COVID-19 Prevention and Control
Outbreak, Management and Recovery Plan

Policy Statement

It is the policy of the Holland Christian Home to follow current CDC, NJDOH and all other applicable governing body guidelines and recommendations for the prevention and control of COVID-19.

Policy Interpretation and Implementation

Modes of Transmission / Symptoms of COVID-19

1. Symptoms include:
    a. Fever
    b. Cough
    c. Myalgia / fatigue
    d. Shortness of breath at illness onset
    e. Sore throat
    f. New loss of taste / smell
    g. Less commonly reported symptoms include sputum production, headache, and diarrhea, loss of smell.
2. Those at higher risk for severe illness include older patients and those with chronic medical conditions including, but not limited to:
    a. Cancer
    b. Chronic kidney disease
    c. Chronic lung disease
    d. Dementia or other neurological diseases
    e. Diabetes 1 & 2
    f. Down Syndrome
    g. Heart conditions
    h. HIV infection
    i. Weakened immune systems
    j. Liver disease
    k. Overweight / Obesity
    l. Sickle Cell or Thalassemia
    m. Smoking
    n. Solid organ or blood stem cell transplant
    o. Stroke or cerebrovascular disease
    p. Substance abuse disorders.
3. Incubation period is 2-14 days.
4. Current evidence suggests that the virus spreads mainly between people who are in close contact with each other, typically within 1 meter (short-range). A person can be infected when aerosols or droplets containing the virus are inhaled or come

directly into contact with the eyes, nose, or mouth (e.g., when an infected person coughs or sneezed near a susceptible person).
5. Transmission via large-particle droplets requires close contact between source and recipient persons because droplets generally travel only short distances (approximately six (6) feet or less) through the air.
6. Indirect contact transmission via hand transfer of COVID-19 virus from virus-contaminated surfaces or objects to objects to mucosal surfaces of the face (e.g., nose, mouth) may also occur.
7. Airborne transmission via small particle aerosols in the vicinity of the infectious individual may also occur. However, the relative contribution of the different modes of COVID-19 transmission is unclear.
8. Airborne transmission over longer distances, such as from one resident room to another, has not been documented.

Surveillance

1. The Infection Preventionist conducts active (daily) surveillance for new respiratory illness and reports activity in the facility.
2. The Infection Preventionist maintains communication and collaborates with local, state, and federal health authorities.

Outbreak Precautions

1. In most circumstances, quarantine is not recommended for patients / residents that are up to date with all recommended COVID-19 vaccinations and asymptomatic individuals who have recovered from SARS-CoV-2 infection in the past 90 days unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction's public health authority.
2. Quarantine might be considered if the patient / resident is moderately to severely immunocompromised. Additionally, immunocompromised people may not be protected even if they are up to date with all recommended COVID-19 vaccinations. They should continue to take all precautions recommended for people who are not up to date with all recommended COVID-19 vaccinations, including wearing a well-fitting mask and practicing physical distancing until advised otherwise by their healthcare provider.
3. All symptomatic patients /residents, regardless of vaccination status, should be isolated to identify if the clinical presentation is due to a communicable infectious disease.
4. Standard, contact and airborne precautions are implemented during care of residents suspected of coronavirus, in addition to standard precautions used with all residents regardless of symptoms.
5. For any patients that present with a fever and other COVID-19 symptoms (fever, cough, sore throat, shortness of breath, new loss of taste/smell) and are without alternative explanatory diagnosis (e.g., influenza), a surgical mask will be placed

on patient and patient will be moved to a private room as soon as possible with the room door closed.

