FELLOWSHIP VILLAGE
Welcome to Inspired Living

A PREMIER FELLOWSHIPLIFE COMMUNITY

POLICY AND PROCEDURE

Subject:	Outbreak Response Plan
Discipline	Team Members-All Departments
Effective date	02/15/20
Revised	2/21/24
Approved	Jack Ellias, LNHA, Senior Director of Health and Medical Services (Administrator) Dr. Arthur Sheppell, MD, Medical Director, Usha Natarajan, MD, IDS Janine Schmeltz, RN, DON, Nemse Paguntalan, Infection Preventionist

"Policies and Procedures are GUIDELINES. They are intended to communicate information that generally applies to facility operations. However, these guidelines may not always be applicable to individual circumstance. Current rules, regulations and laws take precedence over guidelines. Managers, professionals and staff may complete their respective duties in an alternative manner, due to rapid pace of progress and/or presenting circumstance."

Purpose: The purpose of the Outbreak Response Plan is to provide guidance to team members about appropriately responding to an outbreak of infectious disease within the organization.

Policy: Fellowship Village will promptly respond to outbreaks of infectious disease in accordance with guidelines and protocol in this Outbreak Response Plan. The Outbreak Response Plan incorporates recommended practices and evidence-based directives and protocol from the Centers for Medicare and Medicaid (CMS), Centers for Disease Control (CDC), and New Jersey Department of Health (NJDOH). The goal of this plan is to prevent the spread of an outbreak within our community to protect residents who are at higher risk for severe illness related to age and comorbidities. The Outbreak Response Plan is driven from Fellowship Village's Facility Assessment and is a key component of and Infection Prevention and Control (IPC) Program and Fellowship Village's Emergency Response Plan. Under the IPC Program, the Fellowship Village (FV) team will adhere to the Infection Prevention and Control (IPC) Policy and Procedure Manual to enact a pro-active, concerted response to help prevent and contain the transmission of infectious diseases including COVID-19.

Definition:

"Outbreak" – According to the NJDOH, an outbreak is "any unusual occurrence of disease above background or endemic levels". The Centers for Disease Control and Prevention (CDC) defines an "**outbreak"** as "the occurrence of more cases of a disease than would normally be expected in a specific

place or group of people over a given period. According to the NJDOH, an outbreak is "any unusual occurrence of disease above background or endemic levels". Outbreaks can range from food poisoning to enterovirus to seasonal Flu." Some infections are so uncommon, and, or severe that the identification of one case would represent an outbreak.

"Communicable Disease" – Any disease that spreads from person to person through:

- Direct contact
- Contact with contaminated surfaces
- Improper hand washing
- Sneezing or coughing on or near others

Procedure:

Proper infection prevention and control practices will be practiced by team members to minimize communicable disease outbreaks and those related to contaminated food or water.

More common outbreaks within long-term and assisted living settings have included:

- Respiratory Infections, e.g., Influenza, Parainfluenza, COVID-19, RSV, Adenovirus, Human Meta-pneumovirus, Rhinovirus
- Gastrointestinal Infections, e.g., Norovirus, Escherichia coli-related, and Salmonella
- Skin and soft tissue infections, e.g., Scabies and Streptococci Aureus-related

The Infection Preventionist along with the Department Directors coordinates implementation of the measures within the Outbreak Response Plan and related IPC policies and procedures. The IPC Committee which includes the Infectious Disease Specialist (IDS), Medical Director, Administrator, and Director of Nursing provides direction to ensure adherence to the Outbreak Response Plan.

FV maintains a dedicated Infection Preventionist in accordance with NJSA 26:2H-12.92.

Infection control surveillance is conducted as an ongoing practice by the Infection Preventionist in accordance with 'Surveillance for Infections" and other policies located in the IPC Policy and Procedure Manual. Outcome surveillance is conducted for healthcare, associated infections and epidemiologically significant infections which can have significant impact on resident outcomes. Active monitoring for seasonal illness is also prioritized. In addition, process surveillance is enacted to evaluate the integrity of infection prevention and control measures. Surveillance results are reported to the IPC, Antibiotic Stewardship and QAPI Committees.

The IDS and Medical Director provide surveillance oversight including findings and data interpretation and advise the Infection Preventionist accordingly.

The medical, and nursing team members also monitor residents for prompt recognition of infectious disease referencing Loeb and CDC NHSN criteria for infections, i.e., respiratory, gastrointestinal (GI), and skin/soft tissue, and urinary tract infections (UTIs), respectively. Interdisciplinary team members are also educated about observing residents and self for symptoms of infectious disease. Suspected infections based upon observation, and, or criteria satisfaction will be reported to the Nurse and Infection Preventionist immediately. The Nurse will subsequently notify the Physician.

A **respiratory or gastrointestinal outbreak** may be present or evolving if the below criteria is met.

- Several residents present with similar symptoms (respiratory or gastrointestinal) in the same household, or area within, or after participating in the same communal activity or event
- Two or more residents develop illness (respiratory or gastroenteritis) within 72 hours of each other
- An increase in team member absence occurs with many reporting similar symptoms

When it is unclear whether an outbreak may be occurring, the Infection Preventionist will consult with the IDS/Medical Director, and, or Bernards Township Health Department at 908-204-2520.
Team members will follow protocol for:

- Early detection of an outbreak
- Preventing transmission through infection control interventions
- Monitoring morbidity and mortality and implementing clinical interventions to minimize risk
- Identifying the pathogen or organism responsible for the outbreak
- Using antiviral agents and promoting vaccines to help control and minimize outbreaks

The healthcare team is educated at least annually and, more often, as indicated, about their role in infection surveillance including identification of infections and immediately reporting any suspected infection(s) to the Nurse, Attending Physician, and Infection Preventionist. This education is coordinated by the Infection Preventionist via resources, e.g., the Relias Network, planned sessions, and videos, etc.

