

VIRTUA

MANUAL TITLE Long Term Care Infection Control		POLICY NAME LONG TERM CARE OUTBREAK MANAGEMENT PLAN		
MANUAL OWNER Infection Control Committee Policy Owner Infection Control Committee	DATE OF ISSUE 11/1998	DATE OF LAST REVIEW 5/29/2020	DATE OF REVISION 5/2020, 9/2020 1/26/2021	EFFECTIVE DATE 1/26/2021
REVIEW INTERVAL 12 Months	REVIEWED / APPROVED BY: (Committees) Infection Control Committee, Medical Leadership			
THIS POLICY IS APPLICABLE TO: Virtua Health and Rehabilitation at Mt. Holly Virtua Health and Rehabilitation Center at Berlin				

Purpose: To prevent the transmission of highly infectious novel and/or emerging respiratory agents through the application of a combination of Standard and Transmission Based Precautions. To ensure an effective, timely, and regulatory-compliant response to an outbreak of disease within Virtua Health and Rehabilitation Centers at Berlin and Mount Holly.

Policy: Standard and Transmission Based Precautions will be utilized for patients suspected of having SARS, MERS-CoV, COVID-19, avian influenza, novel influenza, smallpox, novel coronavirus, and other emerging infections as deemed necessary and if more specific infection control guidance is not immediately available from the CDC. The following guidance may be modified as new CDC guidance is released.

Notification/Communication/Monitoring Process:

Person Under Investigation

- If the risk assessment of the suspect case suggests the case meets criteria for a Person Under Investigation (PUI) per CDC guidance:
 - The nurse, nursing supervisor or unit manager will place the patient/resident in the appropriate transmission based precautions for the suspected organism as outlined by the CDC (i.e. COVID-19 – Quarantine Isolation Precautions)
 - The nurse, nursing supervisor, or unit manager will notify physician / physician designee, and Infection Prevention Manager.
 - The nurse, nursing supervisor, or unit manager will notify the DON.
 - The DON will notify the administrator.
 - The Infection Prevention Manager will notify the Infection Control Officer, Medical Director, and Clinical Director of Infection Prevention
 - The Infection Prevention Manager will report to the local health department (LHD) and NJ Department of Health (DOH) the presence of the suspected/confirmed outbreak.
 - Routine monitoring of patients/residents will be according to medical plan of care as directed by the physician/physician designee, guidelines as established by the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid, NJ Communicable Disease Services, local and state Department of Health and any other regulatory agency as deemed appropriate.

Determining Need for a Declared “Internal Disaster”

- Administration, Medical Director, Infection Prevention, and Emergency Management will determine if an Internal Disaster must be called based on the following criteria:
 - New Jersey Department of Health determines level of outbreak OR
 - There is an influx of contagious respiratory patients or surge in contagious respiratory, PUI residents within the facility OR
 - There is a surge of LTC employees suspected PUI cases

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General Facility Control Measures

Implementation of appropriate control measures may include but are not limited to:

- Isolation precautions
- Emphasis on hand hygiene and respiratory etiquette
- Patient/Resident movement restrictions
- Staff movement restrictions
- Visitor restrictions
- Environmental cleaning
- Embargoing of food or drink
- Embargoing of medical devices, products or equipment
- Sterilization or disinfection enhancements or corrections

Evaluation of the effectiveness of control measures during the outbreak occurs on a continual basis.

Findings are reported to the center's Quality Assurance and Performance Improvement Committee (QAPI), Infection Control Committee, Operational Management Group and regulatory agencies as required.

For COVID-19: COVID-19 policy can be found on Vine in Policy and Procedure section- under COVID-19 file

PPE in Quarantine Isolation

- Staff caring for the patient/resident or entering the patient's/resident's room (including EVS) will wear all PPE according to CDC recommendations.
- Staff will be educated on proper donning and doffing of PPE.