6. The patient / resident will be tested in a manner that is consistent with current standards of practice for conducting COVID-19 tests. The Home's Infection Preventionist will be notified promptly and the Department of Health (DOH) will be informed if the resident is a Person Under Investigation or is COVID-19 positive. The Administrator will be notified as soon as possible and will communicate with other team members to provide support to the facility.
7. Local/state health departments should be contacted immediately to notify them of patients with fever and lower respiratory illness who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset.
8. Facilities without an airborne infection isolation room (AIRR) are not required to transfer the patient assuming:
    a. Patient does not require a higher level of care; and
    b. Facility adheres to Standard, Contact, and Airborne Precautions.
9. Facemask should be placed on the patient, and he/she should be isolated in a room with the door closed. All staff, visitors, etc. entering the room should don appropriate PPE in advance.
10. Ensure rapid triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough):
    a. Identify patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility.
    b. Implement triage procedures to detect persons under investigation (PUI) for COVID-19 during or before patient triage or admission and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of international travel, or contact with possible COVID-19 patients.
    c. Implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient's nose and mouth if that has not already been done) and place in isolation.
11. Supplies for respiratory hygiene and cough etiquette will be provided, including 60%-90% alcohol-based hand sanitizer (ABHS), tissues, no touch receptables for disposal, and face masks at facility entrances, waiting rooms, resident check-ins, etc.
12. Patients who require hospitalization should be transferred as soon as is feasible to a facility where an AIIR is available. If the patient does not require hospitalization the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration. Residents should be cohorted when possible.
13. Staffing policies to minimize the number of staff who enter the room will be implemented. Keep a log of all persons who care for **OR** enter the rooms or care area of these patients.
14. Staff entering the room soon after a patient vacates the room should use respiratory protection.

15. Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs). If equipment will be used for more than one patient, clean and disinfect such equipment before use on another patient according to manufacturer's instructions.
16. Staff should perform hand hygiene using ABHS before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene also can be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS. The facility will ensure that hand hygiene supplies are readily available in every care location.
17. Contact and air borne precautions for patients / residents with confirmed COVID-19 in healthcare settings are continued as follows:
    a. **Patients / residents with mild to moderate illness who are not moderately to severely immunocompromised should remain in isolation until**
        - At least 10 days have passed since symptoms first appeared AND
        - At least 24 hours have passed since the resolution of fever without the use of fever-reducing medication AND
        - improvement in symptoms.
    b. **Asymptomatic patients / residents who are not moderately to severely immunocompromised should remain on isolation until**
        - 10 days have passed since the date of first positive SARS-CoV-2 viral diagnostic test AND have remained asymptomatic (if symptoms appear during this time refer to above).
    c. Patients / Residents with severe to critical illness and who are not moderately to severely compromised should remain on isolation until:
        - At least 10 days and up to 20 days have passed since symptoms first appeared and
        - At least 24 hours have passed since last fever without the use of fever-reducing medication AND
        - Symptoms have improved
        - The test-based strategy as described for moderately to severely immunocompromised patients below can be used to inform the duration of isolation.
    d. **Patients / Residents who are moderately to severely immunocompromised** may produce replication-competent virus beyond 20 days after symptom onset or, for those who were symptomatic throughout their infection, the date of their first positive test.
        - Use of a test-based strategy and (if available) consultation with an infectious disease specialist is recommended to determine when Transmission-Based Precautions could be discontinued for these patients.
    e. **Criteria for the Test-Based Strategy are:**

- **Patients who are symptomatic:**
    1. Resolution of fever without the use of fever-reducing medications and
    2. Symptoms have improved, and
    3. Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT
- **Patients who are not symptomatic:**
    1. Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT

18. Staff who develop respiratory symptoms are to apply facemasks and report to the Infection Preventionist, who will determine the staff's ability to return to work based on the "Diagnosed and/or Exposed Healthcare Personnel" policy.

Notification

1. The Infection Preventionist will notify the state and local health department immediately if a resident, visitor, or employee is suspected or confirmed for COVID-19 and is a "Person Under Investigation" (PUI) as defined as a person who has had close contact by being within 6 feet of a COVID-19 case for a total of 15 minutes over a 24 hour period or having direct contact with infectious secretions of a COVID-19 case.
2. Means of notification of staff / residents / visitors / family members include, but are not limited to, email, social media posts, facility website posts, and signage posted on doors / throughout the facility. For more specific details on notification refer to policy and procedure entitled "24 Hour Notification Process".
3. Required data, including but not limited to current outbreak status, resident census, current capacity, PPE supplies, COVID testing, etc., is reported to appropriate local, state, and federal agencies in accordance with current regulations.