Reporting of a Suspected Outbreak:

When an outbreak is identified or suspected within the community, the Infection Preventionist will report the suspected outbreak to those listed below.

- Senior Director of Medical and Health Services/Administrator
- Medical Director/IDS
- Director of Nursing (DON)

Upon determination, the Infection Preventionist will report by telephone, any suspected and confirmed cases of immediately reportable communicable diseases, identified on Appendix A "Immediately Reportable Diseases" as set forth in NJAC 8:57-1.5 (a) to the government authorities specified below:

- Bernards Township Health Department (Health Officer) at 908-204-2520 during regular business hours M-F.

- NJDOH at 609-588-7500 (M-F 8am to 5pm) and at 609-392-2020 (after 5pm and on holidays and weekends) if the Bernards Township Health Department cannot be reached the same day.

And to:

- NJ Division of Health Facilities Evaluation and Licensing at 609-292-0412 if the outbreak is in Assisted Living

Further, the Administrator/Infection Preventionist will immediately report any cases of disease or health condition that may reasonably be a potential cause of a public health emergency as set forth in the Emergency Health Powers Act at NJAC 26:13-4 to NJDOH (per contact information above).

The Administrator will ensure that reporting requirements are met for "Immediately Reportable Diseases" acquired or potentially acquired within the community by residents, and, or team members.

The Administrator/Infection Preventionist will also report to the Bernards Township Health Officer/designee, by mail or electronic reporting, within 24 hours of diagnosis, the below information regarding confirmed, reportable communicable diseases under NJAC 8:57-1.5 (b). An exception to this requirement is that the Administrator/Infection Preventionist **must report persons with Hepatitis C, sexually transmitted diseases and Tuberculosis directly to the NJDOH.**

If the Health Officer is unavailable, the Administrator/Infection Preventionist will report this information to the NJDOH by telephone to 609-588-7500, between 8:00 A.M. and 5:00 P.M. on non-holiday weekdays or to 609-392-2020 during all other days and hours.

The Administrator may be directed to send the report to the NJ Department of Communicable Disease Service, New Jersey Department of Health, PO Box 369, Trenton, NJ 08625-0369 or via email.

Information to be reported includes:

1. Name of the disease
2. Name, age, date of birth, gender, race, ethnicity, home address and telephone number of the person who is ill or infected with such disease
3. Date of onset of illness
4. Name, address, institution, and telephone number of the reporting health care provider/administrator;
5. Clinical laboratory data, which support the diagnosis
6. Any treatment provided (for sexually transmitted diseases only); and other information requested concerning a specific disease including interventions
8. Name, municipality, and telephone number of the location where the outbreak occurred
9. Number ill
10. Description of symptoms

11. Pertinent medical history and available diagnostic confirmation
12. Other information that may be requested by the Health Officer or NJDOH concerning the infection.
It is mandatory to follow the above reporting protocol for these purposes:

- Control disease spread
- Identify and eliminate infection source, e.g., contaminated products
- Uncover emerging problems and evaluate them
- Determine and mitigate a carrier's part in transmitting disease
- Enact prompt and evidence-based interventions effective toward disease prevention

Case Investigation and Outbreak Steps:

Upon receipt of a notification, the NJDOH assigns an "E" number to the outbreak which must be used for all outbreak communication and any laboratory samples. An "I" number may be assigned to designate an investigation that is initiated to determine if an outbreak exists (when outbreak criteria is not met).

The Bernards Township Health Department, in consultation with the NJDOH epidemiologist, will lead the investigation by providing guidance and support to the FV team. The Infection Preventionist serves as the liaison between the local health department, state epidemiologist and FV. The Infection Preventionist ensures that any requests by the Bernards Township Health Department/NJDOH to visit are accommodated.

The Infection Preventionist is responsible for coordinating all aspects of an outbreak investigation with support from leadership including the Executive Director, Administrator, Department Directors, and IPC Committee.

An outbreak investigation is completed according to the below steps outlined by the NJDOH and per the guidance of the Bernards Township Health Department:

1. Confirm that an outbreak exists
2. Verify the diagnosis using clinical, epidemiological and lab test information considering seasonal disease occurrence
3. Develop a case definition based on clinical and laboratory criteria
4. Perform active surveillance
5. Document cases in a line list
6. Identify and eliminate transmission sources when possible
7. Enact control measures, balancing infection control concerns with adjustment or temporary disruption of residents' daily routines with the priority of supporting the highest practicable level of resident well-being in accordance with the person-centered plan of care
8. Evaluate effectiveness of control measures and modify, as necessary
9. Summarize investigation in a written report to communicate findings

Note: The Bernards Township Health Department may assume coordination and decision-making responsibilities toward completing the investigation.

Confirmation of an Outbreak:

To confirm an outbreak, the Infection Preventionist will communicate to the Bernards Township Health Department the number of residents and team members who are ill and well and current cases of illness are compared to expected norms. Both collaborate to determine the outbreak source.

Criteria as outlined below by the NJDOH is applied to confirm outbreaks developed within the organization.

