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 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

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 prior to acceptance into the facility and upon admission. If the resident was tested at a facility prior to admission, the sending facility must provide lab results to the receiving facility. The resident will be placed in a private room upon entrance to the facility through the required isolation period as deemed appropriate by nursing.

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.

Residents who leave the facility for medical appointments or family outings may be placed on 14-day quarantine based up a risk assessment of the local community transmission rates, social distancing practices and the infection control measures taken by the transport personnel and the receiving facility

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 Symptomatic or Exposed Staff

If staff are exposed to a COVID-19 case, the Director of Nursing or designee must be informed of the exposure. 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, after a negative test, report an exposure AND symptoms, will be restricted from work for 14 days from the date of exposure and instructed to self-isolate.	Employees who, after a negative test, report an exposure and NO symptoms, will be restricted from work for 10 days from the date of exposure, and instructed to self-isolate and monitor for symptoms.
Not Exposed	Employees who report COVID-like symptoms but have not been exposed and test negative will contact the Administrator 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

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 visitors and non-essential personnel in accordance with NJ Department of Health (NJDOH) guidelines and Executive Directives. Agency staff and essential medical providers will continue to be allowed into the facility.

Visitor access depends upon a combination of whether the visitor is essential or non-essential, guidelines from the NJDOH and the NJDOH COVID-19 Activity Level Index (CALI) Score.

Prior to entering the facility, all visitors are screened for COVID-19. Individuals who do not pass the screening process will be restricted from the facility.

Depending upon the community COVID-19 transmission rates, visitor (including agency staff and medical providers) may be required to complete periodic COVID-19 antigen testing prior to entering the facility.

Visitors who test positive for COVID-19 or have symptoms of COVID-19 within 14 days of visiting will be directed to self-isolate and notify the facility immediately.

Resident Visitation

When resident visitation is restricted, virtual visitation will be available to residents and families to stay in touch. Families will be able to schedule visits on the facility's website.

In-person visitation, indoor and outdoor visits, will be permitted in accordance with NJ DOH guidelines, subject to facility policies and procedures. All visits are by appointment only and informed consent obtained from resident and visitor.

The Avalon offers End of Life, Compassionate Care and Essential Caregiver visits.

Agency Staff/Essential Medical Provider

Physicians and other clinicians will be encouraged to use telemedicine.

MANDATORY REPORTING

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