AVALON AT HILLSBOROUGH

Infection Prevention and Outbreak Response Plan

COVID-19

LESSONS LEARNED – COVID-19

The following areas were identified as key components to the successful management of an outbreak and each distinct area will be addressed should a second wave occur.

- Communication/Notification: use of the Incident Command Structure, notification of staff, notification of residents/families, and notification of external sources.
- Resources and Assets: staffing, PPE, supplies, equipment, transportation and evacuation, and testing.
- Safety and Security: Patient/staff/visitor Access.
- Patient Management: clinical needs, resident rights, support activities, and physician visits.
- Facilities: sanitation/disinfection and regulated medical waste and storage.
- Mandatory Reporting Compliance: NHSN, NJHA, OEM and DOH.

DEFINITION OF AN OUTBREAK

A COVID-19 outbreak in an assisted living facility is defined as ≥1 facility-acquired COVID-19 case in a resident or ≥ 1 laboratory confirmed COVID-19 case among staff.

SIGNS AND SYMPTOMS

COVID-19 may be difficult to differentiate from other illnesses due to common signs and symptoms. The most common signs and symptoms associated with COVID-19 include: cough, new shortness of breath, sore throat, URI symptoms, fever, chills with or without shaking, new fatigue, new body aches, nausea, vomiting, diarrhea or new loss of sense of taste or smell.

TESTING

The facility has entered into agreements with several labs to mitigate overwhelming the testing capacity of any individual lab.

Avalon completed initial point prevalence testing and subsequent testing requirements in accordance with Executive Directive 20-013 and submitted the required attestation of compliance to the NJ DOH. In the event of positive results, the laboratory managing

specimens has ability to report through CDRSS system. Ongoing testing and retesting will be in accordance with CDC and NJDOH guidance, as amended and supplemented.

On October 20, 2020, the NJ DOH issued Executive Directive 20-026 (Revised) to allow antigen testing as an alternative to molecular diagnostic PCR tests. According to the CDC, COVID-19 antigen tests can augment other testing efforts, especially in settings where PCR testing capacity is limited, or testing results are delayed (e.g., > 48 hours).

COMMUNICATION

Avalon has developed a communication plan to assure that, in an emergency or infectious disease outbreak, the necessary resources are in place to ensure:

1. Facility staff have updated phone lists to contact other staff, physicians, residents, families/responsible parties, and other necessary people and/or agencies in a timely manner;
2. Residents and their families/responsible parties have a means to stay in touch with residents and facility staff; and
3. Facility staff have resources to guide thought processes in the event of a primary telephone system failure.

Personnel Contacts

The following table lists the various phone lists that may be needed in the event of an emergency, the process owner responsible for updating each list, and the updating frequency. All these lists are part of this Communication Plan.

Phone List	Process Owner	Updated
Emergency Phone List	Receptionist	Quarterly
Employee Phone List	Human Resources	Quarterly
Physician Phone List	Director of Nursing	Quarterly
Internal Phone Extensions	Receptionist	Quarterly
Resident Emergency Contact List	Executive Director	Run as needed

Emergency Notification

Avalon shall notify the residents and their families/responsible parties of situations which effect routine operations; for example, infectious disease outbreaks and emergency preparedness measures such as utility failure, evacuation, etc.

The primary means of communication may include contact by phone, letters delivered to resident apartments, email, and or cell phone text blasts. Resident contact information is available in our electronic medical record.

Specific to COVID-19:

- General communication will be at least weekly and by way of memo to the residents and by way email, text blast and/or letters to residents, their families, and staff. These general communications may include up to date statistics, mitigation efforts, changes to normal operations, and a point of contact (e.g., Executive Director) for any questions or concerns. Each update will contain a boilerplate passage reminding recipients that they can stay in touch via Facebook, Bridgeway's webpage, and by scheduling virtual visits and will also include links to these sources.
- If the facility receives a positive test result for a resident or staff (an outbreak), or if three or more residents or staff with new-onset respiratory symptoms occur within 72 hours of each other, the facility shall notify all residents, the resident's representative (one), and all staff by 1700 hours on the calendar day after the date the result is received by the facility.
- Positive test results for individual residents shall be reported directly (in person or by phone) to the resident, the resident's representative, the Director of Nursing, the Executive Director, and the resident family member. Positive test results will also be shared with Infectious Disease Physician.
- Positive test results for staff shall be reported directly (in person or by phone) to the individual staff member, his/her manager, the Director of Nursing, Human Resources, the Executive Director, and the Infectious Disease Physician.
- The facility shall use a line list to document test results and will submit the line list to the local and State Departments of Health as required and/or instructed.