- Respiratory Illness Outbreak:

  - One lab-confirmed, positive resident case, e.g., Influenza, COVID-19, RSV, Adenovirus, Human Meta-pneumovirus, etc. along with other cases of respiratory illness in the household. A COVID-19 outbreak exists when one resident or two team members test positive.

    Or

  - Sudden increase over the normal background rate (typically >=10% of established baseline rate). of acute respiratory illness (ARI) cases with or without documented fever (temperature >= 100F or 2 degrees above the established baseline for that resident if less than 100F). An ARI includes any 2 of these symptoms, i.e., fever, sore throat, rhinorrhea, and nasal congestion in the absence of known cause, e.g., seasonal allergies, and COPD. Elderly and medically compromised persons may present with atypical signs of respiratory virus illness which may not include fever.

- Gastrointestinal Illness Outbreak:

  - One lab confirmed positive case of norovirus along with other cases of illness with GI symptoms
  - Two or more lab confirmed, positive cases of enteric pathogen, e.g., Norovirus, Campylobacter, E. Coli, Salmonella, Shigella, C-difficile (in-house acquired).
  - Sudden increase over the normal background rate of acute GI illness with or without lab confirmation (typically >= 10% of established baseline rate).

- Scabies Outbreak:

  - One or more lab confirmed cases of positive skin scraping

    Or

  - Two or more suspected cases (including those clinically diagnosed and treated as Scabies) involving residents, health care providers, other team members, visitors, and/or volunteers in a 4-week period.

- Other Outbreaks:

    - Single in-house acquired case of other, rare, potentially serious infection, e.g., Legionellosis, active TB, Measles, Candida Aureus, Chicken Pox, Ebola, Foodborne parasite

The IPC Policy and Procedure Manual will be referenced by the Infection Preventionist and healthcare team for guidance regarding the specific infection type.

Diagnosis Verification and Treatment:

Causes of illness or symptoms including any noninfectious causes will be identified based upon history, physical assessment, and lab results. Consideration of causes is also guided by the season in correlation with presenting symptoms, e.g., evaluating for the presence of Influenza (Flu) during the fall, winter, or early spring seasons.

An outbreak's etiology is confirmed by having at least two cases with a positive lab test. When fewer than two lab, confirmed cases are found, a probable infectious agent can be inferred by the Physician/Nurse Practitioner (NP)/Physician's Assistant (PA) through evaluation of clinical signs and symptoms.

As soon as a **respiratory outbreak** is suspected, organism specific, lab testing will be prioritized (e.g., rapid antigen testing, PCR, and/or viral isolation). Lab testing will also be done for suspected outbreaks that are non-respiratory, as applicable.

Lab testing for suspected **GI infectious illness** is considered by the medical team to aid clinical judgment and guide outbreak control decisions. The type of testing and collection is driven by the disease that is suspected based upon symptoms and clinical evaluation. The medical team also considers non-infectious causes of symptoms such as medication, gallbladder disease or other conditions.

- Typically, for lab confirmation of the infecting organism, a stool specimen is collected from approximately 3-5 newly symptomatic residents (or team members) within 48 to 72 hours after symptom onset.

- Food or waterborne transmission may be suspected when illness onsets are clustered within a relatively short period of time vs. person-to-person transmission which is associated with cases that occur over a longer period. For example, Norovirus has an incubation period of 12-48 hours. The IPC Policy and Procedure Manual and CDC criteria will be referenced for organism-specific transmission periods.

The Physician/NP/PA will evaluate residents who are ill related to the suspected outbreak and orders interventions, e.g., precautions, testing, monitoring, and treatment to support recovery and facilitate comfort.

The IDS/Medical Director will be consulted, as necessary for treatment recommendations.

If an influenza outbreak is confirmed, antiviral medication will be ordered for residents, as medically appropriate, for prophylaxis purposes. Anti-viral medication will also be expedited for medically eligible residents who are suspected or confirmed to be infected with the Flu.

- Anti-viral medication treatment offers best results when initiated within the first two days of symptoms, however, benefits may still be experienced if administered after 48 hours to those that have more significant symptoms.

Anti-viral treatment for COVID-19, e.g., Paxlovid, will be considered during initial symptom onset based upon evaluation of the resident's eligibility and medical condition. In addition, any other FDA approved therapy, e.g., to enhance immunity may be ordered to help lessen the risk for severe illness.

Other FDA approved, antiviral agents or therapeutic therapies that are developed for the treatment of a specific infectious disease may be recommended if medically indicated.

Lab testing will be coordinated via the contracted lab provider, which is available seven days per week. Rapid swab kits are also provided by the contracted lab for on-site testing of Flu, RSV and Covid-19. FV or the local health department will request support of the state's Public Health and Environmental laboratory (PHEL) for lab testing if lab capabilities become limited, or for purposes of transporting specimens.

- FV maintains CLIA certification and provides rapid, COVID-19 (Point of Care) testing on-site.

The NJDOH guidance, "Instructions for Collection, Testing, and Shipping of Respiratory Virus Specimens" and "Instructions for Collection, Packaging, and Submission of Specimens for Norovirus and Enteric Bacterial Pathogen Testing at New Jersey Public Health and Environmental Laboratories (PHEL)" serve as references to team members for the collection and processing of respiratory specimens. Protocol is also provided in the IPC Policy and Procedure Manual and CDC guidance.

