

**AVALON AT HILLSBOROUGH**  
**Infection Prevention and Outbreak Response Plan**

**DEFINITION OF AN OUTBREAK**

An outbreak in an assisted living is defined as:

- § Whenever  $\geq 3$  residents or staff develop new onset respiratory symptoms that occur within 72 hours of each other.
- § A Covid-19 outbreak is dependent on if the cases are to be considered facility acquired and will be determined by the NJDOH per current guidelines.

**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**

Avalon's testing requirements that were set forth through the COVID-19 pandemic will remain in compliance with CDC and CMS guidelines.

Ongoing testing and retesting for residents and staff will be in accordance with CDC and NJ DOH guidance, as amended and supplemented.

**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.

*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:

- § 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*

During circumstances where in-person visitation is restricted, virtual visitation through Skype may be scheduled at [www.bshcare.com/skype](http://www.bshcare.com/skype).

**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.

**Management of Residents**

*Transmission Based Precautions*

In general, residents who are up to date with all recommended COVID-19 vaccine doses and residents who have recovered from COVID-19 in the past 30 days do not need to be placed in quarantine. Quarantine is recommended for all other residents. Residents who are up to date with vaccination 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 during the 14 days prior to admission or room placement.

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.

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 or not up to date with COVID-19 vaccinations, 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.

### **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 Symptomatic of Exposed 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 Director of Nursing 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 guided by CDC and NJDOH recommendations.

### **Management of COVID-19 Positive Staff**

Staff who tests positive for COVID-19 will be restricted from work until they meet the CDC criteria to return. While out of work, they are instructed to self-isolate, practice distancing, and to contact their clinician if their signs or symptoms worsen.

### **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.

## **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 can restrict 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.
- § 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.
- § Vendors will drop off supplies at a designated area and will not transport the supplies within the facility.

## **Resident Visitation**

- § During an outbreak investigation visitors will be made aware of the outbreak and potential risks of visiting.
- § Visitors who are visiting a resident who is under transmission-based isolation precautions must see the nursing staff for assistance donning PPE prior to entering the resident's room.

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

## **MANDATORY REPORTING**

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