2020/2021: COVID-19 OUTBREAK PLAN
CHRISTIAN HEALTH CARE CENTER

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 Care Center (CHCC). 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.

New Jersey Department of Health references:

- NJDOH Executive Directive No. 20-013/20-013(1)
- NJDOH Executive Directive No. 20-017
- NJDOH Executive Directive No. 20-018
- NJDOH Executive Directive No. 20-025
- NJDOH Executive Directive No. 20-026

Related Policies & Manuals:

a. Emergency Operations Plan (EOP) 2020
b. Infection Control Outbreak Response Plan 2020
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). CORT meetings are regularly scheduled. Additionally, members of the CORT are available for consultation 24 hours/7 days week. Members of the CORT have defined roles and responsibilities over key operational and clinical services to ensure that the Center remains in compliance with all licensing, regulatory and local, state and federal guidance and requirements specifically related to the COVID-19 pandemic/outbreak.

Clinical Operations Review Team members may include but not be limited to:

- Chief Operating Officer
- Vice President Medical Affairs
- Chief Nursing Officer
- Medical Director(s)/designee
- Program Administrator(s)
- Nurse Executive Leadership Council
    - Directors of Nursing/designees
- Director of Infection Prevention and Control
- Employee Health

Definitions:

1) **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.
2) **Isolating**-means the process of separating sick, contagious persons from those who are not sick.
3) **COVID-19 Cohorting-**means the practice of grouping patients/residents who are or are not infected with COVID-19 to confine their care to one area and prevent contact with other patients/residents. Cohorting groups will be considered according to the following as applicable (refer to COVID Cohort Grid):
    i) **Cohort 1: COVID-19 Positive**: this cohort consists of both symptomatic and asymptomatic patients/residents who test positive for COVID-19, including any new or readmissions known to be positive, who have not met the discontinuation of Transmission-Based Precautions criteria.
    ii) **Cohort 2: COVID-19 Negative, Exposed**: this cohort consists of patients/residents who test negative for COVID-19 who have had an identified exposure to someone who is confirmed COVID-19 positive.
    iii) **Cohort 3: COVID-19 Negative, Not Exposed**: this cohort consists of patients/residents who test negative with no COVID-19 like symptoms and are thought to have no known exposures.
        (1) *This cohort should be created when it is relatively certain that the patient/resident has been properly isolated from all COVID-19 positive and incubating patients/residents and staff.*
    ii) **Cohort 4: New or Re-admissions**: this cohort consists of all persons from the community or other healthcare facilities who are new or readmissions. This cohort serves as an Observation area where persons remain for 14 days to monitor symptoms that may be compatible with COVID-19.

Christian Health Care Center 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 CHCC'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.

Lessons learned include:

1. Importance of immediately executing our established EOP and Hospital Incident Command Structure (HICS).
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 resource guidance as they are developed and disseminated.
4. Importance of establishing a Clinical Operations Review Team to drive initiatives.
5. Importance of strong communication processes and mechanisms.
6. Importance of education, training and competency.
7. Importance of managing Personal Protective Equipment (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. CHCC 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 CHCC website (Internet)
    b. Dedicated COVID-19 information line (201-848-4400)
    c. Dedicated patient/resident/family information line (201-897-5100)
    d. Dedicated Courtesy line for urgent calls, concerns or complaints (201-848-4488)
    e. Use of social media platforms
    f. Written correspondence sent by email and/or US Post to patients/residents and families and staff
    g. Individual communication to patients/residents and families
    h. Use of internal TouchTowne platform
    i. Posting information and links on CHCC Intranet
    j. Educational materials provided

Procedures:

A. The COVID-19 Outbreak surveillance and investigation is organized under the direction of the CORT team and by the Director of Infection Prevention and Control or designee(s).
B. The CORT team is scheduled to meet regularly to drive organization-wide initiatives which ensure compliance with all licensing, regulatory and accrediting agency requirements and federal agency guidance until the COVID-19 pandemic outbreak has been deemed resolved.
C. The Center will utilize defined communication methods noted above to inform patients/residents, their representatives and families (as clinically indicated) of confirmed case(s) of COVID-19.
    a. CHCC will inform patients/residents, their representative and families (as clinically indicated) by no later than 5 p.m. the following business day following the subsequent occurrence of either: each time a single confirmed infection of COVID-19 is identified, or whenever 3 or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.
    b. Updates to patients/residents, their representatives and families (as clinically indicated) will be provided at a minimum of weekly.
D. CHCC will inform employees of confirmed case(s) of COVID-19.
    a. Notification will include, but may not be limited to, appropriate transmission based precaution signage on patient/resident rooms, signage on patient/resident rooms indicating need to see nurse for information and/or instructions prior to entering room.
E. CHCC will provide information and submit data to all required reporting entities related to all mitigating actions implemented to prevent or reduce the risk of transmission of COVID-19.
    a. Notification is made to the local and state health departments per required outbreak protocol.
    b. Notification is made to National Healthcare Safety Network (NHSN) per required protocol.
F. Immediate action will be taken to the best of the Center's ability to implement cohorting strategies that isolate symptomatic individuals from those who may be pre-symptomatic or persons under investigation and/or individuals who do not have any symptoms.
G. Additional mitigation strategies/interventions are reviewed and implemented whenever updated guidance is received.
H. In response to COVID-19 outbreak and when/if outbreak criteria has been met, the CORT team will review all licensing and regulatory agency recommendations for implementation of control measures with but not necessarily limited to one or all of the following:
    1. Required Line List Reporting for all patients/residents and employees who meet clinical criteria for reporting of suspected infection of COVID-19.
        a. Monitoring of the affected unit(s) daily until further direction is provided to discontinue and outbreak is determined to be resolved and concluded.
    2. Screening processes will be implemented and revised as needed in accordance with all licensing and regulatory agency guidance.
        a. 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.
            i. Employee return to work requirements will follow Centers for Disease Control & Protection (CDC) guidance and all related licensing and regulatory agency guidance.
        b. All staff and essential person(s)/vendors and/or non-CHCC employee will be required to wear facemasks while in the facility and appropriate additional PPE as required to maintain designated transmission based precautions (i.e. eye protection) for universal source control.
        c. Any other identified essential person(s)/vendors and/or non-CHCC 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.
    3. Testing:
        a. STAFF: Ongoing testing of all facility staff in accordance with QSO-20-38 and NJDOH, NJ Executive Directive 20-026.
            i. Routine testing will be implemented based on the extent of the virus in the community using the regional positivity rate reported on the COVID-19 Activity Level Index (CALI) Weekly Report (https://www.nj.gov/health/cd/statistics/covid/) in the prior week as the