Develop a Case Definition:

A case definition will be completed to describe criteria that a person must meet to be counted as part of the outbreak. Criteria for developing a case definition include:

- Person – Signs and symptoms residents share in common
- Place - Location(s) associated with the outbreak
- Time - Time period of illness onset and duration of cases identified in outbreak

The Bernards Township Health Department and, or NJDOH epidemiologist in consultation with the Infection Preventionist will complete the outbreak case definition.

Perform Active Surveillance:

The Infection Preventionist actively monitors and for new and past outbreak cases (previously unrecognized) among residents and team members and documents positive findings (those with suspected symptoms and positive tests) on the line list. Surveillance activities will be increased to at least daily, until the outbreak ends.

The IDS and Medical Director will also be consulted regarding surveillance and outbreak response.

Nursing team members will monitor residents every shift for early recognition of infectious disease symptoms. Symptom presentation can be atypical in older adults, particularly related to respiratory infections, therefore, any changes in condition, e.g., alterations in balance, cognition or appetite will be reported to the Physician/NP/PA for evaluation purposes. On an ongoing basis, interdisciplinary team members will also observe residents for symptoms or changes while rendering services.

- Appropriate lab tests will be done, per the orders of the Medical Team, as soon as any new cases of illness are identified so that proper diagnosis is determined, and treatment instituted.

- The incubation and periods of transmission specific to the organism will be determined and tracked.

- Contact tracing will be coordinated by the Infection Preventionist according to CDC, recommended timeframes to identify those residents and team members who were exposed to the person with infection through close contact or higher risk activities, such as, direct contact with secretions or body fluids.

- An interview of the resident's recent visitors may be conducted for contact tracing and to determine the potential source of infection.

Testing of exposed residents and team members will also be done in accordance with the IPC Policy and Procedure Manual, CDC guidance, and direction which may be provided by the Bernards Township Health Department or NJDOH epidemiologist. Per this guidance, testing of individuals exposed, e.g., for COVID-19 will be continued, as applicable, until there are no new cases over the full number of days specific to the organism's incubation period.

If all potential exposures cannot be identified through contact tracing, a broad-based approach will be arranged which involves an expansion of testing to all residents and team members in affected households or the entire community (per case number and distribution, and limitations of contact tracing). If additional cases of infection are identified, contact tracing will be continued.

The end of an outbreak occurs after **two incubation periods** have passed without a new case.

Case Documentation:

The Infection Preventionist will create and concurrently update a line list with each affected resident and team member to monitor the status and progress of the outbreak. Only those cases meeting the outbreak definition are recorded on the line list (includes suspected cases). The NJDOH epidemiologist/ Bernards Township Health Department provides the Infection Preventionist the line list template that must be completed.

The Bernards Township Health Department, in consultation with the NJDOH epidemiologist, monitors the outbreak status and recommends infection control measures based upon review of the line list.

(From the line list an epidemic curve (Epi-curve) may be created that shows the number of cases of illness by onset date. This helps to understand the scope of outbreak, transmission pattern, exposure and, or incubation period and the impact of control measures.)

The line list and Epi-curve provide pertinent data to determine factors that the outbreak cases share, e.g., related to medical and, or rehabilitative equipment, culinary facilities and food, environmental exposures, and care providers and, or practice.

Identification and Elimination of Potential Transmission Sources:

- The IPC Committee, Bernards Township Health Department and NJDOH epidemiologist will closely collaborate to determine the outbreak source based upon surveillance, contact tracing, and an evaluation of contributing factors. In the event of GI illness, potential sources, such as food, water and preparation facilities also will be considered.

    - Potential outbreak transmission routes may be readily determined by noting and visualizing the physical locations of confirmed cases on a floor plan of the impacted area and that of assigned team members.

- **Removal of Team Members Who are Ill:**

    - Team members who experience a new onset of infectious disease symptoms **are not permitted to work.**
    - The Infection Preventionist and Department Directors educate team members in advance that **they must not report to work** if symptoms develop.
    - Team members will be screened upon entry to work for infectious disease symptoms and exposure. Department Directors are educated by the Infection Preventionist to observe team members for any new symptom development during the normal course of the day.
    - The Department Directors will also direct on-site team members who develop respiratory symptoms to apply source control, as medically tolerated, and leave work immediately.
    - The Department Director will inform the Infection Preventionist immediately if a team member is observed or reports to have symptoms on arrival to work or afterwards.

- When exposure is reported by team members, education will be provided regarding precautions to practice based upon the infectious agent. For example, in the event of a potential COVID-19 exposure, team members will be educated to perform daily self-monitoring, wear an N95 mask at work including in break rooms when physical distancing is not possible, test per protocol, and leave immediately if a test result is positive, and, or symptoms develop. The IPC Policy and Procedure Manual and CDC guidance serve as references for organism-specific precautions to integrate during work.
- Appropriate on-site testing that is available, e.g., COVID-19 rapid testing, may be done prior to the symptomatic team member leaving, otherwise, the team member will be recommended to consult with a private healthcare provider.

- **Track Team Member Absenteeism:**

  - When team members advise that they will be absent from work, the Department Director will inquire about symptoms resulting in the call-out.
  - The Infection Preventionist may include affected team members on one line list, or create a separate list, as directed, by the Bernards Township Health Department and NJDOH epidemiologist.
  - Team members are not permitted to work until they are free of fever for at least 24 hours without use of anti-pyretic medications and active symptoms are resolved.
    * The time frame for return to work will be guided by the case definition. The IPC Policy and Procedure Manual and CDC guidance will be referenced to determine return-to-work criteria for the specific infectious diseases, e.g., COVID-19, Flu, Scabies etc.

