



Preakness Healthcare Center

A Legacy of Caring since 1929

Outbreak Response Plan

Introduction

Outbreak response and management will be initiated when there is an incidence of infections above the expected level of a disease. The Outbreak Response Plan is required by regulatory requirements including N.J.S.A. 26: 2H-12.87. This Plan is in addition to disease-specific information and guidance that will provide more details during an actual response.

Mission

Preakness Healthcare Center, owned and operated by the Board of Chosen Commissioners of Passaic County, is committed to provide quality healthcare services to our residents. Passaic County has a long history of serving as a safety net for its citizens with the first health care facility opening in 1929. In addition to providing care for the residents of Preakness Healthcare Center, Preakness Healthcare Center provides meals for the Passaic County congregate centers and home-bound clients (Meals on Wheels), offers volunteer and internship opportunities and provides community service. We incorporate the skills and abilities of our collaborative team of professionals and support staff to provide the highest quality of individualistic care and services in a comfortable and safe environment.

Background

Preakness Healthcare Center is licensed for 406 nursing facility beds that include:

- 11 bed SCNF unit for ventilator dependent residents
- 24 bed SCNF unit for behavior management.

Preakness Healthcare Center provides subacute and long-term care. Long term care residents include residents with tracheostomies.

Preakness Healthcare Center strives to prevent the transmission of communicable disease outbreaks including COVID, respiratory and enteric (gastroenteritis) illnesses through understanding the routes of transmission, application of infection prevention measures, prompt identification of confirmed illness cases and isolation of potentially infectious persons to prevent transmission among sub-acute, long-term care, tracheostomy and ventilator-dependent residents, healthcare personnel, visitors and volunteers. Preakness Healthcare Center monitors residents to identify signs of

communicable disease that could develop into an outbreak and jeopardize the safety of the residents and staff.

Definitions

Close Contact – someone who was less than six feet from an infected person for a total of 15 minutes or more over 24-hour period.

Cohort – The practice of grouping residents who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other residents.

Confirmed Respiratory Illness outbreak - One or more residents with a positive respiratory illness in a unit within a seven-day period or as defined by the CDC, NJ DOH Department of Communicable Disease Service or any other licensing or regulatory agency.

COVID Cohorting:

Cohort 1: resident with confirmed positive test result who has not met the discontinuation of transmission-based precautions criteria.

Cohort 2: resident under investigation (PUI).

Endemic level – The usual level of given disease in a geographic area.

Isolation – The process of separating individuals reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the infection.

Outbreak – Any unusual occurrences of disease or any disease above background or endemic levels.

Pandemic: global outbreak of an infectious communicable disease

Personal Protective Equipment (PPE): surgical mask, face shield, goggles, gown, gloves, respiratory protection such as N95 respirators.

Quarantine – Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill from those who have not been so exposed to prevent the spread of the disease.

Staff -- individuals who work in the facility on a regular basis, including individuals who may not be physically in the facility due to illness, disability, or scheduled time off, but who are expected to return to work. This also includes individuals under contract or arrangement or volunteers who are in the facility on a regular basis.

Transmission-based precautions – actions implemented in addition to standard precautions that are based on the means of transmission to prevent or control infections.

Outbreak Protocol Authority

Preakness Healthcare Center will take proactive steps to prevent the spread of infection. The Infection Preventionist, or in his/her absence, the Director of Nursing, has the authority to immediately implement prevention and control measures in coordination with the Executive Director and Medical Director.

The response plan incorporates practices described in the infection prevention and control policies, administrative controls (such as screening, isolation, visitor and staff policies), environmental controls, communications and human resources policies and procedures.

