

OUTBREAK RESPONSE PLAN 2022 CHRISTIAN HEALTH

Purpose: To provide guidelines, following state, federal, and regulatory standards, to provide a framework to ensure that outbreaks of infection are effectively investigated, brought under control and, where possible, measures taken to prevent similar outbreaks in the future. This plan is in place to ensure that a coordinated approach is taken. It identifies the roles and responsibilities of key individuals and covers management and organizational aspects, communication, investigation and control procedures. The plan covers all infectious diseases, defined as all illnesses caused by microbiological agents including bacteria, viruses, fungi and parasites. Most outbreaks may not impact greatly on routine services. On occasions however, outbreaks may have significant implications for routine services and additional resources may be required. In these circumstances, Emergency Operations Plan at the impacted facility within the organization will be invoked.

Policy: It is the policy of the Christian Health to prevent and control nosocomial Infections and investigate suspected epidemics of nosocomial Infections. The Infection Preventionist (IP), or designee, shall have responsibility for investigating epidemics and developing policies aimed at the prevention and control of healthcare-associated infections (HAIs). If an outbreak is suspected, the investigation will be directed by the IP or designee.

- A. The Infection Preventionist, or designee, has been given the responsibility to initiate appropriate control measures or studies whenever it is reasonable to assume that any patient/resident/client or employee has been or may be placed in danger of exposure to an infectious disease.
- B. The Infection Preventionist will follow the current CDC (Centers for Disease Control & Epidemiology) Guidelines and other current NJDOH guidelines or literature to develop an appropriate action plan.
- C. Any major decision involving a large number of patients/residents/clients or employees, or which involves a considerable expense, such as closing a unit, will be made only after thorough and complete discussion with leadership which may include, but not be limited to, Vice President Medical Affairs, Chief Operations Officer, Chief Nursing Officer, and Administrator.

- 4) Pandemic-** A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no pre-existing immunity against the new virus, it spreads worldwide.

Required Forms:

- a. New Jersey Health Department Outbreak report for Long Term Care and Other Facilities and Line Lists. Also other regulatory and licensing agencies such as CMS and CDC.

Training Requirements: Emergency Preparedness/infection Prevention and Control

Related Policies & Manuals:

- a. P&P: Reporting Communicable Diseases in Patients/Residents/Clients
- b. P&P: Communication with Reporters
- c. P&P: Bioterrorism
- d. Isolation Precautions Policy
- e. Surveillance for Infections

Regulatory Mandates:

- a. New Jersey Department of Health and Senior Services Licensure Regulations, N.J.A.C. 8:43E
- b. N.J.A.C. TITLE 8 HOSPITAL LICENSING STANDARDS; Chapter 43G
- c. Reportable Communicable Diseases: N.J.A.C. 8:57-1, 1995.
- d. The Joint Commission Infection Control Standards
- e. N.J.S.A. 2H-12.87
- f. 42 Code of Federal Regulations (CFR) (§483.10 (f)4 and F-tag 563
- g. CDC 42 CFR

Procedures:

- A. Infection Preventionist or designee is alerted by cell phone and via email of a suspected/potential outbreak.
- B. Unit charge/team nurse will initiate line list of affected patients/residents/clients with date and time of origin and symptoms.
- C. Infection Preventionist will review with charge/team nurse and others as appropriate (DON, ADON/Nurse Manager, CNO and/or Medical Director, Vice President Medical Affairs), suspected cases and will assess the cases to determine if it meets the criteria for possible outbreak.

interventions put in place, and updated Care Plan.

13. Continue to receive daily updates from each patient/resident unit which is impacted.

- G. If Infection Preventionist is unavailable, notify DON's, Nurse Managers who will assume the responsibilities of the Infection Preventionist during the event.
- H. Follow regulatory guidelines/protocols for isolating and cohorting infected and at risk residents in the event of an outbreak of a contagious disease until the end of the outbreak determined by state and federal regulatory agencies.
- I. Notification by designated staff to select residents/patients, resident/patient family members or sponsors, and support staff in the event of an outbreak of a contagious disease in the facility via face-to-face conversation, telephone, website, email, or post mail.
- J. Information on the availability of laboratory testing via Department of Health (DOH) or approved contracted services, protocols for assessing whether facility visitors are ill, protocols to require ill staff to not come to the facility to work, and processes for implementing evidence based response measures.
- K. Routine monitoring of patients/residents/clients per M.D. orders and Human Resources/Employee Health guidelines will determine if staff has identified signs of a contagious disease that could develop into an outbreak.

Reference: CH Surveillance Policy (attachment)



COVID -19 OUTBREAK PLAN Addendum 2022-2023 CHRISTIAN HEALTH

Purpose: To define guidelines, following state, federal, and regulatory standards that provide a framework to ensure that the current pandemic outbreak of COVID-19 is effectively managed and contained within Christian Health. This plan is in place to ensure that a coordinated approach is taken. Since this pandemic outbreak has significant implications for routine services and additional resources will be required, the Emergency Operations Plan within the organization will be initiated when indicated to cover all management, organizational and communications procedures.

