

MONMOUTH CROSSING COVID-19 RESPONSE PLAN

PANDEMIC OUTBREAK

A. INFLUENZA

The primary purpose of Monmouth Crossing's Pandemic/Influenza Plans and Procedures is to outline a course of action to follow if a pandemic influenza outbreak occurs.

The Administrator or designee shall be responsible for monitoring federal and state public health advisories and updating the Director of Nursing serving as the pandemic response coordinator.

In the event of an influenza outbreak at Monmouth Crossing, the Administrator will be responsible for notifying Hospital Administration and the State and Freehold Departments of Health. The Pandemic response coordinator will be responsible for completing the line list on a daily basis and submitting to the Freehold Department of health. A timeline will immediately be created marking initial illness and spread which will be used for the line list creation.

The Director of Nursing serving as the pandemic response coordinator or designee shall be responsible for weekly or daily as needed monitoring of seasonal influenza-like illness among residents and staff. If the DON should become ill the Administrator will assume the reporting role.

- a. Health Education Nurse (DON) will communicate and educate residents, staff and family members on implication of and prevention of pandemic influenza utilizing handouts upon admission and or employment as well as seasonally during influenza season.
- b. Education and training will include information on infection control measures to prevent the spread of influenza.
- c. Supplies such as alcohol based sanitizers, masks, gloves and disinfectant will be available to all staff and rationed based on need by the Supply Coordinator or designee.
- d. If quarantine cannot be managed on a specific floor/hallway, the area known as Heritage Corner- high side hallway will be utilized as the quarantine area should it become necessary to designate such an area to control the spread of infection.

The Director of Nursing serving as the pandemic response coordinator or designee will ensure information materials such as brochures and posters developed to communicate policies and procedures during infectious outbreak are posted. Communication will include visitation suspensions or restrictions, instructions on obtaining further information on facility as well as state and federal information will be posted on our website.

- a. The Administrator will be responsible for disseminating information to staff regarding the implementation of these policies and procedures in the face of an influenza outbreak.

The internet will be continually monitored by the Administrator at <http://www.cdc.gov/flu/weekly/fluactivity.htm> for updates and nationwide influenza activity, reporting updates as necessary to the Director of Nursing.

Areas for equipment storage shall be designated for use when pandemic influenza alerts occur within our area.

Vaccines and antibiotics will be secured based on public demand.

Safety concerns regarding public demand of antibiotics could result in increased security measures depending on intensity of outbreak (internally and public), symptoms and public demand.

Should a pandemic influenza outbreak occur that results in needed hospitalizations, local hospitals shall be notified of such, with estimate of number being transported to their facility.

- a. Any ambulance, transportation, or medical personnel shall be requested when such service is necessary.

During a pandemic influenza outbreak, **VISITATION** shall be **RESTRICTED** based on severity of outbreak and ability to contain infectious persons. **ONLY** those persons authorized visitation rights shall be permitted in the area, **UNLESS** written authorization has been executed by the person in charge.

When a Pandemic Influenza outbreak is identified for this area, staff shall implement the following procedures.

Nursing Service:

1. Isolate contaminated residents to minimize spread of virus.
2. Ensure masks, gloves and gowns are available for staff use and protection.
3. Ensure staff has alcohol based cleansers to use in conjunction with appropriate hand washing techniques.

Dining Service:

1. Check and disseminate necessary food supplies.
2. Ensure supply of water is adequate.

Maintenance Service:

1. Have plastic sheeting, tape, plywood, lumber, etc., readily and available for immediate use in creating quarantined areas.

Laundry Service:

1. Have extra supply of linen and blankets available.
2. Ensure supplies are maintained for increased loads due to infectious materials.

Housekeeping Services:

1. Ensure all disinfectants and protective equipment is accessible to staff
2. Be prepared to disinfect all equipment and furnishings.
3. Assist where needed or assigned.

Administration:

1. Ensure staff communication and any additional coverage as needed.
2. Make sure needed supplies and equipment are maintained.

B. PANDEMIC OTHER

The primary purpose of the Monmouth Crossing's Pandemic Plans and Procedures is to outline a course of action to follow if a pandemic outbreak occurs either naturally or with intention as in a biological (CBRN) emergency. Policies and procedures have been reviewed and revised as to lessons learned from the response to the COVID-19 pandemic to include realization that the frail elderly who did not have the physiologic reserve suffered from even the slightest changes in routine such as disrupting their schedules, staff changes due to cohorting the sick from the well, and the loss of in person family involvement due to visitation restrictions. We also learned a great deal about the precious commodity of PPE and how to make it last during critical shortages at the onset of the COVID -19 outbreak while keeping our staff safe and protected. Policies and procedures have been reviewed and revised relating to clear and effective communication with residents, staff and families, infection control, and securing additional staffing in all departments in the event of subsequent outbreaks.

