**Sycamore Living at East Hanover**

Department:

Effective Date: 3/10/2020

Revision Date: 5/19/2020, 8/27/2020, 5/5/2021, 12/7/2021, 1/27/2022, 11/8/2022

**COVID-19 Outbreak Response Plan – SYCAMORE LIVING**

The Sycamore Living COVID-19 Outbreak Response Plan is based upon national standard and developed in consultation with the facility’s infection control committee. The Infection Preventionist serves as the coordinator and key contact person for the health department communication during COVID-19 pandemic. Due to the complexity of the COVID-19 pandemic, the collaboration of the Infection Preventionist, Administrator and Director of Nursing and sharing of some of the Infection Preventionist related responsibilities may be necessary until community transmission rates return to lower levels. Upon identification of a suspected outbreak situation, the facility should be in contact with their local health department for guidance.

1. The Administrator will be responsible for:
   1. Notification to the health department
   2. Restricting admissions to the facility if indicated by the health department
   3. Collaborating with the Infection Preventionist in submitting periodic progress reports to the health department, as requested;
   4. Calling emergency meetings of the Infection Control Committee;
   5. Discontinuing group activities, as indicated;
2. The Infection Preventionist and Director of Nursing Services will be responsible for:
   1. Receiving tabulating data;
   2. Maintaining a line listing of identified cases on the appropriate Line Listing Report;
   3. Notifying the Medical Director, consulting Infectious Disease Physician, and the Attending Physicians
   4. Assigning nursing personnel, if appropriate, to same resident group for the duration of the outbreak
3. The nursing staff will be responsible for:
   1. Notifying the Director of Nursing Services of symptomatic residents;
   2. Providing infection surveillance data in a timely manner;
   3. Obtaining laboratory specimens as directed;
   4. Initiating isolation precautions as directed or as necessary; and
   5. Cohorting residents as identified / when needed.
4. All employees should:
   1. Practice good hygiene and handwashing technique.
   2. Wear appropriate source control PPE.
   3. Stay home from work when ill.
   4. If COVID-19 positive, coordinate with infection preventionist regarding contact tracing and return to work.

**INFECTION PREVENTION AND CONTROL PROGRAMS (IPCP) AT SYCAMORE LIVING:**

The IPCP is managed at our facility by the Infection Preventionist (IP) who is a nurse by training that is dedicated to the role and has received specialized infection prevention and control training. The facility’s “Infection Control Committee” has oversight of the IPCP and serves as the approving group the Infection Preventionist’s requests or recommendations including policies, procedures, protocols and products related to infection control. The Administrator and Director of Nursing Service work closely with the facility Infection Preventionist for management of all infection control related issues, including COVID-19.

**SURVEILLANCE:**

1. *Residents:* Each resident/representative is provided with COVID-19 information upon admission that describes the basic infection control and prevention aspects of COVID-19 management. When outside of their rooms, residents are practicing social distancing, wearing face masks and practicing hand hygiene with the assistance of the nursing staff. Each day, the residents are screened for signs and symptoms of COVID-19 infection including temperature and oxygenation measurements. Any resident with symptoms of COVID-19 is tested after obtaining permission from the resident/representative. Upon a positive result, the resident is immediately managed by transmission-based precautions, including in-room isolation and appropriate PPE, for at least 10 days. Isolation may be extended for residents who are severely immunocompromised and/or critically ill. All positive cases are reviewed with the consulting Infectious Disease physician, the Attending Physician, and the Infection Preventionist, and then managed in accordance with the facility protocol and current regulatory requirements.
2. *Cohorting Residents:* Residents with the same infectious organism, such as COVID-19, may be housed in a general area in the facility to limit the potential spread to those residents who are not infected. This is known as ‘cohorting’. This may involve a designated area of the facility, as well as semi-private rooms or other locations that are used to care for residents.
3. *Staff:* All staff, contractors, clinicians, and vendors must enter through the main door upon initial arrival, where they are logged in and screened for signs and symptoms of COVID-19. All staff are required to wear a surgical mask and perform hand hygiene upon entering. This is known as “Universal Source Control” and is in accordance with the latest recommendations from the CDC. Staff members displaying signs or symptoms of respiratory illness will be tested for COVID-19 prior to start of shift. Staff members who test positive will be sent home immediately, with recommendations to follow-up with PCP. Affected staff members will be restricted from work until such time as they are considered recovered according to the current regulatory guidance.
4. *Contingency Staffing:* In the event of a staffing shortage, the Administrator may choose to use contingency and/or crisis strategies as per regulatory guidance on mitigating healthcare personnel shortages. The facility may adjust current staff schedules (i.e. planned time off requests) to ensure adequate staffing. Additionally, some staff members may be cross-trained to assist with support staff such as food services or environmental services in times of staffing reduction due to illness. The facility will maintain contracts with staffing agencies in the event of a new outbreaks of COVID-19 or other infectious disease that has the potential to effect staffing requirements.
5. *Visitors:* All visitors must enter through the main door upon arrival, where they are screened for signs and symptoms of COVID-19. All visitors are encouraged to wear face covering / surgical mask. Any visitor exhibiting signs and symptoms of respiratory illness will be encouraged to practice hand hygiene, maintain social distancing, limit time of exposure to resident, and refrain from movement around the facility. Visitors are encouraged to refrain from visiting if they are experiencing signs and symptoms of COVID-19, have tested positive in the past 10 days, or have had any close contact with someone with confirmed COVID-19 in the past 14 days.

**EDUCATION:**

The facility will provide education to staff members regarding the prevention of COVID-19 infection, as well as ways to mitigate its spread. This education will include:

1. Disease specific education and methods for prevention
2. Hand hygiene
3. Required PPE, including donning/doffing, proper use and disposal
4. Cleaning, disinfecting, and limiting sharing, when possible, of medical equipment between residents
5. Transmission-based precautions, including appropriate PPE, infection control, and signage
6. Housekeeping/Laundry staff specifically will be educated on the implementation of a routine disinfection schedule of common areas and review of protocols to limit transmission-based spread of infection
7. Self-symptom monitoring, such as fever, cough, or sore throat, and the requirement to report any symptoms to their supervisor for further evaluation by the DON or designee
8. Self-reporting of any close-contact exposures to their supervisor for further evaluation by the DON or designee

**COMMUNICATION:**

It is important to keep the communication process streamlined and current. The following communication plan is in place for staff, residents, families and representatives.

1. The facility website will post the emergency phone number or method of communication for urgent calls or complaints.
2. The facility communication plan will inform residents/representatives by the next calendar day following a newly positive COVID-19 resident or staff via email, written notification, and facility posting.
3. Staff communication regarding COVID-19 specific information, including staff testing dates and locations, current “Universal Source Control” PPE requirements and any significant updates will be sent via Onshift messaging.
4. In the event of any visitation limitations or at the request of the resident/representative/visitor, virtual visitation will be made available through a variety of virtual platforms. Virtual visits can be arranged by contacting the Director of Lifestyle Engagement.

**REPORTING:**

Based upon surveillance data, the Administrator, Medical Director, Director of Nursing, and consulting Infectious Disease physician will be notified of any new confirmed positive case. State and local NJDOH will be notified of new positive cases as required. The facility will complete the required reporting to the NJHA and NHSN COVID-19 modules.