- **Notification To Receiving Providers:**

  - Ill and exposed residents will be transferred to the hospital when medically necessary. Emergency services and other receiving organizations, e.g., hospitals and specialty practices, will be informed of both transferring residents with the infectious illness and those exposed.

Enactment of Outbreak Control Measures:

- The Administrator, IPC Committee, and Department Directors will coordinate efforts within the organization to identify, implement and maintain appropriate infection control measures to contain and end the outbreak. The IPC Policy and Procedure Manual will be referenced for evidence-based outbreak procedures including checklist implementation tools. The IDS will also be consulted for recommendations, as indicated. Adherence to these measures will be monitored by the Infection Preventionist and Department Directors. Essential control measures include:

  1. **Cohorting:**

  - During an outbreak, a plan will be developed to address the physical separation or cohorting of residents for containment of the infectious agent.

- The Infection Preventionist consults with the IDS/Medical Director/Physician, Administrator and Director of Nursing for appropriate infection isolation and cohorting. Below are cohorts to help contain an outbreak:

    1. Ill - Tested Positive/Infection Confirmed (symptomatic and asymptomatic)
    2. Ill – Symptomatic/Suspected (under evaluation -diagnosis not confirmed)
    3. Exposed and Asymptomatic – (potential incubation of the infection due to exposure)
    4. Not Ill/Not Exposed

- If there are limited single suites or if numerous residents are simultaneously identified to have known exposures or symptoms, residents will remain in their current location pending the return of test results.
- Further, if multiple resident moves must occur to establish the above cohorts thereby increasing exposure risk, or if after evaluation, it is determined that all cohorts may not be created based upon logistics, infection isolation will be arranged for the "Ill" residents through creation of a cohort or via single suites, as determined by the IPC Committee. Two residents with confirmed illness from the same infectious agent may reside together.
- A cohort may be created by using zip wall barriers.
- Team members will be dedicated to cohorts, as best possible, and at least for the entire shift. Schedules will be adjusted, as feasible, so that team members are not assigned to unaffected households or neighborhoods after finishing their normal shift in an affected area.
- Direct care team members will prioritize rounding in a "well to ill" flow, as best possible, to minimize the risk of contamination, i.e., beginning planned care of residents who require only Standard Precautions and working toward "Exposed", "Suspected" and "Ill" residents in this order. Tasks will be bundled, as feasible, to limit exposures.
- Available resources, such as, equipment and supplies, will be dedicated to the resident's suite for an isolated incidence or to the cohort (prioritizing the "Ill" cohort).
    - If certain resources require sharing, equipment will be used by rounding in a "well to ill" flow to minimize the risk of cross-contamination.
    - Exchange of residents' personal use supplies between cohorts will be restricted, e.g., bed linens, and towels etc.
    - All non-disposable equipment will be appropriately cleaned and disinfected according to manufacturer's instructions between resident use. Team members will reference the IPC Policy and Procedure Manual for equipment cleaning.
    - Nursing team members will use disposable coverings for certain medical equipment, e.g., BP cuffs, if dedication of equipment to one resident is not feasible.
- The Administrator and Department Directors will refer to the staffing contingency plan in the IPC Policy and Procedure Manual to coordinate sufficient care resources in the event of an anticipated shortage during an outbreak.
- Community activities will be temporarily adjusted to prevent the mixture of cohorts, e.g., suspending or modifying community dining and life enrichment activities/events during which residents within cohorts may mix; or restructuring activities, e.g., within the "Not Ill" cohort into

smaller groups that provide for physical distancing and appropriate source control to help prevent transmission.

- The Administrator will temporarily defer new admissions if the outbreak is widespread and cohorting is not possible unless appropriate modifications can be made.
- The External Case Manager/Designee will evaluate the resident record and confer with the referral source to determine if a prospective resident requires cohorting or infection isolation. This evaluation will also be based upon interview of the resident, and, or resident representative during the admission prescreening.
- Residents who are suspected or confirmed to have a communicable disease will be educated and assisted to remain in their suites (under infection isolation) with the proper Transmission-based Precautions (TBP).
- Team members will reference the IPC Policy and Procedure Manual and CDC criteria for determining the need for infection isolation of residents exposed to infectious diseases. For instance, if source control (mask) is medically contraindicated, not self-removable, or not accepted by the resident with a contagious respiratory infection, then infection isolation will be implemented.

2. **Infection Isolation:**

- During infection isolation, the resident's door will be kept closed unless contraindicated due to medical, and, or safety reasons.
- Meal delivery will be arranged in the suite, and appropriate assistance will be provided to meet the resident's physical, mental, psychosocial, and spiritual needs in accordance with the resident's person-centered, plan of care.
- Regular visitation will be facilitated in the resident's suite per the resident's wishes. The Nursing team will provide visitors proper Personal Protective Equipment (PPE) based upon the infection type, e.g., mask, gown, gloves, and eye protection for visitation of a resident infected with COVID-19. Signage will indicate the need for PPE at the suite entrance and instructions will be provided by the Nursing Team regarding use.
- If the resident prefers remote visitation, e.g., via an I-Pad or phone, assistance will be provided accordingly by the Life Enrichment Team or designee.
- Residents ill with **respiratory infection** will be educated to remain in their suites until they are free of fever for greater than 24 hours without use of anti-pyretic medications, and respiratory symptoms have resolved.
- Team members will adhere to Standard Precautions and TBP when caring for a resident under infection isolation, e.g., NIOSH approved, N95 mask, gown, gloves, and eye protection for respiratory infections (contact, droplet, and eye protection) and gown and gloves for GI and skin infectious diseases (contact precautions).
    - The healthcare team will reference the IPC Policy and Procedure Manual and associated CDC criteria to enact and discontinue TBP based upon the specific infection.
    - The resident will be provided appropriate source control, e.g., a surgical face mask for respiratory infection, if medically indicated/tolerated, and self-removable, when

movement or transport out of the suite is unavoidable. Residents may also be encouraged to wear source control during direct care if medically appropriate and self-removable.

