COVID UPDATES:

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October 2, 2023

Dear Residents and Families,

With the increase in Covid outbreaks in LTC settings throughout NJ and the rise of Covid-19 positive cases in NJ we will now be initiating mandatory mask use in resident areas which will go into full effect 10/3/23. We are asking that all visitors assist us in keeping our residents safe and wear their masks while at Daughters of Israel. We would like to remind everyone of the importance of staying home if you are not feeling well. The new Covid vaccines are now available at your local pharmacy. Visitors who have had a known Covid exposure should avoid visiting and undergo testing on days 1-3 and 5, and 7 and wear a mask. All residents with known covid exposures will remain in their rooms during the testing process unless they test positive where they will then be moved to RHP unit for isolation.

Reminders:

- Screening all visitors for temperatures will continue and we thank you for your cooperation with this matter.
- **Remember that the mildest of symptoms, stuffy nose, headache, etc. can be Covid/ Flu/ or RSV.** – if you are not feeling well, please stay home.
- We will be holding an updated Covid Vaccine/ Flu shot Clinic on October 12th; Jeannine will be reaching out to residents and family members for consent.
- We are no longer restricting the number of visitors or children under 1 year of age.
- Covid levels in NJ are rising with 240 LTC facilities in active outbreak
- We understand that there is Covid "fatigue" but it is very important for us to stay vigilant to keep our residents, families, and staff as safe as possible.
- Please bear in mind that this may affect previous planned gatherings and although we haven't reduced the number of visitors at one time we may have to in the future. We are requesting you refrain from having large groups.

We would like to thank all of you for your continued efforts and cooperation in helping us keep our residents safe and healthy.

All policies and procedures related to indoor visitation/ mask wearing are subject to change at any time due to changes in regulations and/or Covid positivity rates within our community as well as Essex County

DAUGHTERS OF ISRAEL
DEPARTMENT OF NURSING

TITLE: COVID 19 OUTBREAK MANAGEMENT PLAN

PURPOSE: To control the transmission of COVID 19 among residents, staff, families, and visitors.
DEFINITION: A COVID 19 outbreak is determined when two or more cases are identified or as determined by the Department of Health
SCOPE: ALL DECIPLINES
ASSESSMENT/COMMUNICATION

1. ICP (**Infection Control Practitioner**) will perform active surveillance
2. Will Notify the DON, Medical Director and Administrator when the first case is identified by a positive covid test.
3. Report any suspected or confirmed outbreak to Local Department of Health and start a line listing of residents and staff.
4. Notify staff and residents of the presence of a COVID 19 case and/or outbreak.
5. Notify residents and families of the presence of a COVID 19 case and/or outbreak in the facility.
6. Monitor for an increase in Employee absences with many reporting similar symptoms, i.e., dry cough, sore throat, fever, SOB.

GENERAL FACILITY CONTROL MEASURES:

1. Review pandemic preparedness plans to support containment and response efforts.
2. Report testing capacity to identify SARS-CoV-2 I the facility.
3. Implement use of universal control measures, i.e., masks (surgical mask and N95) for all staff while in the facility.
4. Increase accessibility of hand hygiene resources in the facility i.e., hand sanitizers placed on different areas of entry and exits in the facility or where “high touched areas” are mostly situated, other resident care and common areas and making sure that sinks in resident’s room/bathroom are well-stocked with soap and paper towels.
5. Evaluate PPE (Personal Protective Equipment) available in the facility.
6. Educate on infection prevention practices, including control measures for COVID 19.

DAILY REPORTING:

1. Complete line list for residents and staff which includes all confirmed, i.e., COVID 19 positive, both symptomatic and asymptomatic and probable, i.e., symptomatic, epi linked cases, if in outbreak stage
2. Complete NJDOH NoviSurvey questionnaire and other required reporting to all local and state agencies.
3. Send completed line list and facility floor plan to the Local Department of Health if in outbreak stage.