determining factor for staff testing frequency as indicated in the table below.

ii. If the regional CALI level increases to a higher level of activity, CHCC will begin testing staff at the frequency shown in the table as soon as the criteria for the higher activity are met.

iii. If the regional CALI level decreases to a lower level of activity, CHCC will continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least 2 weeks before reducing testing frequency.

Regional CALI Level	Regional % Positivity Rate in the past week	Minimum testing frequency
Low	<3%	Once a week
Moderate	3-10%	Once a week
High/Very High	>10%	Twice a week

iv. Staff who have previously tested positive for greater than 3 months will be tested according to CDC guidance.

v. Any staff 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.

b. RESIDENT:

i. During active outbreak, resident testing will be initatied and repeated within every 7 days until no new facility-onset cases of COVID-19 are identified among residents and positive cases in staff AND at least 14 days has elapsed since the most recent positive result AND during this 14-day period at least 2 weekly tests have been conducted with all individuals having tested negative.

ii. Residents who have previously tested positive for greater than 3 months will be tested according to CDC guidance.

iii. 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. CHCC will conduct Point of Care (POC) Antigen testing for any non-employee entering the facility and who will have direct or close contact (greater than 15 minutes over 24 hours in less than 6 feet) with staff or patients/residents.

1. This includes any vendor, contracted provider and/or Essential Caregiver, Compassionate Care or End of Life visitation.
2. CHCC may require that a vendor or visitor provide documentation of testing from another source (i.e. their employer or on their own) prior to entering the facility.
3. Specimen collection and administration will be conducted by a qualified health care professional or by an observed self-swab under the supervision of a qualified CHCC qualified health care professional.
4. Priority testing will be for Healthcare Providers who have regular close contact with large numbers of residents or who regularly care for persons with risk factors or medical conditions that increase the risk of severe illness.
5. Note: only antigen tests that have received an Emergency Use Authorization or approval from the United States Food and Drug Administration (FDA) will be used at CHCC for POC Antigen testing.
6. Exceptions will include EMS personnel or persons able to provide documented proof of an FDA approved or authorized POC test collected and performed with negative results within the previous 24 hours.

4. Restriction of visitors and all non-essential persons to the Center. Visitation will be permitted as permissible by NJDOH Executive Directive(s). Signage will be posted on all entrance doors to inform of required visitor restriction.
    a. All visitation will be by scheduled appointment.
    b. All Visitors will be screened prior to visitation.
    c. Visitors will be required to sign Informed Consent prior to visitation.
    d. Visitors will be educated about COVID-19 risks, hand hygiene, maintaining social distancing and donning and doffing of PPE.
    e. Visitation will be coordinated by assigned personnel.
    f. Visitors will be permitted in designated area(s) only.
    g. Visitation will be time limited.
    h. Families will be notified of required visitor restriction(s) until further notice as defined by licensing and regulatory agency guidance.
        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.
5. CHCC 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.
6. 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
    b. COVID-19 signs and symptoms
    c. Reporting of occurrence of symptoms (patients/residents and staff)
        i. Covering coughs and sneezes
    d. Transmission based precautions
    e. Self-isolation/quarantine guidance
    f. Maintaining social distancing
    g. PPE donning and doffing
        i. Face masks for healthcare provider and patient/resident especially during direct care activities (as tolerated by the patient/resident)
        ii. Face mask and eye protection for healthcare provider if patient/resident is unable to tolerate wearing a face covering
        iii. Strategies to optimize/preserve PPE
7. CHCC has developed and implemented the required Respiratory Protection Program (RPP) which complies with the Occupational Safety and Health Administration (OSHA) respiratory protection standards for employees.
    a. The RPP includes completion of medical evaluations, education, training and qualitative fit testing.
8. CHCC will maintain the required emergency stockpile of PPE, essential cleaning and disinfection supplies.

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)
- NJDOH COVID-19: Information for Healthcare Professionals
- (https://www.nj.gov/health/cd/topics/covid2019 healthcare.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/hcp/guidance-risk-assessment-hcp-html)
- CDC Guidance to Mitigate Healthcare Personnel Shortages
- (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)
- 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/infection-control-recommendations.html)
- NJDOH, Healthcare Associated Infections, ICAR Resources (https://www.nj.gov/health/cd/topics/hai/shtml)
- CMS, April 19, 2020 (QSO-20-26-NH) Communicable Disease Reporting Requirements/Transparency