



## **CORONAVIRUS DISEASE (COVID-19) PREVENTION & CONTROL: OUTBREAK PROTOCOL**

### **PURPOSE:**

Barnert Subacute  
680 Broadway  
Paterson NJ, 07514  
973-754-0999  
License # 16008.  
Administrator@barnertsubacute.com  
Jason Gibbs

The facility as indicated above acknowledges being impacted the coronavirus disease (COVID-19) pandemic. As a result, we have learned to manage through a consistent need for personal protective equipment (PPE) supply, the value of universal source control, and the need to have discussions with residents, families, and staff to address resident care preferences and goals regarding life-threatening events, as well as specific nursing challenges and barriers to care.

The facility is implementing all reasonable measures to protect the health and safety of the residents and staff during the current outbreak of the coronavirus disease (COVID-19) pandemic. The outbreak response plan is available on the company website for public view and will include a phone number for urgent calls and complaints.

Core infection control practices are in place, will be maintained, and will remain in place regardless of the current status of the COVID-19 pandemic. This outbreak plan reflects requirements as stated in Executive Directive (E.D.) 20-026 Directive for the Resumptions of Services in all Long-Term Facilities, Centers for Medicare and Medicaid Services (CMS) QSO-22-19-NH Revised Long-Term Surveyor Guidance, and with New Jersey Department of Health (NJ DOH) Communicable Disease Services guidelines.

### **PROCEDURE:**

#### **INFECTION PREVENTION TEAM**

- Infection Preventionist and/or designee, as indicated below  
Shereta Alexander

RN  
 License No26RN22452800.  
 973-754-0999 ext 1224  
 adon@barnertsubacute.coml

- Infection Disease Physician, as indicated below  
 Fredrick Okoye  
 645 Broad St Suite 1  
 Clifton NJ 07013  
 973-975-7450
- Facility administration (Administrator and Director of Nursing)
- Facility's Medical Director
- Staff nurses
- Director of Housekeeping/Environmental Services
- Director of Maintenance Services
- Social Services
- Regional or corporate clinical team

## COVID-19 CASE DEFINITION

### A. Clinical Criteria

- At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose

OR

- Any one of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder

OR

- Severe respiratory illness with at least one of the following:
  - Clinical or radiographic evidence of pneumonia
  - Acute respiratory distress syndrome (ARDS)

### B. Laboratory Criteria

Laboratory evidence using a method approved or authorized by the FDA or designated authority, as indicated below:

- Confirmatory laboratory evidence
  - Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test
- Presumptive laboratory evidence
  - Detection of SARS-CoV-2 by antigen test in a respiratory specimen.

Name of Laboratory used by Facility for Testing-Atvivo Diagnostic  
 Laboratory Address: 955 Yonkers Ave Suite 19  
 Laboratory City, State & Zip Code: Yonkers NJ 10704  
 Laboratory Phone: 844-788-1478

### **C. Epidemiologic Linkage**

- One or more of the following exposures in the prior 14 days:
  - o Close contact with a confirmed or probable case of COVID-19 disease
  - o Member of a risk cohort as defined by public health authorities during an outbreak

## **COVID-19 CASE CLASSIFICATION**

### **A. Confirmed:**

- Meets confirmatory laboratory evidence

### **B. Probable:**

- Meets presumptive laboratory evidence
- Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for SARS-CoV-2

\*\*\* A repeat positive test for SARS-CoV-2 RNA using a molecular amplification detection test within 3 months of the initial report should not be enumerated as a new case for surveillance purposes

\*\*\* Vaccine – breakthrough case: An individual who has SARS-CoV-2 RNA or antigen detected on a respiratory specimen collected  $\geq 14$  days after completing the primary series of an FDA-authorized COVID-19 vaccine.

## **COVID-19 CASE REPORTING AND NOTIFICATION**

The following should be notified with all new confirmed and probable cases:

- Administrator
- Director of Nursing
- Medical director
- Primary physician
- Facility department heads
- Responsible party or family of affected resident, if applicable

The facility will immediately report to the local health department (LDH) the following:

- $\geq 1$  probable or confirmed COVID-19 case in a resident or healthcare provider (HCP)

- $\geq 3$  cases of acute illness compatible with COVID-19 in residents with onset within a 72h period

## **DEFINITION OF AN OUTBREAK**

- $\geq 1$  facility-onset COVID-19 case in a resident
  - o Facility-onset COVID-19 infection in a resident is defined as a confirmed diagnosis  $>14$  days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring unless there is confirmation of possible transmission or exposure through a breach in PPE
  - o Does not apply to residents who were positive for COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions (TBP) OR residents who were placed into TBP on admission and developed SARS-CoV-2 infection within 14 days after admission
- $\geq 2$  laboratory-confirmed COVID-19 cases among HCP within a 14-day period