Alternate Means of Communication

In the event of a telephone system failure, the Communications and Public Information Coordinator or designee is responsible for assuring, among other things, that alternate communication equipment is available, distributed, and tracked. The priority action items are:

1. Gather portable radios.
2. Confirm presence of facility-owned cell phones.
3. Complete a Radio/Phone Distribution Log.

4. Distribute copies of the Radio/Phone Distribution Log to key areas.
5. Run a Resident Emergency Contact List.
6. Notify residents and their families/responsible parties of alternate ways to contact the facility which may include any of the following:
    - Facility owned cell phones
    - Copy/Fax Machines
    - By email to AskAvalonHB@bshcare.com.
    - During circumstances where in-person visitation is restricted, virtual visitation through Skype may be scheduled at www.bshcare.com/skype.

Urgent Communications

Avalon maintains channels of communication and transparency with residents, families, and employees. In addition to local and state offices.

Avalon has established a mechanism for residents and their families to contact the facility with urgent questions or concerns that are not being responded to via normal communication methods. These mechanisms are posted on our website and are monitored by the Executive Director and other key personnel. Contact may be made:

- By calling the Urgent Communications Hotline at (908) 315-5933. When prompted, press " 4 " for Avalon at Hillsborough
- By email to AskAvalonHB@bshcare.com.

RESIDENT PROTOCOL

Monitoring Residents for COVID-19

Current Residents

When not in outbreak, monitor for sign and symptoms of COVID-19 at least once daily and notify physician if resident develops corresponding signs or symptoms.

New Admissions and Re-admissions from the Community or Hospital

All new admissions and re-admissions will be screened for COVID-19, including vaccination status, prior diagnosis of COVID-19, current signs and symptoms, and test results, prior to acceptance and upon admission into the facility. If the resident was tested at a facility prior to admission, the sending facility must provide lab results to the receiving facility.

To be considered fully vaccinated, at least two weeks must have passed since the receipt of the second dose of a 2-dose series or at least two weeks have passed since the receipt of one dose of a single dose vaccine. A fully vaccinated resident can be placed in a room with an unvaccinated or partially vaccinated resident if both residents have not had close contact with a suspected or confirmed case of COVID-19 and/or have not traveled to a restricted area during the 14 days prior to admission or room placement.

Management of Residents

Residents will remain in private accommodations upon their COVID-19 test results, symptoms, and exposure to COVID-19. In the event resident does not reside in a private accommodation they will be moved to a private unit if available.

Transmission Based Precautions

Residents who are newly admitted and residents who are COVID-19 positive or were exposed to someone who tested COVID-19 positive, will be placed on transmission-based precautions with the use of full PPE until the resident meets criteria for discontinuation of transmission-based precautions.

When a fully vaccinated resident is admitted or re-admitted and has not been in close contact with a suspected or confirmed case of COVID-19 within the last 14 days, the resident may be placed in either a private room or a semi-private room with another fully vaccinated individual. Quarantine and transmission-based precautions are not required.

Residents who go on medical or non-medical outings may be at increased risk for exposure to COVID-19. When a resident is out of the facility for less than 24 hours, an exposure risk assessment using the NJDOH Risk Assessment Decision Tree may be completed upon the return to the facility. If a resident is at an increased risk of exposure, the resident will be placed on 14-day quarantine. Residents who are out of the facility for more than 24 hours, will be treated as a re-admission.

Transfer to an Acute Care Facility

If a resident who is confirmed to be COVID-19 positive or is under investigation for COVID-19 requires transfer to an acute care facility, staff will notify the transferring EMS/ambulance agency of the resident's COVID status when placing the call to arrange transport, document the COVID status on the Universal Transfer Form and contact the receiving facility and inform them of the resident's COVID status.

Death

If a resident who is confirmed to be COVID-19 positive or is under investigation for COVID-19 dies, inform the funeral home of the resident's COVID status.

STAFF PROTOCOL

As long as COVID-19 is present in the surrounding community, there exists a risk of it entering the facility. To mitigate the risk of this occurrence by staff, the following staff-specific interventions are in place:

- Staff receives education specific to COVID-19.
- Staff are provided with PPE.
- Staff are primarily assigned to a designated unit or department and are rotated only when necessary to meet the needs of the residents.
- Staff are directed not to report work if they feel ill.

Screening

Prior to entering the facility, all staff are screened for COVID-19. Staff who do not pass the screening process will be evaluated by a nurse who will determine if they can work.

Staff who develop signs and symptoms during their shift must inform their supervisor or manager on duty and be tested for COVID-19 prior to leaving the facility. They will be restricted from work while test results are pending.

