COVID-19 Prevention and Control
Outbreak, Management and Recovery Plan

Policy Statement

It is the policy of the Holland Christian Home to follow current CDC, NJDOH and all other applicable governing body guidelines and recommendations for the prevention and control of COVID-19.

Policy Interpretation and Implementation

Modes of Transmission / Symptoms of COVID-19

1. Symptoms include:
    a. Fever
    b. Cough
    c. Myalgia / fatigue
    d. Shortness of breath at illness onset
    e. Sore throat
    f. Less commonly reported symptoms include sputum production, headache, and diarrhea, loss of smell.
2. Those at higher risk for severe illness include older patients and those with chronic medical conditions including, but not limited to:
    a. Cancer
    b. Chronic kidney disease
    c. Chronic lung disease
    d. Dementia or other neurological diseases
    e. Diabetes 1 & 2
    f. Down Syndrome
    g. Heart conditions
    h. HIV infection
    i. Weakened immune systems
    j. Liver disease
    k. Overweight / Obesity
    l. Sickle Cell or Thalassemia
    m. Smoking
    n. Solid organ or blood stem cell transplant
    o. Stroke or cerebrovascular disease
    p. Substance abuse disorders.
3. Incubation period is 2-14 days.
4. Current evidence suggests that the virus spreads mainly between people who are in close contact with each other, typically within 1 metre (short-range). A person can be infected when aerosols or droplets containing the virus are inhaled or come directly into contact with the eyes, nose, or mouth (e.g., when an infected person coughs or sneezed near a susceptible person).

5. Transmission via large-particle droplets requires close contact between source and recipient persons because droplets generally travel only short distances (approximately six (6) feet or less) through the air.
6. Indirect contact transmission via hand transfer of COVID-19 virus from virus-contaminated surfaces or objects to objects to mucosal surfaces of the face (e.g., nose, mouth) may also occur.
7. Airborne transmission via small particle aerosols in the vicinity of the infectious individual may also occur. However, the relative contribution of the different modes of COVID-19 transmission is unclear.
8. Airborne transmission over longer distances, such as from one resident room to another, has not been documented.

Surveillance

1. The Infection Preventionist conducts active (daily) surveillance for new respiratory illness and reports activity in the facility.
2. The Infection Preventionist maintains communication and collaborates with local, state, and federal health authorities.

Outbreak Precautions

1. Standard, contact droplet and airborne precautions are implemented during care of residents suspected of coronavirus, in addition to standard precautions used with all residents regardless of symptoms.
2. All staff and residents are required to wear face covering at all times within the Home. Direct healthcare providers are to wear a N95 respirator while caring for a resident with active or presumed COVID-19.
3. Precautions are continued for (14) days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer. Precautions may be continued for longer periods based on clinical judgment.
4. For any patients that present with a fever and lower respiratory illness (fever, cough, sore throat, shortness of breath) and without alternative explanatory diagnosis (e.g., influenza), a surgical mask will be placed on patient and patient will be moved to a private room as soon as possible with the room door closed.
5. The Home's Infection Preventionist will be notified promptly and the Department of Health (DOH), in consultation with clinicians will determine whether a patient is a Person Under Investigation (PUI) for COVID-19 and will need testing. The Administrator will be notified as soon as possible and will communicate with other team members to provide support to the facility.
6. Local/state health departments must be contacted immediately to notify them of patients with fever and lower respiratory illness who traveled internationally within 14 days of symptom onset or any person, including healthcare workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset.
7. Local and state public health staff will determine if the patient meets the criteria for a person under investigation (PUI) for COVID-19. The state and local health

department will assist clinicians to collect, store, and ship specimens appropriately, including during afterhours or on weekends/holidays.

8. Facilities without an airborne infection isolation room (AIRR) are not required to transfer the patient assuming:
    a. Patient does not require a higher level of care; and
    b. Facility adheres to Standard, Contact, and Airborne Precautions.
9. Facemask are to be worn by resident in room with door closed when on isolation. Only essential personnel should enter the room.
10. Patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough) will be rapidly triaged and isolated:
    a. Patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility will be identified.
    b. Triage procedures will be implemented to detect persons under investigation (PUI) for COVID-19 during or before patient triage or admission and will ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of international travel, or contact with possible COVID-19 patients.
    c. Respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient's nose and mouth if that has not already been done) will be implemented and patient will be placed in isolation.
11. Supplies will be provided for respiratory hygiene and cough etiquette, including 60%-90% alcohol-based hand sanitizer (ABHS), tissues, no touch receptables for disposal, and face masks at facility entrances, waiting rooms, resident check-ins, etc.
12. Patients who require hospitalization should be transferred as soon as is feasible to a facility where an AIIR is available. If the patient does not require hospitalization the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration. Cohort residents when possible.
13. Staffing policies will be implemented to minimize the number of staff who enter the room. A log will be kept of all persons who care for **OR** enter the rooms or care area of these patients.
14. Staff entering the room soon after a patient vacates the room should use respiratory protection.
15. Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs) will be used. If equipment will be used for more than one patient, such equipment will be cleaned and disinfected before use on another patient according to manufacturer's instructions.
16. Staff should perform hand hygiene using ABHS before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene also can be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water must be used before returning to ABHS. The facility will ensure that hand hygiene supplies are readily available in every care location.