Infectious Disease Prevention Protocol

1. Review regulatory requirements for implementation of control measures and immediately implement cohort strategies and universal source control.
2. Applicants for admission will be screened for any signs and symptoms of infection including but not limited to COVID-19 symptoms. Residents who are positive for an infectious agent will be cohorted in accordance with the CDC guidance and regulatory requirements.
3. Admissions of new residents will be suspended if unable to appropriately cohort. Non-emergent physician office visits that can be conducted virtually will be recommended to the attending physician.
4. Post signage on all units or rooms as required for transmission-based precautions.
5. All residents, staff, vendors, medical personnel will be screened for signs and symptoms of infection.
 - Staff who display any symptoms are excluded from work and cannot return to work until the criteria for discontinuation of transmission-based precautions are met.
 - Visitors:
 - All visitors will be screened for symptoms of illness before entering the healthcare facility and sign informed consent as required.
 - Instructions will be provided before visitors enter the Residents' room to perform hand hygiene before entering and before leaving the room and limiting surfaces touched while in the Resident's room.
 - All visitors who enter must wear the required PPE and will be trained on how to don and doff Personal Protective Equipment and properly dispose of used PPE along with a handwashing demonstration.
 - Visitors will be instructed to limit their movement within the facility to that unit or the designated visiting area.
 - All visitors must follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.

- Instruction and handouts for hand hygiene, respiratory hygiene and use of PPE will be available for all visitor to take and use.
 - Visitors will be instructed to report any possible symptoms of the infectious agent immediately to their medical practitioner and to the facility Infection Preventionist or Director of Nursing.
6. Resident's nurse will notify medical transport staff, physician's office staff, emergency room staff if the resident is under monitoring, observation or treatment for a suspected or confirmed infectious agent.
 7. Provide specific information for residents, staff and visitors regarding specific disease symptoms, handwashing, and use of PPE. Educate staff regarding social distancing, handwashing and prevention techniques, proper donning and doffing of PPE, PPE optimization strategies.
 8. Offer telephone, email, and virtual visits using technology such as Facetime, Webex and SKYPE visits rather than face to face visits. Institute telemedicine in accordance with regulatory requirements. Hold virtual meetings when feasible.
 9. Communicate with the local, county and state health departments for notification of confirmed or suspected cases and submit required reports and complete required line lists.
 10. Follow NJ DOH and CDC guidelines for control of outbreaks in long term care facilities.
 11. Implement respiratory protection plan that complies with respiratory protection standards (OSHA).
 12. Implement policies including but not limited to transmission based precautions, standard precautions, enhanced barrier precautions, personal protective equipment for the use of gowns, face shields, surgical masks and gloves, handwashing and hand hygiene.
 13. Implement testing of residents and staff
 14. Offer vaccination if available for the infectious agent

Infection Prevention and Mitigation

Universal masking will be in effect for all staff, visitors and volunteers as required by facility protocol, CDC guidelines and regulatory requirements.

The Infection Preventionist will monitor the incidence of infections and use surveillance data to detect transmission. Outbreak data will be reported quarterly to the Infection Prevention Committee and to the QAPI Committee.

All staff, health care workers and visitors who enter the room of a resident with known or suspected infection must adhere to the required transmission based precautions

according to CDC guidelines and local health department instructions including the use of PPE as appropriate for each resident with symptoms and/or who have been exposed.

Only essential personnel will enter the room of a symptomatic or exposed resident.

- Efforts will be made to assign staff to care for symptomatic and exposed individuals and not assign the staff to other units. Staff will receive specific education prior to working with the residents.
- Employees entering the room of affected individuals will use PPE, including respiratory protection, appropriate for the infectious agent.
- Equipment used for more than one resident, will be cleaned and disinfected before use of another unaffected resident according to manufacturer's instructions.
- Environmental cleaning and disinfection procedures will be based on manufacture instructions including required contact times. List N will be reviewed for pathogens to use against infectious agents.

Resident Testing

- Testing will be performed for residents who are symptomatic or exposed by close contact. During an active outbreak, testing will be conducted following disease specific criteria for the testing duration until no new facility onset cases are identified. Prior to testing, residents and/or responsible parties will be notified of the required testing and consent obtained.
- Any resident who refuses testing will be considered a Person under Investigation if the resident has any signs/symptoms of the disease and will be placed on transmission-based precautions and isolated in accordance with the criteria for transmission-based precautions as per CDC or NJ DOH.
- Residents will be cohorted based on test results.