Patient Transport

- No patient will be allowed outside the room once in quarantine isolation without the Infection Control Officer or Medical Director's consent.
- All X-rays should be performed in the patients'/residents' room.
- If the patient /resident needs to be transported within the facility to another room/unit, the following procedure must be followed:
 - The patient's nurse will transport the patient/ resident with clean wheelchair or stretcher
 - The nurse will wear an N-95, ear loop procedural mask, and protective eyewear. Gowns and gloves may be worn if there will be contact with patient /resident during transfer.
 - The patient/resident will wear an ear loop procedural mask, if able to tolerate mask.
 - If the patient/resident is unable to tolerate wearing a mask, the transporting nurse must wear full PPE (N95, protective eyewear, gowns and gloves).
 - The patient/resident will be escorted directly into a private quarantine isolation room

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- Appropriate paths, segregated from main traffic routes will be utilized for patient/resident transport
- The hallways will be cleared of patients, residents, and employees, prior to transport

Lab Testing

Any/all laboratory testing occurs according to communicable disease specificity.

Patients/residents/staff/resident representative refusing communicable disease laboratory testing will be explained risk vs. benefits regarding refusal. The Medical Director of the Center, Attending Physician, Administrator, Infection Prevention Manager, and Director of Nursing will work collaboratively to ascertain reasons why behind refusal as well as take additional steps to increase knowledge base and awareness of the patient/resident/resident representative/staff member of the required need for testing in efforts to mitigate harm.

If patient/resident/representative still refuses, the Medical Director of the Center, Attending Physician, Administrator, Infection Prevention Manager, and Director of Nursing will coordinate a medical and nursing plan of care that encompasses isolation, cohort status, and any other clinical interventions required to limit harm to the patient/resident, staff, and other facility population.

If a staff member refuses testing the Medical Director of the Center, Administrator, Infection Prevention Manager, and Director of Nursing will collaborate with the Infection Control Officer, Employee Health and Safety Manager, and Human Resources regarding action needed that necessary and appropriate.

Specimen Collection

- No specimen will be collected without the prior approval of the Medical Director/ Infection Prevention Manager.
- Collection of all respiratory specimens must occur with staff wearing all appropriate PPE required for Quarantine Isolation.
- Lab specimens of suspected contagious respiratory or r/o contagious respiratory illness will be placed in a plastic bag labeled “Suspected Contagious Respiratory” or other respiratory illness as appropriate, and placed into a second bag and hand carried to the lab as soon as possible.
- Paperwork will be placed in the outside of the outermost bag.
- In an effort to minimize staff exposure, nurses who have demonstrated competency in obtaining nasopharyngeal, oral pharyngeal, nasal swabs or nasal washes will collect lab specimens.
- At any time, the suspension of certain specimen collections may be necessary to minimize risk to nursing as directed by the Infection Control Officer, Medical Director, and Infection Prevention Manager.

Patient/ Resident Placement Procedure

- Cohorting patients/residents during an outbreak will be considered only after evaluation of room availability, census and staffing and only with the consent and collaboration of the Infection Control

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Officer, Medical Director, Nursing Administration, Infection Prevention Manager, and utilizing CMS and CDC guidance.

- Nursing will remove all unnecessary supplies from the room before the patient/resident placement into the private room, i.e. extra linen, or other supplies. Only patient/resident-specific equipment may be in room.
- Environmental Services will remove privacy curtains from the room and place trash bags in all trash receptacles
- The receiving unit will notify the Nursing Supervisor when the room is ready for occupancy
- Transferring units will ensure that the receiving location is prepared for the arrival of the contagious respiratory patient / resident **before** transport

Isolation Precautions

- A Transmission Based Precaution Isolation sign will be placed outside room.
- An isolation cart with PPE supplies and designated medical supplies will be place outside of the patient/resident room
- Isolation trash can will be placed inside the room, at the threshold
- Patient/ resident will be flagged in electronic medical record with appropriate Transmission Based Precaution
- Limit number of staff entering patients/residents rooms
- All staff entering the room are required to adhere to Transmission Based Precautions.