17. Staff who develop respiratory symptoms are to apply facemasks and report to the Infection Preventionist. Ill staff may not return to work until they have been afebrile longer than 24 hours (without antipyretic treatment) and respiratory symptoms have improved.

Notification

1. The Infection Preventionist will notify the state and local health department immediately if a resident, visitor, or employee is suspected or confirmed for COVID-19 and is a "Person Under Investigation" (PUI) as defined as a person who has had close contact by being within 6 feet of a COVID-19 case for a prolonged period of time or having direct contact with infectious secretions of a COVID-19 case.
2. Means of notification of staff / residents / visitors / family members include, but are not limited to, email, social media posts, facility website posts, and signage posted on doors / throughout the facility. For more specific details on notification refer to policy and procedure entitled "24 Hour Notification Process".
3. Required data, including but not limited to current outbreak status, resident census, current capacity, PPE supplies, COVID testing, etc, is reported to appropriate local, state, and federal agencies in accordance with current regulations.

Visitor Access

Visitation will proceed in accordance with NJ Department of Health (NJ DOH) Memorandum of March 22, 2021 entitled, "Mandatory Guidelines for Visitors and Facility Staff" which amends and supplements visitation per E.D. 20-026, reissued on January 6, 2021 and is meant to be used in conjunction with Ed 20-026 and ED 21-001. See "**COVID-19 Visiting Policy NJ DOH Memorandum: "Mandatory Guidelines for Visitors and Facility Staff" March 22, 2021** for additional details.

1. Only ONE entrance designated by the facility will be utilized for everyone entering the building (except for staff).
2. Exceptions to visitation in any phase include:
    a. EMS personnel, who shall be permitted direct access to a resident in emergency situations;
    b. Ombudsman office representatives.
3. Visitation during this pandemic will be in compliance with CDC, CMS, NJOH and North Haledon DOH executive directives/ guidance.

Vendors

1. Vendors are held to the same rules / guidelines listed above in the Visitor Access section.
2. Deliveries should only be delivered to the Maintenance Garage Door or Kitchen Door; facility staff will be responsible for bringing deliveries from the door drop off point to the appropriate department / storage area within the facility.

Volunteers

- Volunteers are not permitted in the building during an outbreak and will be allowed to return as per Executive Directive 20-026.

Mail / Packages

- Mail and packages are placed in designated areas for staff to disinfect prior to distribution. For specific details see policy entitled "Internal Mail/Package Processing and Delivery During COVID-19 Pandemic**."**

Monitoring of Residents

1. Residents will be monitored for signs of fever and/or respiratory symptoms by taking vital signs daily at a minimum on each shift or per current guidelines depending on recovery phase currently at the Home.
2. If a resident shows sign of fever or respiratory infection:
    a. The resident will be placed on isolation precautions
    b. If the resident MUST leave the room for a medically necessary procedure, they will wear a mask.
3. All residents with symptoms of a respiratory infection will be instructed on and encouraged to adhere to respiratory hygiene, cough etiquette and hand hygiene procedures.
    a. Facemasks, as available, will be provided to all residents.
    b. Supplies to perform hand hygiene, as available, will be available to all residents and visitors in common areas. Hand sanitizer, when available, will be provided where appropriate.
4. Visual alerts will be posted at the entrance and in strategic places to provide residents and staff with instructions regarding respiratory hygiene, hand washing and cough etiquette.

Health Care Workers

1. Before beginning their shift, all employees must do the following:
    a. Complete a questionnaire about symptoms, travel and direct exposure / contact with others who are infected or suspected to be infected. Any exclusory answers will require the staff member to immediately inform their supervisor, leave the building, and self-isolate at home for at least 14 days.
    b. Have their temperature taken by a designated facility staff member. Any temperature greater than or equal to 100.4F degrees will require staff member to immediately inform their supervisor, leave the building, and self-isolate at home for at least 14 days.
2. At completion of work day employee must have temperature taken by designated staff member.
3. Staff who develop fever and respiratory symptoms will be:
    a. Instructed not to report to work, or if at work, to stop resident-care activities, and promptly notify their supervisor before leaving work.
    b. Excluded from work for at least 10 days, or if tested and show a negative test result, may return after 72 hours after fever free without medication assistance, but not sooner than 7 days after symptom onset.
    c. Those with ongoing respiratory symptoms will be considered for evaluation by the Infection Preventionist and/or designee to determine

appropriateness of contact with residents but, at a minimum, will be required to wear a facemask while on duty.

d. Note: FTE and PTE staff are encouraged to take advantage of their sick time benefits as applicable and as listed in the HCH Employee Handbook.

4. All employees must wear a face mask while on duty. N95 masks are to be worn by direct care givers while interacting with residents suspected and/or confirmed to have COVID-19.