Staff Testing

All staff will undergo testing in accordance with current CDC and/or NJ DOH guidelines. For employees who work at more than one facility, Avalon will accept the results from another facility, provided that the testing is compliant with Avalon's current testing process and the employee consents to have the test results made available to Avalon simultaneously with the facility where the employee was tested.

Management of COVID-19 Negative Staff

If staff test negative for COVID-19 they may still be restricted from work based upon self-reporting of either exposure to a confirmed COVID-19 case or symptoms that *could* be associated with COVID-19 or another illness. The Employee Health Nurse or designee must be informed of the exposure and/or complaint of symptoms. The risk of exposure and need for work restrictions will be determined by using the *Revised NJDOH Exposure to Confirmed COVID-19 Case Risk Algorithm* and the following table:

	Symptomatic	Asymptomatic
Exposed	Employees who test negative AND have symptoms, will be restricted from work for 14 days from the date of exposure and instructed to quarantine.	Unvaccinated employees who test negative and have NO symptoms will be restricted from work for 14 days from the date of exposure and will be instructed to self-isolate and monitor for symptoms. Vaccinated employees (not immunocompromised) who test negative and have NO symptoms will not be restricted from work.
Not Exposed	Employees who report COVID-like symptoms but have not been exposed and test negative will contact the Employee Health Nurse for further evaluation and determination of work restriction, as the symptoms are likely related to another illness.	Continue to work

Management of COVID-19 Positive Staff

Staff who test positive for COVID-19 will be restricted from work until they meet the criteria to return.

The Director of Nursing or their designee will initiate contact tracing, notify the local Health Department, notify staff, residents, resident representatives, and others per the facility's communication plan, and report the case in the mandated NJDOH and CMS reporting systems.

Return to Work Criteria

Staff who test positive will be restricted from work and allowed to return when they meet CDC criteria for discontinuation of isolation.

Crisis Staffing

Crisis staffing will be implemented during times of potential or actual staffing shortages to ensure continuity of operations and the ability to meet the needs of the residents. All departments will work collaboratively to implement the initiatives.

1. Each department director will determine the minimum staffing requirements for their area, based on census and resident acuity where appropriate.
2. All current full-time, part-time, and per diem employees will be notified when a staffing emergency is in effect and requested to provide additional availability to work.

3. Department directors may implement any/all the following initiatives with currently working staff: change shift length (from 8- to 10- or 12-hour shifts), adjust the start and/or end times for existing staff, implement mandatory overtime in accordance with state regulation and facility policy.
4. Additional initiatives may include:
    a. Use of staff from other Bridgeway or Avalon locations.
    b. Use temporary staff through contracted agencies.
    c. Recruit temporary employees who could assist with tasks that can be performed by unlicensed and non-certified staff.
    d. Use physical therapists, occupational therapists, and speech therapists for resident care tasks as appropriate to their discipline.
    e. When approved through CMS and NJ DOH waivers, recruit other health care workers to assist with resident care.
    f. Communicate the need among staff to postpone elective time off from work.
    g. Reassign health care personnel to support essential patient care activities in the facility.
    h. Address social factors that might prevent health care personnel for reporting to work such as transportation and housing.
    i. Determine the priority of nursing care and services during staffing shortages and consider initiatives to modify the workload of staff.
5. Communicate with local healthcare coalitions, federal, state, and local health partners to identify additional healthcare personnel.
6. As a last resort, and in collaboration with the Executive Director, transfer residents to healthcare facilities or alternate care sites with adequate staffing to provide safe patient care.

VISITOR PROTOCOL

Limiting Entry

Due to the vulnerability of our residents, and to reduce the risk of introduction of COVID-19 into the facility as community transmission becomes widespread, the facility will restrict the access of visitor. Visitors include all individuals who are not residents and who do not meet the definition of facility staff which includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility. The following actions may be implemented to control access into and within the facility:

- Entry to the facility will be limited to designated entrances and signage will be posted to indicate an outbreak and deter entry.

- Screen visitors upon arrival and anyone who has a temperature, is exhibiting or has recently exhibited signs and symptoms of COVID-19, was diagnosed with COVID-19 with the past 14 days or had traveled to a travel restricted area will not be allowed to visit.
- Virtual visitation will be available to residents and families to stay in touch.
- An area will be designated for families to drop off and pick-up resident supplies.
- Physicians and other clinicians will be encouraged to use telemedicine. When in-person visitation is necessary, physicians and other clinicians will be asked to visit less frequently and bundle their visits.
- Vendors will drop off supplies at a designated area and will not transport the supplies within the facility.