Visitor Access

1. As per CMS QSO-20-39-NH Revised 03/10/2022, visitation must be permitted at all times with very limited and rare exceptions, in accordance with residents' rights. The HCH will enable visitation following these three key points:
    a. Adherence to the core principles of infection prevention, especially wearing a mask, performing hand hygiene, and practicing physical distancing;
    b. No large gathering where physical distancing cannot be maintained; and
    c. Working with state and/or local health department when an outbreak occurs.

2. The Home will post visual alerts (e.g., signs, posters) at the entrance and in strategic places to provide residents and staff with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.
3. All visitors are instructed to follow respiratory hygiene and cough etiquette precautions.
4. Visitors should enter through the Main Entrance only, to allow screening of visitors for symptoms of acute respiratory illness before entering the facility.
5. Any visitors who have been in close contact with someone with confirmed COVID-19 or have any signs/symptoms of respiratory illness should refrain from entering the facility for the safety and wellbeing of the residents.

Vendors

1. Vendors are held to the same rules / guidelines listed above in the Visitor Access section.
2. At the discretion of the Administrator, during an outbreak / outbreak investigation, deliveries should only be delivered to the Maintenance Garage Door or Kitchen Door; facility staff will be responsible for bringing deliveries from the door drop off point to the appropriate department / storage area within the facility.

Monitoring of Residents

1. During an outbreak, residents will be monitored for signs of fever and/or respiratory symptoms by taking vital signs daily at a minimum on each shift or per current guidelines.
2. All symptomatic patients / residents, regardless of vaccination status, will be isolated to identify if the clinical presentation is due to a communicable infectious disease.
    a. Standard, contact, and airborne precautions will be implemented during care of residents suspected of COVID-19, in addition to standard precautions used with all residents regardless of symptoms.
    b. The patient / resident will be tested in a manner that is consistent with current standards of practice for conducting COVID-19 tests.
3. All residents with symptoms of a respiratory infection will be instructed on and encouraged to adhere to respiratory hygiene, cough etiquette and hand hygiene procedures.
    a. Facemasks, as available, will be provided to all residents.
    b. Supplies to perform hand hygiene, as available, will be available to all residents and visitors in common areas. Hand sanitizer, when available, will be provided where appropriate.

4. Visual alerts will be posted at the entrance and in strategic places to provide residents and staff with instructions regarding respiratory hygiene, hand washing and cough etiquette.

Health Care Workers

1. Before beginning their shift, all employees should do the following:
    a. Complete a questionnaire about symptoms and direct exposure / contact with others who are infected or suspected to be infected. Any exclusory answers will require the staff member to immediately inform their supervisor, who (in conjunction with the Infection Preventionist) will advise the employee of further action to be taken based on the "Diagnosed and/or Exposed Healthcare Personnel" policy.
    b. Have their temperature taken at one of the Home's automated temperature taking kiosks. Any temperature greater than or equal to 100.4F degrees will require staff member to immediately inform their supervisor, leave the building, and self-isolate at home in accordance with the guidelines set forth in the "Diagnosed and/or Exposed Healthcare Personnel" policy.
2. Staff who develop fever and respiratory symptoms will be:
    a. Instructed not to report to work, or if at work, to stop resident-care activities, and promptly notify their supervisor before leaving work.
    b. Advised by their supervisor and Infection Preventionist regarding work restrictions in accordance with the guidelines set forth in the "Diagnosed and/or Exposed Healthcare Personnel" policy.
    c. Those with ongoing respiratory symptoms will be considered for evaluation by the Infection Preventionist and/or designee to determine appropriateness of contact with residents but, at a minimum, will be required to wear a facemask while on duty.
    d. Note: FTE and PTE staff are encouraged to take advantage of their sick time benefits as applicable and as listed in the HCH Employee Handbook.
3. All employees must wear a face mask while on duty. N95 masks are to be worn by direct care givers while interacting with residents suspected and/or confirmed to have COVID-19.