Staff Testing

- Molecular testing requirements apply to all staff and agency or contracted staff. Serological/Antibody testing does not meet the requirements of ED 20-013.
- Staff may be tested on-site at Preakness Healthcare Center. Prior to testing ... consent for testing and an authorization to release testing results to the Executive Director will be completed by all staff and a copy of the release will be maintained in each employee's personnel record. Routine testing will be implemented based on the extent of the infectious agent in the community as directed by regulatory agencies.
- Staff who test positive will be removed from work and can return to work following CDC guidelines or regulatory requirements.
- Staff who refuse testing, or release of results will be removed from the work schedule until such time as s/he undergoes the mandatory testing and provides the results to the facility as required.

Testing Protocol, Procedures and Reporting

1. Testing will comply with CDC and NJ DOH requirements for residents and staff
2. Residents and staff who test negative will be re-tested in accordance with the CDC or NJ DOH requirements.
3. Respiratory Specimens - Upper Respiratory Tract
 - a. Any specimen collection method (swab or saliva) is acceptable that is approved by the US Food and Drug Administration (FDA), authorized by the FDA through and Emergency Use Authorization, or approved by the NJ Clinical Laboratory Improvement Services as permitted by the FDA.
 - i. Nasopharyngeal Swab (See Policy and Procedure)
 - ii. Saliva (See Policy and Procedure)
 - iii. Antigen Tests (See Policy/Procedure)
4. Testing dates, numbers of staff and residents that have been tested, aggregate testing results for the staff and resident populations and any other information requested by the NJ DOH, Federal agencies (such as NHSN) is reported through the NJ DOH portal on the required schedules.

Vaccination

- All residents and/or resident representatives and staff will receive education about available vaccines for the infectious agent, in a manner they can understand, and will receive the FDA Fact sheet or EUA Fact Sheet before being offered the vaccine. Education covers the benefits and potential side effects of the vaccine including common reactions, such as aches or fever, and rare reactions such as anaphylaxis.
- Residents and/or the legally authorized representative and staff will provide consent for vaccination after provision of educational material regarding the vaccine and potential side effects and reactions.
- Staff will be required, and residents will be encouraged to consider vaccination (such as COVID, influenza) as per regulatory requirements.
- Residents and their representatives have the right to refuse vaccines in accordance with Resident Rights requirements at 42 CFR 483.10(c)(6) and tag F578.

Protocol to Cohort Affected Individuals

If individuals exhibit any signs or symptoms of a communicable disease, they will be cohorted to prevent the spread of the disease.

1. All affected residents will be isolated following CDC transmission protocols based on the disease process which may include the following:
 - a. Contact precautions
 - b. Droplet precautions
 - c. Enhanced barrier
2. The NJ DOH and/or Wayne Health Department will be notified of any reportable communicable disease as required by New Jersey Administrative Code, Title 8, Chapters 57 and 58 (973-694-1800 extension 3373).
3. Follow the guidelines of CDC and the state and local health departments as appropriate to determine who and how to cohort based on the disease process and exposure period.
 - a. Cohort #1: Resident with confirmed positive test result who has not met the discontinuation of transmission-based precautions criteria.
 - b. Cohort #2: Resident under investigation (PUI).
4. If the IDCP team assesses there is a safety concern for a resident to reside on Cohort #1 or #2, the resident may be placed in isolation in a single room on the resident's unit.
5. The Infection Preventionist/designee will maintain a line list, update the list daily and submit to the Wayne Health department and agencies as required.
6. To the extent possible staff assigned will not be assigned to other location or units in the facility through the duration of the outbreak period.
7. The decision to discontinue transmission-based precautions will be in accordance with CDC and NJ DOH guidelines.

