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 or chills
    b. Cough
    c. Fatigue
    d. Shortness of breath at illness onset
    e. Sore throat
    f. New loss of taste / smell
    g. Muscle or body aches
    h. Headache
    i. Congestion or runny nose
    j. Nausea or vomiting
    k. diarrhea
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. Evidence suggests that the virus spreads mainly between people who are in close contact with each other, typically within 1 meter (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 (10) 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. For people who are asymptomatic isolation and precautions can be discontinued 10 das after the first positive viral test
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 is 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 must be allowed for all residents of nursing homes at all times per NJ Department of Health (NJ DOH) Executive Directive No. 21-012 and CMS QSO-20-39-NH (revised 11/12/21). Residential Health Care Facilities are required to return to pre-pandemic visitation hours.

1. Exclusions:
    a. Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facilities. The Home will screen all who enter for these visitation exclusions.
    b. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.
2. Visits can be conducted through different means, such as in resident rooms, dedicate visitation spaces, and outdoors.
    a. Outdoor Visits

i. Outdoor visitation is preferred when the resident and/or visitor are not fully vaccinated against COVID-19.
ii. Outdoor visits generally post a lower risk of transmission due to increased space and airflow.
iii. For outdoor visits, the HCH will create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents if available.
iv. Weather considerations or an individual resident's health status (medical condition, COVID-19 status, quarantine status) may hinder outdoor visits.
v. When conducting outdoor visitation, all appropriate infection control and prevention practices should be followed.

b. Indoor Visitation
i. The HCH will allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable, facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.
ii. Although there is no limit on the number of visitors a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.
iii. Large gatherings (parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained will be avoided.
iv. During indoor visitation, visitors may not walk around the facility, but rather should go directly to the resident's room / designated visitation area. Visitors should physically distance from other residents and staff in the facility.
v. If the Passaic County COVID-19 community level of transmission is high, all residents and visitors, regardless of vaccination status, should wear masks and physically distance at all times.
vi. In areas of low to moderate transmission, the safest practice is for residents and visitors to wear masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated.
vii. If the resident and all their visitors are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear masks and to have physical contact.
viii. Unvaccinated residents may also choose to have physical touch based on their preferences and needs, such as with support persons for individuals with disabilities and visitors participating in certain religious practices, including in end-of-life situations. In these situations, unvaccinated residents (or their representatives) and their visitors will be advised of the risks of physical contact prior to the visits.

ix. Visitors should wear masks when around other residents or healthcare personnel, regardless of vaccination status.
x. While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors.
   1. In these cases visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated).
   2. Before visiting, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident.
   3. Visitors should adhere to the core principles of infection prevention.
   4. Facilities are not required to provide PPE for visitors.

c. Indoor Visitation During Outbreak Investigation
   i. An outbreak investigation is initiated when a new nursing home onset of COVID-19 occurs among staff or residents. When this happens, the HCH will immediately begin outbreak testing in accordance with CMS and CDC guidelines.
   ii. While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility.
   iii. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention.
   iv. If residents or their representatives would like to have a visit during an outbreak investigation, they should wear face covering or masks during visits, regardless of vaccination status and visits should ideally occur in the resident's room.

d. Visitor Testing and Vaccination
   i. Visitors are encouraged to be tested on their own before coming to the facility (within 2-3 days).
   ii. Visitors are strongly encouraged to become vaccinated.
   iii. Facilities may ask about a visitor's vaccination status, however visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation. If the visitor declines to disclose their vaccination status, the visitor must wear a mask at all times.

e. Compassionate Care Visits
   i. Compassionate care visits are allowed at all times.
   ii. Because visitation is now allowed at all times for all residents in accordance with CMS regulations, there are few scenarios when visitation should be limited only to compassionate care visits.
   iii. In the event a scenario arises that would limit visitation for a resident (e.g., a resident is severely immunocompromised and the number of visitors the resident is exposed to needs to be kept to a minimum), compassionate care visits would still be allowed at all times.

f. LTC Ombudsman

   i. Representatives of the Office of the State Long-Term Care Ombudsman will be provided with immediate access to any resident.
   ii. If an ombudsman is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident where the county level of community transmission is high in the past 7 days, the resident an ombudsman will be made aware of the potential risk of visiting, and the visit should take place in the resident' room.