Personnel and Staffing

- Nursing, in consultation with Infection Prevention, will determine necessary staffing ratios DAILY while attempting to minimize the number of staff coming in contact with the patient/resident. If an N95 mask is necessary for type of outbreak, only staff fit tested for N-95 respirators will be permitted to care for these patients.
- Employees taking care of contagious respiratory patients/residents will receive education on transmission, spread, and symptoms of the disease from Infection Prevention.
- Employees who come in direct contact with contagious respiratory patients, will be educated on monitoring themselves for symptoms when not at work.
- All employees will have their temperature monitored at the beginning and end of their shifts if required as part of the outbreak plan. During this monitoring, staff will be evaluated for any sign & symptoms of illness associated with the organism, as defined by the CDC. Any employee with a temperature of 100.0 F or greater will be sent home and directed to call the Virtua employee hotline 609-444-2828 for evaluation, guidance and possible testing.
- Employees will notify their Manager, Nursing Supervisor, or staffing coordinator immediately of any signs and symptoms of illness associated with the organism as outlined by the CDC. The employee

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will not be allowed to work until further evaluation. The employee will be directed to call the Virtua employee hotline 609-444-2828 for evaluation, guidance and possible testing. The Infection Prevention Manager will then be notified.

High Risk Procedures

- High risk procedures are any procedures with the potential to generate respiratory droplets, including but not limited to nebulized therapy, and non-invasive ventilation (CPAP, BiPAP).
- At any time, the suspension of certain high risk procedures may be necessary to minimize risk to nursing as directed by and in collaboration with the Infection Control Officer, Medical Director, and Infection Prevention Manager
- Nebulized therapy may be substituted with MDI(Metered dose inhaler), if appropriate under the direction of the Medical Director.
- Staff will utilize proper PPE for quarantine isolation and high risk procedures.
- HEPA units, if available, will placed in the rooms for those patients/residents requiring CPAP, BiPAP.
- Oxygen should be delivered DRY, avoiding nebulized humidity.

Nurse STAT

- Crash carts on units with contagious respiratory patients/residents should be left outside of the room. Only necessary equipment and supplies will enter the room.
- All staff will wear full PPE required for Quarantine before entering the room.
- If resuscitation is successful, a team member will remain with the patient/resident until transfer to the hospital, if necessary.

Patient/Resident Transport to Hospital

- Call ahead to 911 or transport to inform of the patient/resident status, Quarantine Isolation precautions and identification of organism involved.
- An ear loop mask will be placed on the patient/ resident if tolerated and appropriate.
- **When transferring the patient/ resident to the stretcher:**
 - Place clean sheet or blanket on the stretcher
 - Place a clean sheet or blanket over patient. **DO NOT USE CONTAMINATED BED LINENS FROM THE BED**

Visitors/Visitation- policy can be found in LTC- COVID 19- folder.

- During times of outbreak, it may be necessary to limit and or restrict visitors.
- All visitors must be approved by the Infection Control Officer, Medical Director, Administrator, Director of Nursing, or Infection Prevention Manager.
- Visitation exceptions may include end of life visitation and by DOH guidelines.

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- All visitors are screened, according to established guidelines, for contagious respiratory symptoms or epidemiologic risks, i.e. fever and cough prior to being allowed to visit the patient/resident. (This may include but not limited to attestation of the visitor to symptom free status, afebrile, center representative obtaining temperature, and any other required information. Other applicable Virtua polices/procedures will be followed as appropriate). If visitor does not meet screening criteria, they will not be allowed to visit.
- The nurse caring for the patient/resident will ensure that all staff and visitors entering the room are educated on Quarantine/Isolation precautions.
- Visitors shall wear all appropriate PPE required in Quarantine Isolation. The nurse will instruct all visitors on how to perform a proper fit check for the N-95 respirator.

Infection Prevention Responsibilities

- The Infection Prevention Manager (IPM) with direction of the Infection Control Officer, Medical Director will ensure the implementation of appropriate infection control measures
- The IPM or designee will be the facility resource person providing daily communication to administration, public relations and other IPMS at the direction of the Infection Control Officer
- IPM or designee will report all cases to the appropriate health officials
- IPM or designee will assess the need for supplies with Corporate Purchasing

Environmental Precautions

- The Environmental Services staff will act under direction of the Infection Control Officer for guidance as to cleaning schedules. To limit movement, EVS may have restricted entry into patient/resident rooms under Quarantine Isolation Precautions.
- Nursing personnel may be responsible for cleaning inside a patient/resident room during outbreaks requiring Quarantine Isolation precautions.
- Disinfectant sprays will NOT be used for cleaning. Only hospital approved disinfectant wipes or water buckets with hospital approved disinfectant and disposable cloths will be utilized.