Protocol for Residents Requiring Dialysis

- The physician and the dialysis center will be notified of any facility residents who display symptoms of a communicable disease or is a person under investigation prior to going for dialysis treatment and will follow the physician orders and dialysis center directions regarding the treatment schedule to follow as well as provision of PPE to limit the spread of infection.
- Room assignments for residents receiving dialysis will follow CDC or NJ DOH guidelines.

Staff Protocol/Contingency Plans

All staff are designated as essential staff.

1. Staff will be identified who can work additional shifts if needed to fill positions of affected staff. The use of mandatory overtime will be governed by NJ state law.

2. Assigned tasks will be identified that can be temporarily eliminated or modified during an outbreak if a staffing shortage occurs.
3. Ancillary department staff may be assigned to assist in various areas outside their department after training and verification they can safely perform the task during a staffing shortage.
4. To the extent possible, staff will be assigned to a unit during an outbreak and will not be rotated to different units to minimize the spread of the infectious agent.
5. Staff assignments will take into consideration age, chronic medical conditions, and family situation as directed by Human Resources.
6. Education will be provided to staff regarding infection prevention practices – handwashing, personal hygiene etiquette, donning and doffing PPE.
7. Any staff that develops a fever, cough, or difficulty breathing or is symptomatic of a possible communicable disease will be provided with a face mask to wear and immediately sent home. Symptomatic employees will not be allowed to return to work until transmission-based precautions are discontinued as per CDC or NJ DOH requirements. Exposed staff will follow the CDC or NJ DOH requirements for work restrictions.

Contingency Plan, Nursing Staff

- a. Nursing department staff includes employed staff, contracted agency staff for nurses and CNAs, clerical staff with underlying CNA certification, nurses in management positions such as Staff Development, QAPI, MDS.
- b. Auxiliary staff will be assigned and trained to perform tasks that do not require a license or certification.
- c. Preakness Healthcare Center will make every effort to obtain replacement staff if required through agency contracts, seeking staff from other states, and if possible, requesting the support of the Medical Reserve Corp. or NJ National Guard.

Contingency Plan, Dietary Staff

- a. The Executive Director retains the authority to assign staff from non-dietary departments to perform tasks that can safely be performed such as delivering trays to units, preparing pantry items after training is provided.

Contingency Plan, Buildings and Grounds Staff

- a. The Buildings and Grounds staff are responsible for the operation of equipment such as boilers, chillers, monitoring and repairs.

- b. The Buildings and Grounds staff routinely assigned to Preakness Healthcare Center are part of the Passaic County-wide department. Additional staff will be assigned to Preakness and trained on communicable disease, transmission-based precautions and PPE as required.

Contingency Plan, Environmental Services Staff

- a. Trained environmental services staff from the County Buildings and Grounds department may be assigned by the Director of the Buildings and Grounds Department to supplement Preakness staff. Staff will be trained on communicable disease, transmission-based precautions and PPE as required.

Staff Education

1. The Infection Preventionist will work in conjunction with the Medical Director to identify staff education required based on local, state and federal guidelines. Education will include but is not limited to:
 - a. Symptoms associated with the infectious agent.
 - b. How to prevent exposure to and transmission of a specific infectious agent.
 - c. Correct Handwashing with competency assessment thru direct observation.
 - d. Correct type and use of PPE including donning, doffing and proper disposal.
 - e. Job and task specific education to prevent the transmission of the infectious agent – i.e. handling of soiled linens; dietary preparation of meals using disposable products and handoff of trays without entering affected units; housekeeping proper cleaning and disinfection; clinical staff isolation guidelines when providing care.
 - f. How to recognize possible exposure and/or symptoms
 - g. How to use the CDC PUI tool for a specific infectious agent.
 - h. Reporting protocol in the event of exposure of resident.
 - i. Review the facility protocols related to the infectious agent.
 - j. Sick leave policy modifications
 - k. Medical clearance for fit testing to use N95 respirators and training

Supplies

- a. Preakness Healthcare Center maintains an inventory of alcohol-based hand sanitizer, soap, personal protective equipment that includes but is not limited to gloves, masks, face shields, gowns, footwear and head coverings. Equipment is purchased through contracts established yearly pursuant to bid. In the event equipment is needed from a non-contracted vendor, the Purchasing Agent of Passaic County has the authority to procure the necessary PPE.