References:

- NJDOH Executive Directives
- CDC Guidelines
- CMS Clinical Standards
- The Joint Commission

Related Policies & Manuals:

- a. Emergency Operations Plan
- b. Outbreak Response Plan
- c. Emergency Staffing Guidelines
- d. Critical Staffing Guidelines
- e. Mandatory Overtime Regulations and Guidelines

The COVID-19 Outbreak Plan includes the establishment and deployment of a Clinical Operations Review Team (CORT) or other designated committees. Hospital Incident Command System (HICS) or other designated meetings are scheduled as needed to ensure that Christian Health remains in compliance with all licensing, regulatory and local, state and federal guidance and requirements specifically related to the COVID-19 pandemic/outbreak.

Committee Member may include but not be limited to:

- Chief Operating Officer
- Vice President Medical Affairs
- VP/CNO & Director of Nursing – Heritage Manor and Southgate
- Medical Director(s)/designee
- Program Administrator(s)
- Nurse Executive Leadership Council/designees

Christian Health recognizes that the principles of continuous quality improvement are foundational and consistent with its mission, vision and values. These principles include the belief that, in striving to be the hands of Christ, we minister to the whole person, utilizing their strengths in the recovery process, with respect and care for the physical, emotional and spiritual needs of those we serve. The commitment to quality is evident in ongoing Quality Assurance and Performance Improvement initiatives. Applying this framework to CH's response to the COVID-19 pandemic outbreak, we continuously review our operations and performance to ensure that services provided will be of the highest quality and consistent with all current standards and licensing, regulatory and/or accrediting agency requirements including NJ DOH COVID-19 weekly surveillance report.

Lessons learned include:

1. Importance of immediately executing our established Emergency Operation Plan and HICS structure.
2. Importance of strong collaboration/relationships with the state and local department of health.
3. Importance of staying abreast of and implementing all licensing, regulatory, accrediting and other resources guidance as they developed.
4. Importance of establishing a Clinical Operations Review Team (CORT) to drive initiatives.
5. Importance of strong communication processes and mechanisms.
6. Importance of education, training and competency.
7. Importance of managing PPE available, optimizing according to federal agency guidance, establishing a stockpile and having strong vendor relationships.
8. Importance of having access to tests and receiving timely test results.

Communication:

1. CH utilizes multiple platforms to communicate with internal and external stakeholders. These include, but are not limited to, and are implemented based on target audience and information required to be disseminated:
 - a. Posting information and links on CH website (ChristianHealthNJ.org)
 - b. Dedicated Courtesy line for urgent calls, concerns or complaints (201-848-4488)
 - c. Use of social media platforms
 - d. Written correspondence sent by email and/or US Post to patients/residents and families/sponsors and staff
 - e. Individual communication to patients/residents and families/sponsors
 - f. Use of internal Touchtown tv platform
 - g. Posting information and links on CH Intranet
 - h. Educational materials provided

Procedures:

- A. The COVID-19 Outbreak surveillance and investigation is organized under the direction CORT, COVID Response Team or other designated committees in collaboration with the Director of Infection Prevention and Control or designee(s).

as required to maintain designated transmission based precautions. Per Executive Directive, universal eye protection is also needed when COVID-19 Weekly Surveillance Report (previous Activity Level Index (CALI)) is at moderate level or above Community Transmission Levels in patient/resident areas.

- c. Any other identified essential person(s)/vendors and/or non-CH employee who screen “at risk” are NOT PERMITTED to enter the facility and will be referred to follow up with their own health care provider.
2. Testing:
 - a. STAFF: Ongoing testing of all facility staff in accordance with current: NJDOH, NJ Executive Directive orders.
 - i. Testing will be implemented based NJDOH guideline in conjunction with the regional positivity rate reported in the COVID-19 Weekly Surveillance Report previously in the COVID-19 Activity Level Index (CALI) Weekly Report (<https://www.nj.gov/health/cd/statistics/covid/>) and CH testing guidelines.
 - b. RESIDENT:
 - i. Testing will follow CH's Cohort Grid
 - ii. Any resident who is newly symptomatic consistent with COVID-19 will be re-tested at the onset of symptoms regardless of the interval between the most recent negative test and symptom onset in accordance with public health recommendations.
 - c. NON-EMPLOYEE:
 - i. CH may provide Point of Care (POC) Antigen testing for any nonemployee entering the facility per current NJDOH of CH guidelines.
 3. Visitation will be permitted per NJDOH Executive Directive(s).
 - a. All Visitors will be screened prior to visitation.
 - b. Visitors will be required to sign Informed Consent prior to visitation.
 - c. Visitors will be educated about COVID-19 risks, hand hygiene, maintaining social distancing and donning and doffing of PPE as indicated.
 - i. Alternative methods of visitation will continue to be offered and implemented including but not limited to assisted telephone, virtual and/or window facilitated contacts.
 4. CH has established Emergency Staffing Guidelines as well as defined Critical Staffing Guidelines to be implemented to secure staff as needed to ensure continuity of care for all patients/residents in the event of a new outbreak of COVID-19, any other infectious disease or emergency among staff. These are outlined in the Emergency and Critical staffing guidelines (attached).
 5. Education is provided to staff, patients/residents, their representatives and families (as clinically indicated) related to COVID-19. Topics will include but not necessarily be limited to Infection Prevention and Control practices to limit exposure such as:
 - a. Hand Hygiene