Activities During Active or Potential Outbreak

1. Indoor visitation will be allowed at all times and for all residents as permitted under the regulations. (CMS; QSO-20-39-NH; Rev. 3/10/22)
2. Outdoor visitation will be allowed at all times, however, weather considerations or an individual resident's health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits. Outdoor visits should be scheduled in advance through the Activities Department.

    NOTE: While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors will be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. Residents and visitors should wear masks during visits, regardless of vaccination status, and visits must occur in the resident's room.

3. External activities may be curtailed at the discretion of the Administrator and/or Infection Preventionist, based on the level of COVID-19 in the community.
4. Large Group Activities and Communal Dining
    a. If the facility is using a contact tracing approach for an outbreak investigation, those residents who are identified as potentially being a close contact of the individual who tested positive for COVID-190 are considered to have had close contact and should not participate in communal dining or activities. Residents who are not up to date with all recommended COVID-19 vaccine doses and have had close contact with someone with COVID-19 infection should be placed in quarantine even if viral testing is negative.
    b. In general, residents who are up to date with all recommended COVID-19 vaccines doses and residents who have had COVID-19 in the last 90 days do not need to be restricted to their rooms and should wear masks when leaving their rooms.
    c. When using a broad-based approach for an outbreak investigation, residents who are not up to date with all recommended COVID-19 vaccine doses should generally be restricted to their rooms, even if testing is negative, and should not participate in communal dining or group activities until they have met the criteria for discontinuing transmission-based precautions (quarantine). In general, residents who are up-to-date with all recommended COVID-19 vaccine doses and residents who had COVID-19 in the last 90 days do not need to be restricted to their rooms unless they develop symptoms of COVID-19, are diagnosed with COVID-19 infection, or the facility is directed to do so by the jurisdiction's public health authority.

Communication

1. In the case of an outbreak of COVID-19 (or other highly infectious disease which poses a unique risk to the facility and/or is regulated by NJDOH or CMS 24-hour notice guidance), a new confirmed resident or staff infection shall be communicated to all facility residents, their representatives and family members, and employees by 5:00 PM the next calendar day. This may be done by any means practicable, including but not limited to:
    a. In person and/or in writing for all residents and/or representatives, as appropriate (e.g., via in-house closed-circuit TV system);
    b. In person and/or in writing for all staff members (e.g., via email notification);
    c. In writing for all family members (e.g., via email update or via Outbreak Info page on website); and
    d. Notification via telephone, email or other method of communication the facility is using to notify the resident's family member, guardian or designated person during this time as restricted visitation, as well as any visitors, to be followed up in writing within three days.

2. The same 24-hour notice policy shall apply each time three or more residents or staff present with new-onset of relevant symptoms (e.g., respiratory symptoms for COVID-19) within 72 hours of each other.

3. Weekly updates shall be provided during an outbreak by the administrator or designee at least once per week to residents, their representatives and family members, and employees. These updates shall be provided by any means practicable, including but not limited to:
    a. In-person and/or via filmed or televised address for all residents (aired over the in-house resident TV channel);
    b. In-person and/or in writing for all employees (e.g., email update);
    c. In writing for residents and/or representatives and family members, as appropriate (e.g., written letter or email);

Lab Testing

1. COVID-19 testing of residents is performed in accordance with current regulations, and is conducted in partnership with Valley Hospital Laboratory.
2. COVID-19 testing of employees is performed in accordance with current regulations, and is conducted using point of care testing supplies provided by the State of NJ.

Medical Director

1. The Home employs a NJ licensed MD as a Medical Director.
2. In the event the Medical Director is unavailable during the COVID19 outbreak period, the Home has employed a Licensed Nurse Practitioner.

Admissions

Admission and readmission of residents to the facility will be determined based on strict adherence to current NJDOH/CMS orders, guidance and directives on admissions/readmissions.