From April 2020 to June 2020 Monmouth Crossing responded to residents diagnosed as Covid-19 positive. A multidisciplinary team was established to provide care and keep both our residents and staff safe. This team included Administrator, Director of Nursing, Wellness RN, Director of Dining Services, Director of Activities, Director of Hospitality, Director of Maintenance, DR. Joshua Raymond, and supportive services from CentraState Healthcare system such as Infectious Disease and the Covid Response Team.

At the onset of the outbreak in our memory neighborhood Heritage Corner, a decision was made to move all of the residents to the Manor, Health and Rehabilitation Center our sister facility, for two weeks to better care for the residents and thoroughly disinfect the unit to prevent further spread. Resident returned after two week and were managed by Monmouth Crossing staff

on Heritage Corner where 8 rooms were designated for Covid Positive residents. Covid Positive residents in Traditional Assisted living were able to stay in their private apartments with designated staff utilizing transmission based precautions and extensive education of all staff on infection control and PPE.

The Administrator or designee shall be responsible for monitoring federal and state public health advisories and updating the Director of Nursing serving as the pandemic response coordinator.

The Administrator will be responsible for notifying Hospital Administration, The state Department of Health, the Monmouth County OEM, Freehold Department of Health and the CDC if mandated. The Pandemic response coordinator will be responsible for completing the line list on a daily basis and submitting to the Freehold Department of health. A timeline will immediately be created marking initial illness and spread which will be used for the line list creation.

The Director of Nursing serving as the pandemic response coordinator or designee should the DON be unable shall be responsible for:

- a. Ensuring the Health Education Nurse will communicate and educate residents, staff and family members on implication weekly or daily as needed monitoring of illness among residents and staff.
- b. All staff will be educated if they present with symptoms to not come to work until tested. Visitation will be curbed or stopped depending on situation.
- c. Health Education Nurse will communicate and educate residents, staff and family members on implication of and prevention of pandemic outbreak utilizing handouts and other forms of communication.
- d. Education and training will include information on infection control measures to prevent the spread of illness.

The Director of Nursing serving as the pandemic response coordinator or designee will ensure information materials such as brochures and posters are developed to communicate policies and procedures during the infectious outbreak are posted. Communication will include visitation suspensions or restrictions, instructions on obtaining further information on facility as well as state and federal information will be communicated to family and representatives through email. The Administrator or designee will be responsible for ensuring communication and updates to family members and resident representatives on a daily basis.

When a Pandemic outbreak is identified for this area, departments shall implement the following procedures.

Nursing Service:

- a. Isolate contaminated residents to minimize spread of outbreak.

- b. Ensure any supplies including masks, gloves and gowns are available for staff use and protection.
- c. Ensure staff has alcohol based cleansers and disinfectants to use in conjunction with appropriate hand washing techniques.
- d. Ensure staff who can work remotely do so and that ALL staff are aware that they should NOT come to work if they are sick.

Dining Service:

- a. Check and disseminate necessary food supplies (liquid diet, isolation tray supplies).
- b. Ensure supply of water is adequate.
- c. Have surplus of to-go containers for apartment food delivery should it become necessary.

Maintenance Service:

- a. Have plastic sheeting, tape, plywood, lumber, etc., ready and available for immediate use in creating additional quarantined areas.

Laundry Service:

- a. Have extra supply of linen and blankets available.
- b. Ensure supplies are maintained for increased loads due to infectious materials.

Housekeeping Services:

- a. Ensure all disinfectants and protective equipment is accessible to staff
- b. Be prepared to disinfect all equipment and furnishings.
- c. Assist where needed or assigned.
- d. Routinely disinfect high-touch surfaces to include doorknobs, light switches, elevator buttons, etc.

Administration:

- a. Ensure staff communication and any additional coverage as needed. Ensure any staff able to work remotely is given the opportunity and that all staff is aware NOT to come to work if they are sick.
 - b. Make sure needed supplies and equipment are maintained.
1. At the point in which the outbreak hits the state of New Jersey certain precautions and procedures will immediately be put into place.

