outbreak is associated with COVID-19, Morris Hall will follow all guidance from the NJDOH and CDC that pertains to COVID-19.

### **Outbreak Process:**

1. Confirm that an outbreak exists
  - a. Obtain clearance and support from administration to conduct investigation.
  - b. Case finding – use case definition to estimate the magnitude of the problem.
  - c. Compare to usual incidence of disease.
  - d. Assess the need for outside consultation.
  - e. Report to public health authorities as required by the State of New Jersey.
  - f. Initiate appropriate early control measures and reevaluate throughout process
  - g. ***If the outbreak is related to COVID, the facility will refer to the facility specific COVID pandemic response plan.***
2. Establish or verify diagnosis of reported cases
  - a. Develop specific criteria for definition of a case. Initially, this may be a broad definition.
  - b. Review patient charts to characterize the nature of disease and signs and symptoms
  - c. Obtain appropriate laboratory specimens to identify specific agent responsible.
3. Look for additional cases and collect critical data and specimens.
  - a. Encourage immediate reporting of new cases
  - b. Search for other cases that may have occurred retrospectively or concurrently. Collect information through patient charts, laboratory reports, physicians and nursing staff, etc.
4. Characterize cases of disease
  - a. Time
    - i. Report exact period of the outbreak. Report probable period of exposure.
    - ii. Record date of onset of illness for cases.
  - b. Place
    - i. Provide clues to population at risk. Define location(s). Show clustering of cases.
  - c. Person
    - i. Evaluate patient characteristics (age, sex, underlying diseases, etc.)
    - ii. Evaluate for possible exposures (nursing and medical staff, infected patients, etc.)
5. Formulate tentative hypothesis
  - a. Do a quick evaluation of the outbreak
  - b. Record and review data collected
  - c. Develop a hypothesis based on the likely reservoir, source and mode of transmission.
6. Test the hypothesis (if investigation reaches this stage)
  - a. Many investigations do not reach this stage.
  - b. The problem goes away without intervention or does not require special study.

7. Evaluate control and preventive measures
  - a. Identify specific preventive and control measures on the basis of nature of agent and characteristics of high-risk group and sources.
  - b. Control measures can be implemented anywhere in the process.
8. Analyze data from investigation/initiate surveillance
  - a. Use standard definitions for the identification and classification of infection.
  - b. Analyze surveillance data and report findings to the Infection Control Committee.
9. Collect Specimens
  - a. It may be necessary to culture other patients, personnel or the environment. Work with contracted lab to determine what type of testing may be necessary.

## **Communication**

There are internal & external communication mechanisms within the facility. The facility will follow all NJ State's procedures for communicating reportable and outbreak diseases. Person-to-person communication of infection control and isolation practices are key to alleviating staff fear and gaining compliance with infection control directives.

Internal notifications are care-critical and may include the following: changing conditions, emerging hazards, modifications to internal policies and procedures, incidents and adverse events.

1. The Administrator (COO) for Morris Hall will be the lead person in all communications. COVID-19 numbers and information will be posted by the time clock.
2. The facility will implement virtual communication to connect families and residents in the event visitation is prohibited.
3. Internal communications are handled at management meetings. Departmental meetings as requested by Department Directors can be scheduled to reinforce the initial campus-wide education proceeded in verbal and written/signage formats. When the need for social distancing is required, the communication is done through email, text or memo to departments.
4. Staff and family notification of positive all outbreak cases are handled as follows:
  - a. Patient and family notification of status will be handled by the Nursing Staff and/or their designee.
  - b. Admissions staff will notify potential admissions that we are in an outbreak status
  - c. Infection Control Practitioner and/or designee will communicate with staff if they are symptomatic or are suspected to be part of the outbreak.
  - d. Morris Hall will have an e-mail address designated for employee and/or family emergent requests or concerns. This e-mail address will be monitored by the Administrator and/or designee.
5. A web-based newsletter is the chosen mechanism to communicate the resident and staff status regarding positive and pending cases. Individual calls by families will be answered by the administrators or social work staff.
6. The Director of Admissions will notify referring facilities of the admission status of the building and provide some information as to virtual tours and admissions acceptance.

### COVID specific Communication: INTERNAL

1. Patient notification of testing status positive or negative is handled by the medical staff and/or designee.
2. Employees are notified daily following the occurrence of either a single or two or more patients or staff confirmed positive COVID-19.
3. A daily e-mail from Administration and/or designee during outbreak status will inform families and staff of statistics.
4. Employee Health and/or the Infection Preventionist communicate with staff regarding their test results. This is bi-directional communication. The staff who are tested outside of the facility must notify employee health, infection control and their department director (or designee) of their status.

### EXTERNAL Communication

1. Patient's families must be notified by 5 pm daily following the occurrence of either a single or two or more patients or staff confirmed positive COVID-19. The patient's Nurse and/or designee will call the responsible party of the patient and an e-mail will be sent by the Administrator and/or designee informing staff and families.
2. The Director of Community Relations is tasked with the job of monitoring all publications related to commentary regarding the campus. All articles are referred to the Administrator and if a comment or rebuttal is necessary it will be formulated by this individual.
3. Morris Hall's websites have information posted regarding the pandemic event and our closure to visitors and the acceptance of positive patients.

### **Outbreak Emergency Staffing**

1. Morris Hall will have relationships with staffing agencies to assist with emergency staffing

### **Outbreak Lessons learned**

1. Following an outbreak, the facility will review steps taken to control outbreak and create after-action report/improvement plan for lessons learned

### **References:**

NJ Department of Health/CMS Regulations for Long Term Care

The Joint Commission Hospital Accreditation Standards; Infection, Prevention and Control.

The NJDHSS-CDS Guidelines for the Control of Gastroenteritis Outbreaks in Long-Term Care and Other Institutional Settings.

The NJDHSS-CDS Outbreak Investigation and Control Measures.