- Residents with **GI infection/gastroenteritis** will be educated to remain in their suites for at least 24-48 hours after resolution of symptoms.
    - Periods longer than 24-48 hours will be considered for complex medical patients, e.g., those immunocompromised, or with cardiovascular and renal disorders as they can have protracted episodes of diarrhea and prolonged viral shedding.
- The Infection Preventionist and Nursing Team will consult with the IDS/Medical Director and Physician/NP/PA regarding any questions about infection control precautions and discontinuation.

3. **Standard Precautions and Transmission Based Precautions (TBP):**

- All team members must practice Standard Precautions while caring for all residents regardless of the confirmed presence of an infectious agent. This includes the following practices:
    - Wearing gloves if bare hand contact with respiratory secretions or potentially contaminated surfaces is a possibility. Dispose of gloves and perform hand hygiene after completing tasks before touching anything else.
    - Donning a gown if soiling of clothes with a resident's secretions (including respiratory) is anticipated.
    - Removing gloves and gown after each resident encounter and immediately performing hand hygiene.
    - Procuring and storing supplies of PPE in accordance with par amounts determined through the Facility Assessment.
        - ✓ The resident census and population, and history of infection prevalence and incidence within the organization and greater community will be considered for determining PPE needs.
        - ✓ Contracts are in effect with vendors to obtain PPE. PPE may also be obtained from other resources, as necessary, including the Office of Emergency Management, if a widespread shortage is ensuing.
        - ✓ Proper TBP will be enacted immediately when symptoms of infectious disease develop. The type of precautions will be based upon the specific organism suspected/confirmed.

4. **Education and Practice of Proper Hand Hygiene by Team Members, Residents and Visitors:**

- According to the CDC, hand washing is the single most effective measure to prevent the spread of infection.
- The Infection Preventionist coordinates the posting of educational signs within the organization including at main entrances regarding the importance of proper hand hygiene toward infection prevention.

    - Educational signs about proper hand washing steps are also located in public restrooms and resident care areas.
- When an outbreak is identified, the Infection Preventionist will reeducate team members about proper hand hygiene, and other core infection control measures including mask wearing and not reporting to work when sick. This education is in addition to the regularly scheduled IPC education and competencies that team members receive and complete during the year, respectively. (Refer to "Team Member Education" below.)
- Culinary leadership will ensure that culinary team members are educated about safe food preparation and handling practices. The Culinary IPC Policy and Procedure Manual serves as a reference.
- The Housekeeping leadership addresses education and oversight of practices to ensure a sanitary and clean environment. This includes scheduling periodic checks that adequate supplies, e.g., for hand washing and hygiene, are available in the households, restrooms, utility rooms, and common areas. Team members will reference the Housekeeping and IPC Policy and Procedure Manuals for infection prevention and control practices.
    - Dispensers of alcohol-based hand rub will be maintained throughout the households and in common areas.
    - Housekeeping will check availability of supplies more frequently during an outbreak. Team members are educated to inform Housekeeping if a product/supply is at low levels.

5. **Team Member Education and IPC Practices:**

- The Infection Preventionist will coordinate the provision of mandatory education to all team members (on all shifts) about a suspected or confirmed outbreak and **core infection prevention and control measures** that must be practiced. Team members will be educated via signage, correspondence, and other venues and Department Directors will oversee practice adherence. (Team members include all direct caregivers, and those from support departments, e.g., housekeeping, laundry, culinary, life enrichment, social work, administrative, volunteers, students, and contracted providers.)
- In general, education will include information about the organism causing the infection, the mode of transmission, symptoms and self-monitoring, and the core infection prevention and control measures that must be consistently practiced as noted below:
    - Staying home or leaving work immediately if potential symptoms develop
    - Screening for infectious disease symptoms or exposure on arrival to work during suspected and confirmed outbreaks and periods of high outbreak incidence
    - Cohorting requirements and posting of TBP signage at affected suites
    - Meticulous hand hygiene (per policy)
    - Strict adherence to standard precautions and applicable TBPs
    - Correct PPE use including donning, doffing and disposal
    - Universal N95 mask wearing by direct caregivers in affected household(s) during respiratory outbreaks
    - Frequently disinfecting high touch surfaces and environmental and equipment cleaning responsibilities

    - Physically distancing from others, and avoiding self-touch of eyes and mouth while actively working
    - Resident education and assistance regarding applicable IPC precautions including hand hygiene and infection isolation, as applicable
    - Visitor IPC precautions and education
- Team members will also reference the IPC Policy and Procedure Manual for proper IPC practices during care, and to properly manage the environment of care and equipment, and laundry/linen.
- The Infection Preventionist will coordinate annual vaccination campaigns to vaccinate eligible team members against COVID-19 and Flu viruses per CDC recommendations. The campaigns include:
    - Team member education about the critical benefits of vaccinations toward protecting the residents and community against the spread of infection.
    - Annual vaccination clinics for team members