- b. During nationwide shortages, Preakness will conserve PPE equipment in accordance with CDC guidance.
- c. Preakness Healthcare Center will maintain a two-month emergency stock pile inventory of PPE and alcohol-based hand sanitizer in a designated on-site trailer and in the Passaic County warehouse.

Air Quality

- Preakness Healthcare has 14 Air Handler Units.
- AHU units are equipped with dual filtration system consisting of: MERV 10 prefilter and MERV 14 final filter. AHUs have a mixed air damper that allows outside air to be introduced into the facility and are equipped with UV germicidal bulbs.
AHU units are inspected weekly for bulb failure and other equipment malfunctions.
Filters are replaced every 3 to 4 months depending on the season.
- Maintenance reports and logbooks are maintained in the Facility Dept. office.

Infection Prevention Committee

1. Membership

- A. Executive Director, LNHA
- B. Assistant Executive Director, LNHA
- C. Infection Preventionist, RN
- D. QAPI Coordinator, RN, BSN
- E. Staff Development Coordinator, RN, MSN
- F. Nurse Practitioner, APN
- G. Director of Nursing, RN, BSN
- H. Medical Director, MD, Certified Medical Director
- I. Director of Environmental Services
- J. MD, Board Certified in Infectious Disease
 - o Preakness Healthcare Center contracts with a physician on a consultative basis who is Board Certified in Infectious Disease

2. Meetings

Infection Prevention Committee meets quarterly and is chaired by the Infection Preventionist. Consultant infectious disease physician will attend in person or virtually two of the four quarterly meetings. Lessons learned from the implementation of the outbreak response plan are reviewed by the Committee members.

Notifications

1. Infection Preventionist will notify all department directors of the location of residents with a positive infectious agent and quarantine via email. Department Directors will inform their staff.

2. Director of Nursing/designee will notify the resident and the designated representative for the resident within 24 hours of the positive result via phone call.
3. Signage for precautions to be followed on a unit and other directions will be posted.
4. The Executive Director or Infection Preventionist will notify the local department of health, the NJ DOH, the County Health Department and any other required regulatory agencies.
5. The Executive Director will provide a written update to staff and residents and, families/interested parties who have provided their email through a constant contact email group, as well as post the updates on the County website using non-identifying information at least once/week.
6. Data will be reported as required into databases established by the NJ DOH, CDC NHSN or in accordance with regulatory requirements.

Communication

Preakness Healthcare Center facilitates access through in-person visits, electronic or telephonic visits to the Ombudsman and NJ Department of Health representatives as required by the agencies.

Cumulative written updates on at least a weekly basis are provided to residents, their designated representatives and families and staff. The updates include the status of the facility and information on the activities in the facility. Communication methods include:

- Phone calls to designated representatives of residents with the resident's specific medical information.
- Postings on the Preakness Healthcare Center page of the Passaic County website, constant contact email group and traditional mail for non-identifying information.
- Updates are also issued by 5 pm the next calendar day when there is a single confirmed infection of COVID-19 or when there are three or more residents or staff with new onset of respiratory symptoms within 72 hr. of each other.

Virtual communications between residents and those they wish to communicate with are facilitated by Therapeutic Recreation staff, Volunteers and Community Outreach Director. Virtual applications include Facetime, Skype and Webex. Tablets and computers for use by residents during virtual visits are provided by Preakness Healthcare Center or a resident may use his/her own electronic device.

Security staff may be reached 24 hr/day at 973-317-7023 for urgent calls or complaints.