Activities During Active or Potential Outbreak

1. All external activities will cease
2. All large group activities will cease
3. All communal dining will cease
4. Activities will resume in accordance with NJ Executive Directive 20-026 for resumption of services.

Communication

1. Care Plans currently scheduled will be held in a telephonic or digital format until further notice.
2. Weekly televised addresses from the Administrator will be transmitted via CCTV to residents to inform them of temporary changes taking place. Addresses are distributed in writing to all residents and via email to staff, residents, and interested individuals who expressed a desire to receive them.
3. All meetings will be conducted in a telephonic or digital format until the facility is fully reopened.

Lab Testing

1. COVID-19 testing of residents is performed in accordance with current regulations, and is conducted in partnership with Valley Hospital Laboratory.
2. COVID-19 testing of employees is performed in accordance regulations, and is conducted in partnership with local laboratories.
3. The Holland Christian Home may conduct point of care testing of residents and/ or employees at the facility when deemed appropriate.
4. Valley Laboratory phlebotomists will not be permitted to enter the facility until further notice; during this time HCH RNs will perform all necessary blood draws for residents.

Medical Director

1. The Home employs a NJ licensed MD as a Medical Director
2. In the event the Medical Director is unavailable during the COVID19 outbreak period, the Home has made the following arrangements:
    a. The Home has contracted the services of a Licensed Independent Practitioner (NJ licensed MD) from the Valley Medical Group.
    b. The Home has contracted the services of a licensed Nurse Practitioner.

Admissions

- Admission and readmission of residents to the facility will be determined based on strict adherence to current NJDOH/CMS orders, guidance and directives on admissions/readmissions.

Phased Reopening

1. The reopening plan of the Holland Christian Home follows a phased approach in accordance with all guidelines set forth in NJ Executive Order 20-026.
2. The Holland Christian Home maintains two separate licenses: 1). Long Term Care and 2). Residential Healthcare in a Long-Term Care Facility.
    a. Record keeping and data collection are kept separately for each license.
    b. Attestations and reopening will be submitted for both licenses simultaneously as compliance in each phase is met.
3. Approval from the NJDOH is required to advance to the next phase in the reopening plan.
4. The HCH reopening plan is subject to the State of NJ's phased reopening plan entitled: "The Road Back: Restoring Economic Health Through Public Health." If at any point during the public health response the State of NJ returns to the "maximum restrictions stage", HCH will return to Phase 0, as per Executive Directive 20-026.
5. Restrictions for each phase of reopening are illustrated in the attached chart.

	STAGES OF STATE REOPENING	MAXIMUM RESTRICTIONS	STAGE 1 (+14 DAYS)	STAGE 2 (+14 DAYS)	STAGE 3 (+14 DAYS)
	PHASES OF LTCF REOPENING	**PHASE 0**	**PHASE 1**	**PHASE 2**	**PHASE 3**
VISITATION	End-of-life visitation	✓	✓	✓	✓
	Compassionate care visitation	✓ (not routine)	✓	✓	✓
	Essential Caregiver visitation, except of COVID-19 quarantined/isolated and/or COVID-19 symptomatic residents	✓	✓	✓	✓
	Emergency personnel / state long-term care ombudsman	✓	✓	✓	✓
	Virtual visitation and window visits	✓	✓	✓	✓
	Outdoor visitation of COVID-19 recovered residents and of COVID-19 negative/asymptomatic residents	✓	✓	✓	✓
	Indoor visitation	✓	✓	✓	✓
COMMUNAL DINING	COVID-19 negative, asymptomatic residents and COVID-19 recovered residents	Limited*	✓	✓	✓
GROUP ACTIVITIES	COVID-19 negative, asymptomatic residents and COVID-19 recovered residents	Limited*	✓	✓	✓
TRIPS OUTSIDE FACILITY	Medically Necessary trips (with face mask / covering)	✓	✓	✓	✓
	Outings for COVID-19 negative, asymptomatic residents and COVID-19 recovered residents	X		✓	✓
	Overnight trips	X		✓	✓
	Visits to homes of family members	X		✓	✓
	Going out to eat	X		✓	✓
	Going shopping	X		✓	✓
	Going to the hair salon	X		✓	✓
PERSONNEL RESTRICTIONS	Non-essential personnel (ex: hairdressers) allowed in building	X	X	*Limited	✓
	Volunteers allowed in building	X	X	X	✓
	Limited entry allowed as determined necessary by facility for COVID-19 negative, asymptomatic residents and COVID-19 recovered residents	✓	✓	✓	✓
SYMPTOM SCREENING	All Persons: Before entry to the facility	✓	✓	✓	✓
	All Persons: For 14+ days after exiting facility	✓	✓	✓	✓
	Staff: Beginning of each shift	✓	✓	✓	✓
	Residents: During every shift (at minimum)	✓			
	Residents: Daily (at minimum)		✓	✓	✓

Date of original policy: 03/11/2020
Date of revised policy: 8-15-2020, 05/2021