



SYCAMORE LIVING

A Wellness Community

2020: COVID-19 OUTBREAK PLAN

Policy Statement: Sycamore Living at East Hanover has established an Outbreak Plan to prepare for infectious diseases (including coronavirus) whose incidence in humans has increased or threatens to increase and that has the potential to pose a significant public health threat and danger of infection to the residents, families, and staff of the skilled nursing center.

Purpose: To ensure that Sycamore Living East Hanover manages and contains the COVID-19 pandemic through a coordinated outbreak plan that is consistent with state, federal, and regulatory standards. This plan will be initiated, when indicated, to address management, organizational and communication procedures.

Background: COVID-19, also known as “Novel Coronavirus” is caused by SARS-CoV-2 an illness caused by a virus that can spread from person to person. COVID-19 symptoms can range from mild (or no symptoms) to severe illness. A person can become infected by coming into close contact (about 6 feet or two arms lengths) with a person who has COVID-19 or by touching a surface or object that has the virus on it, and then touching your mouth, nose, or eyes. Infection control procedures including testing, screening, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) and ongoing Quality Assurance are all necessary to prevent infections from spreading. Prompt detection and effective triage and isolation of potentially infectious individuals is essential to prevent unnecessary exposures among residents, employees (all departments) and visitors to the Community.

New Jersey Department of Health references:

NJDOH Executive Directive No. 20-026

Definitions:

Coronaviridae: Any of a family of single-stranded RNA viruses that have a lipid envelope studded with club-shaped projections, infect birds and many mammals including humans and include the causative agents of MERS and SARS.

Pandemic: A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

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

Cohorting: the practice of grouping patients/residents who either are or are not infected with COVID-19 in order to confine their care to one area and prevent contact with other patients/residents.

Guidance:

All employees:

- 1) Are trained and capable of implementing infection control procedures (including use of personal protective equipment (PPE), quarantine versus isolation, reporting requirements)
- 2) Complete an Initial Employee Screening Tool
- 3) Employee Screening includes obtaining and documenting temperature and screening questions at the start of a work shift
- 4) Complete COVID-19 Employee Questionnaire when: returning from paid time off; returning from medical leave; experiencing new onset COVID-19 symptoms; test positive for COVID-19
- 5) Employees who screen at-risk or who develop signs and symptoms of COVID-19 while on duty will be informed to immediately cease work, notify their supervisor and Employee Health, and follow up with Employee Health for return-to-work requirements.
- 6) Any other identified essential person or vendor who screen at risk are not permitted to enter the facility and will be referred to follow up with their own health care provider
- 7) Consent to and participate in periodic COVID-19 testing at the community and authorize release of testing results. Failure to participate in testing will result in removal from the work schedule.
- 8) If an Employee chooses to obtain testing off-site, the testing must be done within 24 hours of the community's scheduled testing. Sycamore Living East Hanover does NOT reimburse for off-site testing.
- 9) Wear surgical masks or N-95 masks while in the community
- 10) Physically distance when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.

All Residents:

- 1) Expected to consent to periodic COVID-19 testing and authorization of release of testing results. Failure to consent to testing or release of results will result in placement on isolation as a Person Under Investigation (PUI)
- 2) With COVID-19 symptoms and/or with confirmed COVID-19 will be masked (as tolerated) while being provided care and removed from transmission-based precautions once the physician provides a discontinue isolation order.
- 3) Once daily obtain and record blood pressure, pulse, respirations, temperature, pulse oximetry and pain complaint. This information will be monitored at the end of each shift with appropriate interventions implemented

All Visitors:

- 1) Schedule visits with Community Life Engagement Director.
- 2) Complete Visitor COVID-19 Questionnaire and Consent
- 3) Be screened prior to visitation and follow infection control protocols (documenting temperature and screening question responses)
- 4) Individuals with an abnormal temperature (defined as 100.4 or greater) will be denied visitation. Any individuals with observed and or reported COVID-19 symptoms, a recent exposure to confirmed or suspected COVID-19, or recent travel to an impacted area will be denied entry
- 5) Single Point of Entry and Exit into and from the community will be maintained to ensure appropriate screening of all individuals seeking entry into the community
- 6) Signs and posters (hand hygiene, correct use and discarding of PPE) as well as PPE supplies, disposal receptacles will be in place at entrance of community, designated visiting area, and work stations.
- 7) There will be a scheduled time frame which visitors shall abide by
- 8) Visitors shall visit only in the designated areas.

This guidance is based on the current Centers for Disease Control (CDC) Interim Guidelines and will be updated as CDC releases additional information

Lessons learned include:

- 1) Importance of open lines of communication with residents, families/responsible party, and staff to inform of any updates related to COVID-19 information
- 2) Importance of strong collaboration and communication with local and state department of health, hospital systems, and referral sources
- 3) Importance of staying informed of any and all updates regarding licensing, regulations, waivers, and other guidance as they become available
- 4) Importance of frequent education, training and competency audits regarding infection control guidelines
- 5) Importance of understanding your burn rate and establishing a PPE stockpile
- 6) Importance of having strong, and multiple vendor relationships in order to procure enough PPE
- 7) Understanding how quarantining and isolation has negatively impacted the emotional state of our residents to better assist and address their needs

Communication:

Sycamore Living at East Hanover understands the importance and urgent need to effectively and clearly communicate information about any infectious disease outbreaks to staff, residents, families/guardians. Along with this information we include methods on mitigating actions implemented to prevent or reduce the risk of transmission as well as provide cumulative updates to residents, families, and staff via the following platforms:

- 1) On Shift used for team member communication
- 2) One Call Now used for our residents and families (in addition to phone communication)
- 3) Sycamore Living East Hanover website: www.sycamoreliving.com
- 4) COVID-19 Information Line: 973-995-6700
- 5) Social Media – Facebook and Instagram
- 6) Written correspondence by email
- 7) Virtual communication (Alexa Show which Face to Face communication at any time of day, iPad used for face timing on each neighborhood)

Procedures:

- 1) The COVID-19 Outbreak surveillance is organized under the Pandemic Coronavirus Response Coordinator and committee as well as the Infection Control Preventionist.
- 2) Sycamore Living East Hanover will inform residents, their representatives, families/responsible party, and staff of confirmed cases of COVID-19 no later than 5 p.m. on the following business day following the subsequent occurrence of either each time a single confirmed infection of COVID-19 is identified or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.
- 3) The Pandemic Coronavirus Response Coordinator, committee, and Infection Control Preventionist will work in all areas of pandemic preparedness and response, including surveillance and detection of COVID-19 in residents and staff.
- 4) The Pandemic Coronavirus Response Coordinator, committee and Infection Control Preventionist monitors public health advisories (federal and state) at least weekly and is responsible for updating the Pandemic Coronavirus Planning Committee when pandemic coronavirus has been reported in the United States and is nearing the geographic area.
- 5) Weekly monitoring of coronavirus like illness and confirmed cases of coronavirus in residents

and staff is included in our overall surveillance of communicable disease and is reported to the Pandemic Coronavirus Planning Committee and The Pandemic Coronavirus Response Coordinator/ Infection Control Preventionist

- 6) Evaluation and diagnoses of residents and/or staff with coronavirus-like illness shall follow current CDC Guidelines for evaluation of symptoms and laboratory diagnostic procedures.
- 7) Enhanced surveillance (e.g., virologic testing) of residents and staff will occur per current CDC recommendations and will be monitored for coronavirus-like illness on a case-by case basis in collaboration with the local public health department. Determination of enhanced surveillance will be based on the clinical presentation of symptoms, risk factors for exposure to corona viruses, and current CDC recommendations.
- 8) If a Coronavirus outbreak in the facility is suspected, virologic testing (nasopharyngeal) of residents will be used to determine the best course of managing the outbreak.
- 9) All coronaviruses identified by laboratory analysis will be reports to the local public health department and the CDC as a Nationally Notifiable Disease.
- 10) Assessment of coronavirus-like symptoms is included in the evaluation of newly admitted residents. Current CDC and NJDOH Guidelines for isolation precautions will be followed to determine the appropriate placement of newly admitted residents with corona-like illness or confirmed disease.
- 11) The CDC is recommending that healthcare facilities use Standard Precautions, Contact Precautions, Airborne/Droplets Precautions, and Eye Protection. This means wearing a gown, gloves, facemask, and goggles or a face shield
- 12) Updates to residents/responsible party and staff will be provided at a minimum of weekly
- 13) Sycamore Living East Hanover will provide information and submit data to all required reporting entities (such as the local and state health departments, NHSN)
- 14) Complete line listing reporting in response to an COVID-19 outbreak
- 15) Monitor affected areas until outbreak is resolved and implement screening process in accordance with all licensing and regulatory agency guidance
- 16) Implement additional mitigation strategies whenever guidance is updated

Emergency Staffing Strategy

Sycamore Living East Hanover has established and Emergency Staffing Strategy to secure more staff in the event of a new outbreak of COVID-19 or any other infectious disease or emergency among staff. This strategy can be found in our Emergency Staffing Strategy Policy

References and Resources:

- **CDC, Coronavirus (COVID-10)**
(<https://www.cdc.gov/coronavirus/2019-ncov/index.html>)
- **CDC, Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19**
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>)
- **NJDOH Guidance for COVID-19 and/or Exposed Healthcare Personnel**
([https://www.nj.gov/health/cd/documents /topic /NCOV/Guidance for COVID-19 Diagnosed and/or exposed HCP.pdf](https://www.nj.gov/health/cd/documents/topic/NCOV/Guidance%20for%20COVID-19%20Diagnosed%20and/or%20exposed%20HCP.pdf))
- **NJDOH COVID-19: Information for Healthcare Professionals**
([https://www.nj.gov/health/cd/topics/covid2019 health care.shtml](https://www.nj.gov/health/cd/topics/covid2019_health_care.shtml))
- **CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)**
([https://www.cdc.gov/coronavirus/2019-ncov/hep/ guidance-risk-assessment -hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hep/guidance-risk-assessment-hcp.html))
- **CDC Guidance to Mitigate Healthcare Personnel Shortages**
([https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigatin g-staff-shortages.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html))
- **CDC Strategies to Optimize Personal Protective Equipment (PPE)**
([https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe -strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html))
- **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/nursing-homes-testing.html))
([https://www.cdc.gov/coronavirus/2019-ncov/hcp/in fection-control- recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html))
- **N JDOH, Healthcare Associated Infections,**
([https://www.nj.gov/health /cd/topics /hai.shtml](https://www.nj.gov/health/cd/topics/hai.shtml))
- **CMS, April 19, 2020 (QSO-20-26-NH) Communicable Disease Reporting Requirements/Transparency**
- **Infection Control Policy & Procedure**
- **Virtual Visitation Policy**
- **Emergency Staffing Policy & Procedures**