g. Screening Requirements
   i. The HCH will log and screen everyone (except for EMS personnel) entering the facility, as per NJDOH requirements, regardless of their vaccination status.
   ii. The HCH will advise everyone entering the facility to monitor for signs and symptoms of COVID for at least 14 days after exiting the facility, and if symptoms occur, self-isolate at home, contact their healthcare provider, and immediately notify the HCH of the date they were in the HCH, the individuals with whom they were in contact, and the locations within the facility they visited.
   iii. The HCH must receive written, informed consent from visitors that they are aware of the possible dangers of exposure to COVID-19 for both the resident and the visitor, and that they will follow the visitation rules set by the HCH. A copy of the consent form must be provided to visitors confirming that they are aware of the risk of exposure to COVID-19 during the visit.
   iv. Visitors will log in and be screened upon entry through the Main Entrance, into the Administration Lobby.
   v. Upon screening, the HCH will prohibit entry into the building for those who meet one or more of the following criteria, regardless of vaccination status:
      1. Have a current SARS-CoV-2 infection;
      2. Have symptoms of COVID-19;
      3. Have had close contact with someone with SARSCoV-2 infection in the prior 14 days or have otherwise met criteria for quarantine; or
      4. If viral testing (antigen or PCR) is used test positive.

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, Kitchen Door, Administration Lobby; facility staff will be responsible for bringing deliveries from the door drop off point to the appropriate department / storage area within the facility.

Volunteers

1. Volunteers should be made aware of the potential risk of visiting during an outbreak investigation.
2. The HCH must receive written, informed consent from volunteers that they are aware of the possible dangers of exposure to COVID-, and that they will follow the rules set by the HCH. A copy of the consent form must be provided to visitors confirming that they are aware of the risk of exposure to COVID-19 during the visit.
3. If a volunteer chooses to enter the facility during an outbreak investigation, they must wear a mask and follow core infection prevention procedures at all times.
4. During an outbreak / outbreak investigation, the Executive Director / Administrator maintains the right to restrict volunteers from the building if deemed clinically necessary.

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 before beginning their shift, via the automated temperature scanner in either the Administration wing or in the Employee Entrance. 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. 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.

3. 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.

Communal Activities, Dining, and Resident Outings

1. While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur.
2. Resident Outings
    a. Residents are permitted to leave the facility as they choose.
    b. Should a resident choose to leave the facility, they will be reminded to follow all recommended infection prevention practices including waring a mask, physical distancing, and hand hygiene.
    c. Upon the resident's return, the HCH will take the following actions:
        i. Screen residents upon return for signs or symptoms of COVID-19.
            1. If the resident or family member reports possible close contact to an individual with COVID-19 while outside the nursing home, the resident will be tested for COVID-19 regardless of vaccination status. The resident will be placed on quarantine if the resident has not been fully vaccinated.
            2. If the resident develops signs or symptoms of COVID-19 after the outing the resident will be tested for COVID-19 and will be placed on TBP regardless of vaccination status.
        ii. The HCH may also opt to test unvaccinated residents without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
        iii. The HCH may consider quarantining unvaccinated residents who leave the facility, if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measures.
        iv. Residents will be monitored for signs and symptoms of COVID-19 daily.

Communication

1. The IDC team will meet in person for Care Plan Meetings however family members / resident representatives will be given the option to participate either in person or via telephone conference call.
2. Executive Updates are provided to residents, family members, and staff by the Executive Director / Administrator via email. Additionally, updates and information are provided to residents via CCTV, weekly at "Coffee with the Administrator", and via announcements at meal times.
3. Information re: COVID-19 and the HCH is also posted on the HCH website: www.hchnj.org

Lab Testing

1. During an outbreak investigation, COVID-19 facility wide testing:
   a. of residents is performed in accordance with current regulations, and is conducted in partnership with Valley Hospital Laboratory.
   b. of employees is performed in accordance regulations, and is conducted in partnership with local laboratories.
2. Testing of unvaccinated staff and residents is conducted twice weekly.
3. The Holland Christian Home maintains a CLIA Certificate of Waiver and may conduct point of care testing of residents and/ or employees at the facility when deemed appropriate.

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 employed 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.

Date of original policy: 03/11/2020
Date of revised policy: 8-15-2020, 05/2021, 12/08/2021

	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)		✔	✔	✔