Resident Visitation

Visitation can be conducted based upon the facility's structure and resident's needs but will be restricted to assigned indoor visitation spaces or designated outdoors. Considering the ongoing risk of COVID-19 transmissions, residents and visitors must adhere to the core principles of COVID-19 infection control, including maintaining physical distancing and conducting outdoor visits whenever possible.

Visits for compassionate care, such as end-of-life situations or when a resident has a decline, needs encouragement to eat or drink, has weight loss or is experiencing emotional distress should be allowed for residents regardless of vaccination status.

The resident or their designee and the visitor will complete a consent form indicating the procedures for visitation and the associated risks of the visit. The resident will be consulted to determine who may visit them.

All outdoor and non-compassionate care indoor visits will be limited at the facility's discretion to ensure adequate time to sanitize the visitation space with an EPA approved product.

All visits will be scheduled through the facility website at https://www.bshcare.com/visitation.html. Confirmation of the visit will be sent via email. For all visits:

- Well-fitting face masks must be worn by visitors as source control after leaving the screening area and when walking to the visitation area.
    - When **BOTH** the visitor and resident are fully vaccinated:

- While alone in the resident's room or visitation area, residents and their visitors may choose to have close contact, including touch, and to remove their face masks.
- While in the facility, visitors should wear facemasks and physically distance from healthcare personnel and other residents and visitors who are not part of their group.

Fully vaccinated means at least 14 days have passed since an individual received the single-shot vaccine (J&J), or the 2nd dose of a 2-shot vaccine (Pfizer or Moderna).

- When **EITHER** the visitor or resident is not fully vaccinated:
  - While in the facility, visitors should wear facemasks and physically distance from healthcare personnel and other residents and visitors who are not part of their group.
  - While alone in the resident's room or visitation area, the safest approach is for everyone to maintain physical distancing and wear well-fitting facemasks.
  - Fully vaccinated residents may choose to have close contact, including touch, with their unvaccinated visitors; however, residents and visitors must wear well-fitting face masks.

- Visitor must perform hand hygiene prior to the initiation and at the end of the visit.
- No more than two visitors are allowed at a time. Residents and visitors should exercise good judgement regarding visiting with small children.
- Social distancing (6 feet) must be maintained for all unvaccinated residents.
- If the resident is fully vaccinated, the resident and visitor may have close contact (including touch) for a limited amount of time if both are wearing a well-fitting face mask and perform hand hygiene before and after the contact. The visitor shall maintain physical distance from staff members**.**
- To limit movement throughout the facility, visitors will be guided to the designated location for the visit.
- Visits will be monitored by staff to ensure there is compliance with infection control measures.
- When practicable, Visitors will be escorted out of the visitation area at the completion of the visit. They cannot enter any other area in the facility.
- The shared visitation area will be cleaned and disinfected with an EPA-approved product between visits.

Indoor Visitation not During an Outbreak

Indoor visitation is allowed for all residents with following exceptions:

- If the regional CALI score is high or very high (3 or 4) and < 70% of the residents in the facility are fully vaccinated (≥ than 2 weeks following the receipt of the second dose in a 2-dose series, or ≥ 2 weeks following the receipt of a single dose vaccine).
- Indoor visitation should be limited for residents vaccinated or unvaccinated who:
    - Are confirmed positive.
    - Are on 14-day quarantine due to exposure to COVID-19.
    - Are on 14-day isolation because they were recently admitted/readmitted from the hospital or at high risk for exposure after an out-of-facility appointment.

  For these residents, virtual visits may be schedule through our website.

Visitation During an Outbreak

When a new case of COVID-19 among residents or staff is identified, the facility should begin outbreak testing of all residents who have not had a positive test within the past 90 days, and suspend all visitation until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:

- If the first round of outbreak testing (day 3 to 7) reveals no additional COVID-19 cases in other units of the facility visitation can resume for residents in units with no COVID-19 cases. Visitation will be suspended on the affected unit until criteria for discontinuation for outbreak testing is met.
- If the first round of testing reveals one or more additional COVID-19 cases on other units, visitation will be suspended for all residents (vaccinated or unvaccinated) until the facility meets criteria for discontinuation of outbreak testing.

Visitor Policies and Procedures

Visitors who are unable or unwilling to comply with our policies will be restricted from visiting.

Agency Staff/Essential Medical Provider

Physicians and other clinicians will be encouraged to use telemedicine. When in-person appointments are necessary, physicians and other clinicians will be asked to bundle their visits.

MANDATORY REPORTING

During a COVID-19 pandemic the facility will complete mandatory reporting to the following agencies: CDC (NHSN portal), NJDOH, NJHA.