## **OUTBREAK INVESTIGATION**

1. The investigation will be initiated and organized by the Infection Preventionist and/or designee
2. Immediate steps will be taken to the best of the facility's ability to isolate residents or staff, and to prevent or reduce the risk of transmission of COVID-19, including:
  - a. Cohorting and application of transmission-based precautions (see facility protocol on Cohorting and Transmission-Based Precautions)
  - b. Visitation will continue as per current CMS guidelines (see facility protocol on Visitation)
  - c. Suspension of all communal dining and activities
  - d. Suspension of admissions to the facility, dependent on LHD
  - e. Increased housekeeping, with intensive environmental cleaning and frequent disinfection of high-touch areas
  - f. Implementation of staffing contingency plan for possible changes in staffing levels (see facility protocol on Emergency Staffing)
  - g. Reinforcement of universal source control and proper use of required PPE (see facility protocol on PPE Requirements)

- h. Requiring ill staff to refrain from working at the facility (see facility protocol on Work Restrictions for Healthcare Providers with COVID-19 Infection and Exposure)
3. The facility will inform residents, their representatives, and families of the residents, and facility staff within 12 hours of a single confirmed infection of COVID-19.
4. The facility will inform residents, their representatives, and families of the residents, and facility staff of a potential outbreak when there are three (3) or more residents or staff with new onset of respiratory, gastrointestinal and/or constitutional symptoms related to COVID-19 that occur within 72 hours
5. Updates to the residents, their representatives, and families of the residents, and facility staff will be provided weekly, or each subsequent time as detailed above
6. The facility's designated staff on communicating COVID-19 updates will include information on mitigating action implemented to prevent or reduce the risk of transmission, including if normal operations in the facility will be altered
7. Testing for COVID-19 will be expansive and extensive for the whole facility, including all residents and staff, regardless of vaccination status (see facility protocol on Testing and Refusal of Testing).
8. The facility will continue to routinely screen visitors upon entry to the facility as per current CMS guidelines on visitation (see facility protocol on Visitation)
9. LDH will be informed and updated as required, including providing information on the following:
  - a. Line listing of confirmed COVID-19 positive resident(s) and/or staff
  - b. Line listing of all close contact resident(s) and/or staff, if applicable
  - c. Contact tracing
  - d. Investigational cause summary
10. Mandatory staff education will be conducted on infection control and prevention practices, including:
  - a. Hand hygiene
  - b. Outbreak disease symptoms
  - c. Reporting the occurrence of symptoms in residents and staff
  - d. Transmission-based precautions

## **OUTBREAK CONCLUSION**

Outbreaks are considered concluded when there are no new symptomatic/asymptomatic probable or confirmed COVID-19 cases after 28 days (2 incubation periods) has passed since the last case's onset date or specimen collection date (whichever is later).

## ACCESSING THE COMPANY OUTBREAK PLAN ON THE WEBSITE

1. On an internet browser, type or search: <https://familyofcaring.com/>
2. Towards the top, right hand side of the page, click on “News & Events”
3. Scroll towards end of the page and click on “COVID-19, Infection Control Measures During”
4. A direct link to this page is: <https://familyofcaring.com/covid-19-infection-control-measures-during/>

\*\*\*Adapted from the following:

NJ DOH Executive Directive 20-026 Directive for the Resumption of Services in all Long-Term Care Facilities, January 6, 2021. [https://www.nj.gov/health/legal/covid19/8-20\\_ExecutiveDirectiveNo20-026\\_LTCResumption\\_of\\_Svcs.pdf](https://www.nj.gov/health/legal/covid19/8-20_ExecutiveDirectiveNo20-026_LTCResumption_of_Svcs.pdf)

NJ DOH and NJ CDS COVID-19 Investigation Guidance for New Jersey Local Health Departments, February 16, 2021. [https://www.state.nj.us/health/cd/documents/topics/NCOV/NCOV\\_chapter.pdf](https://www.state.nj.us/health/cd/documents/topics/NCOV/NCOV_chapter.pdf)

CMS QSO-20-39-NH Nursing Home Visitation – COVID-19 *REVISED*, March 10, 2022. <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

CMS QSO-22-19-NH Revised Long Term Care Surveyor Guidance, June 29, 2022. <https://www.cms.gov/files/document/qso-22-19-nh.pdf-0>

Also an update to Family of Caring Outbreak Response Plan, last revised 04/15/2020