- Educate Resident's, family and staff on pandemic and facilities plans to move forward.
- Restrict visitors and non-essential healthcare personnel, except in end of life situations which will be dealt with on a case by case basis. Skype, face time and window and drive by visits will take place to help family and residents stay connected.
- All communal dining is STOPPED and all group activities which includes internal and external group activities. Social distancing at least 6 feet will be managed with all residents and staff.
- Active screening of all residents for fever and symptoms including questions related to the specific pandemic (out of country travel, exposure). Resident symptoms will be assessed at each shift but at a minimum, daily. Vital signs should include heart rate, blood pressure, temperature, and pain and pulse oximetry. The staff should have a heightened awareness for any change in baseline of their residents, and should be reeducated to ensure reporting of all changes.
- Staff screening will be done for all staff entering the building. All entrances will be closed to staff except for the employee entrance where the staff will have their temperature taken and respond to questions relating to symptoms or exposure.
- Staff, physicians, essential healthcare personnel should begin wearing masks (surgical) while in the building to prevent source contamination to residents. If PPE is limited follow reuse and conservation guidelines.
- If taking new admissions create cohort area and treat as persons under investigation (PUI) until allotted period as designated by CDC without showing any signs or symptoms. Designated staff should be in that area only each shift. Staff should wear appropriate infection control PPE as needed based on precautions.
- Create cohorted areas to handle positive residents and residents with symptoms and healthy. The Heritage Corner Memory Unit is the best place to cohort infections as the area has a separate entrance to help control cross contamination, as well as the ability to install negative pressure in the windows. Heritage Corner also has two separate hallways of 8 apartments in each corridor. One corridor would serve as a positive side and one as a PUI side.
- All cohorted areas should have designated staff unless staffing does not allow in which case the facility will close to new admissions, and staffing will be managed as best as it can, always working from clean to dirty.
- Encourage all residents to remain in their apartments. Activity staff can utilize "hallway" games or electronic equipment games. Activities will also provide programming through

theme carts and drop off programs in resident's rooms for mental stimulation and socialization.

- Increase internal environmental cleaning protocols to ensure appropriate measures are being taken to clean and disinfect where appropriate including high-touch surfaces and all shared medical equipment (e.g., blood pressure cuffs, medication carts).
 - Provide education to all environment staff to ensure knowledge of what products to use effective for the specific germ and how to use the products. Ensure staff is trained on appropriate PPE to be worn in contaminated rooms including doffing and donning. Create checklists to outline all areas that are to be cleaned and how often.
 - Provide education to all direct care staff, housekeeping, and therapy to ensure knowledge of PPE and donning and doffing as well as infection protection protocols.
 - Depending on the type of global outbreak supplies such as alcohol based sanitizers, masks, gloves, gowns and disinfectant will be available to all staff and rationed based on need and stored in a secure area by the Supply Coordinator or designee.
2. If there comes a point in which an outbreak occurs in the facility certain precautions and procedures will immediately be put into place. An outbreak is defined as having more than two residents and or staff members become infected.
- All residents will be tested and cohorted as identified; if testing is not available all residents will be assessed as person's under investigation (PUI), except for symptomatic residents who will be cohorted as positive. If testing is available:
 - All residents who test positive will be cohorted as such, or can remain in their private Assisted Living apartment.
 - All residents who test negative will be treated and cohorted as a PUI until retested again within 7 days and if still negative will follow CDC guidance with weekly testing until the testing no longer reveals any new cases. There are enough apartments to keep residents in their own private apartments, which is their preference. Otherwise a separate area for PUI's will be created.
 - If an asymptomatic resident declines to be tested it will be documented in the chart and the resident will be treated as a PUI. If a resident has symptoms or an asymptomatic resident should begin to present with symptoms the resident will be cohorted as positive.
 - Maintain dedicated staff for each cohort area. If staffing does not allow prioritize rounding from well to ill.
 - All staff should be tested if testing is available. If it is not watch staff calling out and create exposure lists for resident's cared for, work with employee health. Continue required masking of all staff while in the building. Continue to take all staff temps before starting work and continue screening questions regarding symptoms or exposures. If testing is available:

- Plan and schedule all staff for testing while managing shift coverage.
 - Ensure authorizations for release of information are signed by staff to inform facility of status for prevention strategies.
 - If staff refuses to be tested or refuses to authorize release of the test results, they may not work until such time that they are tested or authorize release.
 - If staff test positive and do not have symptoms they may return to work 10 days after their test if they have not have subsequent symptoms. If symptoms develop they cannot return until at least 10 days and 3 days after fever has resolved without fever reducing medication and significant improvement in respiratory symptoms, whichever period is longer. If using testing method they must have 2 negative tests at least 24 hours apart and resolution of fever without medications and improvement in respiratory symptoms.
 - When staff return to work they should be restricted from taking their mask off to even eat around others and should be restricted from caring for residents who are severely immunocompromised until at least 14 days from the illness onset or positive test, whichever is longer.
- If staffing issues occur due to positive testing results, the following strategies may help:
 - Stop all PTO during the period of outbreak.
 - Utilize all state waivers for staffing allowances and call lists to fill in gaps where needed.
 - Schedule nurses to work as aides if needed, look at agency help as well.
 - Consider a CNA training program to cross train other staff after the outbreak where they can fill in as CNA's in an emergency.
 - Utilize all staff to fill in for environmental and or laundry needs, train accordingly.
 - Utilize all administrative positions to fill in where needed.
 - Business Manager of Nursing Services at CentraState to utilize Senior Services Float Pool.
 - AYA Nursing Agency (out of state employment agency)
- Implement infection control precautions for all resident's assuming those not tested have all been exposed. Re-educate all staff on infection control practices and PPE needs including proper donning and doffing; this includes environmental staff, laundry, maintenance, activities and dining services.
- Residents who are positive can be managed in facility if able to cohort, if not send to hospital. Any residents on an aerosol based procedure such as bipap or nebulizer will be stopped and physician called and requested to switch to a puffer so as not to create infectious particles in the air without negative pressure.
- Admissions should be stopped especially with staffing constraints.
- Administrator or designee will notify residents, their families or guardians and staff about any infectious disease outbreaks. This communication will occur via phone, email or virtual communication at a minimum on a weekly bases. Monmouth Crossing website for

public view will be update to reflect above on weekly basis. Visit www.monmouthcrossing.com and click on tab to learn the latest information on Coronavirus (COVID-19)

- Administrator, Activity Director or designee will communicate to all residents, resident representatives and staff regarding the outbreak by 5pm the next calendar day following the subsequent occurrence of either: each time a single confirmed infection of COVID-19 is identified, or whenever three or more resident or staff with new-onset of respiratory symptoms occur within 72 hours of each other, in accordance with CMS rule 42 CRF 483.80 (g). This communication will occur via, phone email or virtual communication. Monmouth Crossing website for public view will be update to reflect above on a weekly basis. Visit www.monmouthcrossing.com and click on tab to learn the latest information on Coronavirus (COVID-19)
- Activity Director or designee will schedule and offer alternative means of visitation such as virtual communication (phone, video-communications, Facetime) via laptops or tablets with residents, families, and resident representatives, in the event of visitation restrictions due to an outbreak of infection disease or in the event of an emergency.
- Activity Director or designee is the primary contact to the resident's visitors for both incoming and outgoing calls.
- Mask all residents (who can tolerate masks) with or without symptoms when providing **direct care**; if masks are limited or not tolerated using a tissue to cover the nose and mouth is appropriate.
- Should a pandemic outbreak occur that results in needed hospitalizations, local hospitals shall be notified of such, with estimate of number being transported to their facility?.
- Any resident's needing hospitalization will be masked and transport and hospital notified of positive patient.
- Nurses must notify mortician of any positive resident deaths utilizing NJ Death Registry and notifying mortician of positive COVID.

3. Recovery

- An individual is considered recovered if it has been at least 1 week since symptoms started and at least 3 days since significant resolution of symptoms, including being fever free without fever reducing medicines. If testing can be used then two negative tests at least 24 hours apart would consider a resident recovered.
- After two incubation periods control measures can be stopped. Masks will continue to protect the residents from any staff exposure until County and State numbers are in safe zones and Health departments feel it is safe to stop all measures.

- Admissions may be considered after two full incubation periods have lapsed and after all testing of residents and staff members have been completed. All new potential residents must have the same 2 step negative process that current residents have been tested for. The new admission would be treated as a PUI with enhanced precautions for 10 days.
- Visitation will remain banned until County, State and Federal health departments allow.
- All normal operations such as visitation, group activities and communal dining will continue to cease until County, State and Federal health departments direct otherwise. Skype, face time and window and drive by visits will continue.
- If a vaccine or antibiotics should come out Monmouth Crossing and its sister facilities will be covered under the Hospital agreement as a CLOSED POD able to distribute medication to our staff and resident's. Safety concerns regarding public demand of antibiotics could result in increased security measures depending on intensity of outbreak (internally and public), symptoms and public demand.

The Administrator will be responsible for disseminating information to staff regarding the implementation of these policies and procedures in the face of a pandemic outbreak.

The internet will be continually monitored by the Administrator at <http://www.cdc.gov/> for updates and nationwide outbreak activity, reporting updates as necessary to the Director of Nursing.

Protected areas for equipment storage shall be designated for use when pandemic outbreak alerts occur within our area so as to manage and maintain needed PPE supplies. A vacant apartment under lock and key only available to a few designated Managers has nursing supplies stored should there be backorders or lack of PPE.

Should a pandemic outbreak occur that results in needed hospitalizations, local hospitals shall be notified of such, with estimate of number being transported to their facility.