6. **Resident/Resident Representative Education and IPC Precautions:**

- The Infection Preventionist/designee will coordinate the provision of resident/resident representative and visitor education about **core infection prevention and control precautions** during outbreaks and during peak seasons of transmission. Education may be provided via notices, recordings, and other venues.
- Core precautions and associated education include the following:
    - Critical benefits of becoming vaccinated against infectious diseases, per eligibility and CDC guidelines.
        - ✓ FV strongly encourages residents and their representatives to become vaccinated against infectious diseases, e.g., COVID-19, Flu, RSV, and Pneumococcal Pneumonia per CDC recommendations, as eligible, to protect themselves, other residents, their loved ones, and team members from illness.
        - ✓ Residents and older adults are at higher risk for severe illness related to these infectious diseases.
        - ✓ The Infection Preventionist coordinates campaigns to strongly encourage receipt of vaccinations, and clinics are held to vaccinate eligible residents based upon the CDC vaccination schedules.
        - ✓ The Medical/Nursing team coordinates the vaccination of residents against Pneumococcal Pneumonia.
    - Staying home when ill with a suspected or confirmed infectious disease until fully recovered (symptoms resolved).
    - Screening for infectious disease symptoms upon entry to the community. If the screening is positive, visitors will be informed to defer non-urgent visitation until the screening is negative.
    - Residents may receive regular visitation per their wishes.
        - ✓ Visitation guidance during outbreaks will be posted near the community entrance. The numbers of visitors will be limited to facilitate physical

distancing when necessary. Education will also address the risks of visitation during an outbreak.

- ✓ Outdoor visitation (when weather is permitting and infection isolation is not required), will be encouraged during respiratory outbreaks. Team members will facilitate outdoor visitation arrangements.
- ✓ The Infection Preventionist will arrange for the availability of source control supplies to visitors.
- ✓ In rare instances, additional visitation limitations may be temporarily enacted per the directives of the NJDOH and Bernards Township Health Department for the protection of residents, e.g., if the outbreak is widespread.

* Performing frequent and proper hand hygiene
* Adhering to TBP requirements if implemented
* Residents wearing a well-fitted mask, as medically tolerated, and self-removable while in common areas during a respiratory infection outbreak.
* Visitors must wear a well-fitted mask in common areas but may remove their mask in the resident's suite based upon the resident's wishes except if a roommate is present. For this circumstance, another accommodation will be made, such as, visitation in a designated area or outside if the weather is permitting.
* Practicing proper cough etiquette and refraining from self-touching eyes and mouth

7. **Outbreak Notification:**

- The Infection Preventionist will coordinate prompt notification to residents and their representatives regarding the identification of an outbreak.
  * (Visitors will be encouraged to test for COVID-19 in advance when an outbreak exists or the infection transmission level is "high" in the county or surrounding ones.)
  * Visitors will be advised to refrain from visiting if ill.
- Signage will be placed upon entry to the community that identifies the outbreak, area affected and the applicable IPC precautions that must be followed (Refer to "Resident/Resident Representative Education and IPC Precautions".
- The Social Work and Life Enrichment Teams will provide support to the Infection Preventionist and Nursing Team to communicate outbreaks to residents and their representatives in a timely manner.
- Residents will be informed if they were exposed to the infectious disease or have a positive test. Resident representatives will also be notified per the resident's wishes. The Medical/Nursing team will also review the care interventions recommended.
- Leadership will initiate communication and provide regular updates to residents, their representatives and team members about an outbreak per CMS and NJDOH directives and IPC policies and procedures.

8. **Environmental Control:**

- Housekeeping and laundry team members will adhere to departmental and environment of care policies in the IPC Policy and Procedure Manual.
- Housekeeping uses disinfectants registered by the U.S. Environmental Protection Agency (EPA) as available from vendors. A listing of products is provided at: http//www. https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants Disinfecting agents that target the specific organism will be utilized, per manufacturer's instructions.
- The Plant Ops, Housekeeping and Laundry leadership along with the Infection Preventionist will reeducate team members within this department about required infection control practices when an outbreak is identified (besides meeting the regular educational requirements throughout the year). Education includes but is not limited to:
    - Protocol and procedures for cleaning and disinfecting high-touch surfaces, e.g., over bed tables, doorknobs, bathroom counters, mobility assist devices, stair railings, and call and TV devices.
    - Cleaning and disinfecting suites per protocol, e.g., curtains, floors, and other large surfaces
    - Measures to ensure cleanliness of cleaning tools and solutions to prevent cross contamination.
    - Proper laundry management
    - Waste management procedures including the separate containment and disposal of biohazardous waste

Food borne Transmission:

A food borne illness outbreak is an incident in which two or more persons experience similar symptoms resulting from the ingestion of common food/drink. This incidence may have resulted from a point source, e.g., an ill team member or contaminated food or utensils.

- There are 3 major components of an investigation:

    - Epidemiologic
    - Laboratory Analysis
    - Environmental Assessment

- If contaminated food is strongly suspected as the source of the outbreak, Culinary leadership may be requested to provide the following to the Bernards Township Health Department and, or NJDOH:

    - Recent menu and complete food delivery history regarding symptomatic and asymptomatic residents.