Laundry and Linens

- Clean linens will NOT be stored in the patient's room
- Personnel wearing appropriate PPE for Quarantine Isolation should be worn to handle soiled linens.
- The soiled linen bag will be placed in a clean linen bag when removed from the room using a two-man transfer. Biohazard labels are not needed on linen bags. The facility will follow Virtua protocols and maintain communication with its linen vendor to ensure safe handling and processing of contaminated linen and follow the vendor's protocols.

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- Residents personal laundry processed in house will be washed in hot water with standard quantities of laundry detergent and dried according to routine procedures

Waste Handling and Disposal

- Medical waste should be discarded according to local and public health authorities
- Medical waste related to the care of contagious respiratory patients should be handled as potentially infectious material. Personnel should wear all appropriate PPE required in a Quarantine Isolation room, when handling medical waste. Used patient/resident care supplies will be discarded as routine medical waste..
- Used sharp items such as needles should be placed in a leak-proof sharps containers and disposed as per policy.

After Patient Discharge

All quarantine rooms will remain closed for one hour after discharge, if available place HEPA filter in room.

- Nursing personnel will discard all supplies left in the room
- Environmental Services staff will clean/disinfect with a hospital-approved disinfectant all surfaces that were in direct contact with the patient or may have been splashed with respiratory secretions including, but not limited to, floor, bedrails, bedside table, adjacent walls, lavatory surfaces, equipment surfaces, and telephones
- Mattresses, bed frames, footboards and headboards should be wiped down with a hospital-approved disinfectant
- Ceilings and distant walls do not require special treatment unless visibly soiled.

Discontinuing Quarantine Isolation

Quarantine Isolation Precautions will be discontinued **ONLY** after consultation with the Infection Control Officer or designee and the local public health authorities.

Communication:

In LTC COVID-19 Communication Plan can be found in LTC- COVID 19- folder which addresses the notification of residents, residents' families, visitors, and staff in the event of an outbreak of a contagious disease at a facility.

For COVID-19: See all related LTC policies/SOPs in the LTC COVID-19 folder.

Reporting to Public Health:

The Virtua Health and Rehabilitation Centers' will responsibly report a facility outbreak/reportable communicable disease within the required timeframe to the Department of Health according to set regulatory guidance. The Infection Prevention Manager or designee will immediately notify confirmed or suspected cases

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of communicable disease set forth in N.J.A.C. 8:57-1.5(a) to the health officer of the jurisdiction (local health department) where the ill or affected person lives. If residency is unknown, notification to the health officer of the jurisdiction where the diagnosis was made is followed.

References:

CDC, Interim Guidance for Infection Control within Healthcare Settings when Caring for Confirmed Cases, Probable Cases, and Cases under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease. <https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>, page last reviewed January 23, 2014.

CDC, Interim Infection Prevention and Control Recommendations for Hospitalized Patients with Middle East Respiratory Syndrome Coronavirus (MERS-CoV), <https://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>, page last reviewed September 14, 2017.

CDC, Public Health Guidance for Community-Level Preparedness and Response to SARS, version 2/3, Supplement 1: Infection Control in Healthcare, Home, and Community Settings, <https://www.cdc.gov/sars/guidance/i-infection/index.html>, page last reviewed May 3, 2005.

CDC, Interim Healthcare Infection Prevention and Control Recommendations for Patients under Investigation for 2019 Novel Coronavirus, <https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>, page last reviewed February 10, 2020.

New Jersey Department of Health, Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel, available at https://www.nj.gov/health/cd/documents/topics/NCOV_I_Guidance_for_COVID_19_Diagnosed_and_or_Exposed_HCP.pdf

New Jersey Administrative Code 26:2H-12.87

New Jersey Administrative Code 8:39-19.4(f)

New Jersey Administrative Code 8:57-1.4, 1.5, 1.6, 1.7

CDC, Testing for Coronavirus (COVID-19) in Nursing Homes, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>