- P&Ps related to food handling, records of suppliers, storage, temperature records of cooked food, logs of holding temperatures, catered food, food brought in by families, kitchen equipment installation/maintenance, cleaning and sanitization procedures, and water sampling records.
- Frequency and procedures for team member hand washing, glove usage, knowledge of cross-contamination prevention, and team member absenteeism.
- Collection of implicated food samples for testing.
- Symptomatic team members will not be permitted to work.
- Team members are educated about proper food handling and storage procedures per Culinary and IPC policies and procedures.
    - Reeducation will be provided to culinary team members if an outbreak of a Food borne illness is identified or suspected.

Evaluation of Effectiveness of Control Measures:

Through surveillance the Infection Preventionist in collaboration with the health department will evaluate the status and progress of the outbreak based upon IPC measures implemented.

- If new cases present after outbreak control interventions have been enacted for one incubation period, the same course of control will continue along with measures added or modified per the recommendations of the Bernards Township Health Department and NJDOH epidemiologist.

- Outbreak control measures will be continued until there are no new cases identified for two incubation periods. Adherence to routine infection IPC measures per the ICP Manual will be resumed once the outbreak is closed by the Bernards Township Health Department/NJDOH epidemiologist.

- After the outbreak has ended, the Infection Preventionist will continue surveillance activities per surveillance protocol in the IPC Policy and Procedure Manual.

Investigation Summary:

A final written summary of the outbreak will be prepared and sent to the NJDOH within 30 days of investigation completion. The Infection Preventionist will collaborate with the Bernards Township Health Department to submit this report on the NJDOH CDS-30 form, “Outbreak Report for Long Term Care and Other Institutions” at:

https://www.nj.gov/health/cd/forms.shtml

Annual Review:

The Outbreak Response Plan will be reviewed by the IPC Committee annually, and updated, as necessary, to comply with any changes in federal and state directives and CDC guidance.

Appendix A - List of Immediately Reportable Diseases

- Anthrax (*Bacillus anthracis*);
- Botulism (*Clostridium botulinum*);
- Brucellosis (*Brucella spp.*);
- Candida Aureus
- Diphtheria (*Corynebacterium diphtheriae);* Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning;
- *Haemophilus influenzae*, invasive disease;
- Hantavirus pulmonary syndrome;
- Hepatitis A, acute;
- Influenza, novel strains only;
- Measles (*Rubeola* virus);
- Meningococcal invasive disease (*Neisseria meningitidis*);
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism;
- Pertussis, (*Bordetella pertussis*);
- Rabies (human illness);
- SARS-Cov 2 Disease (SARS);
- Smallpox;
- Tularemia (*Francisella tularensis*); and
- Viral hemorrhagic fevers, including, but not limited to, Ebola, Lassa, and Marburg viruses.

The Administrator/Infection Preventionist Health care providers and administrators will report within 24 hours of diagnosis as set forth at 8:57-1.6 confirmed cases of the following reportable communicable diseases:

Amoebiasis (*Entamoeba histolytica*);
Animal bites treated for rabies;
Arboviral diseases;
Babesiosis (*Babesia* spp.);
Campylobacteriosis (*Campylobacter* spp.);
Chancroid (*Haemophilus ducreyi*);
Chlamydial infections, sexually transmitted (*Chlamydia trachomatis*);
Chlamydial conjunctivitis, neonatal (*Chlamydia trachomatis*);
Cholera (*Vibrio cholerae*);
Creutzfeldt-Jakob disease;
Cryptosporidiosis (*Cryptosporidium* spp.);
Cyclosporiasis (*Cyclospora* spp.);
Diarrheal disease, either in a child who attends a day care center or in a food handler;
Ehrlichiosis (*Ehrlichia* spp.);
Escherichia coli, shiga toxin producing strains (STEC) only;

Giardiasis (*Giardia lamblia*);
Gonorrhea (*Neisseria gonorrhoeae*);
Granuloma inguinale (*Klebsiella granulomatis*);
Hansen's disease (*Mycobacterium leprae*);
Hemolytic uremic syndrome, post-diarrheal;
Hepatitis B, newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hepatitis B surface antigen;
Hepatitis C, acute and chronic, newly diagnosed cases only;
Influenza-associated pediatric mortality;
Legionellosis (*Legionella spp.*);
Listeriosis (*Listeria monocytogenes*);
Lyme disease (*Borrelia burgdorferi*);
Lymphogranuloma venereum (*Chlamydia trachomatis*);
Malaria (*Plasmodium* spp.);
Mumps;
Psittacosis (*Chlamydia psittaci*);
Q fever (*Coxiella burnetti*);
Rocky Mountain Spotted Fever (*Rickettsia rickettsii*);
Rubella, congenital syndrome;
Salmonellosis (*Salmonella* spp.);
Shigellosis (*Shigella* spp.);
Staphylococcus aureus, with intermediate- (VISA) or high-level-resistance (VRSA) to vancomycin only;
Streptococcal disease, invasive group A, (*Streptococcus pyogenes* group A);
Streptococcal disease, invasive group B, neonatal;
Streptococcal toxic-shock syndrome;
Streptococcus pneumoniae, invasive disease;
Syphilis, all stages (*Treponema pallidum*);
Syphilis, congenital;
Tetanus (*Clostridium tetani*);
Toxic Shock syndrome (other than Streptococcal);
Trichinellosis (*Trichinella spiralis*);
Tuberculosis, confirmed or suspect (*Mycobacterium tuberculosis*) (additional reporting requirements set forth at 8:57-5.3);
Typhoid fever (*Salmonella typhi*);
Varicella (*chickenpox*);
Vibriosis;
Viral encephalitis;
Yellow fever (*Flavivirus*); and
Yersiniosis (*Yersinia spp.*).