ADMISSIONS/TRANSFERS/READMISSIONS:

1. **COHORT 1**: New admits/readmissions/ current residents with known COVID 19 positive results will be placed on the RHP Cohort 1 hallway and will be monitored for a minimum of 14 days after admission for any evidence of COVID 19 signs and symptoms and will be cared for using all recommended COVID 19 PPE, i.e., N95, gown, gloves, and eye protection.

2. **COHORT 2**: New admits/readmissions/ current residents with a known COVID 19 positive exposure will be placed on the RHP Cohort 2 hallway and will be monitored for 14 days after admission for any evidence of COVID 19 signs and symptoms and will be cared for using all recommended COVID 19 PPE, i.e., N95, gown, gloves, and eye protection.
3. **COHORT 3:** New admits/ readmissions/ current residents who are fully vaccinated and 14 days post complete vaccination status will be placed on the main SP unit or if a LTC re-admission the resident may if medically cleared return to their unit. This also includes residents on all LTC units, staff will wear masks and follow universal precautions while providing care for these residents.
4. **COHORT 4**: New admits/readmissions with known COVID 19 negative status and who are un-vaccinated, not fully vaccinated, or have not completed the 14 day post complete vaccination period will be placed on SP PUI unit and will be monitored for 14 days after admissions for any evidence of COVID 19 signs and symptoms and will be cared for using all recommended COVID 19 PPE, i.e., N95, gown, gloves, and eye protection.

INFECTION CONTROL AND PREVENTION:

1. Provide visitation in accordance with state guidance and reopening phase and non-essential healthcare personnel, except in certain compassionate care situations.
2. Screen all persons/staff entering the facility for signs and symptoms of COVID 19, i.e., dry cough, sore throat, fever, SOB, GI upset, fatigue and travel to restricted areas.
3. Implement active screening of residents for fever and other COVID 19 signs and symptoms every shift by monitoring vital signs, including pulse oximetry.
4. Limit communal dining and large group activities such as internal or external group activities i.e.: beauty parlor, PT gym sessions and activities if warranted.
5. Make necessary PPE available in areas where resident care is provided.
6. Make adequate waste receptacles available for used PPE. Position these near the exit inside the room to make it easy for staff to discard PPE prior to exiting, or before providing care for another resident in the same room.
7. Implement transmission-based precautions including use of N95 respirator or higher (or facemask if unavailable), gown, gloves, and eye protection based on cohort and outbreak status.
8. Healthcare personnel should use all recommended COVID 19 PPE for care of all residents on the affected units or facility wide if cases are widespread, which includes both symptomatic and asymptomatic residents.
9. Place appropriate isolation signage outside of resident's room and designated units.
10. Dedicate equipment in isolation rooms, when able. If not possible, clean and disinfect equipment before and after every use with residents.
11. Evaluate internal environmental cleaning protocols to ensure appropriate measures are being taken to clean and disinfect throughout the facility.
12. Conduct routine cleaning and disinfection of high-touch surfaces and shared medical equipment using Virex solution.
13. Consider increasing the frequency of routine cleaning and disinfection.

14. Prioritize rounding in a “well to ill” flow to minimize risk of cross-contamination, i.e., beginning with standard precaution care areas and working toward transmission-bases precaution areas, then finally outbreak rooms.

RESIDENT MANAGEMENT:

1. Implement cohorting plan (See Policy and Procedure COVID 19 Cohorting Plan)
2. Identify the COVID 19 positive cohort 1 and place signage that instructs healthcare personnel that they must wear eye protection and N95 or higher-level respirator at all times while in the area. Gowns and gloves should be added when entering resident rooms.
3. Relocate laboratory confirmed COVID 19 positive residents to the designated cohort 1 unit, in a room with their own bathroom.
4. Roommates of COVID 19 cases should be considered exposed and potentially infected relocated to cohort 2 and if possible, should not share rooms with others unless they remain asymptomatic and have tested negative for COVID-19, 14 days after their last exposure.

STAFF MANAGEMENT:

1. Provide source control for all residents when providing direct care. All residents whether they have COVID 19 symptoms or not, should cover their nose and mouth when around others, as tolerated. Tissue, cloth, or non-medical mask can be used when available as source control.
2. Use of universal medical grade facemasks in Cohort 3, N-95, protective eyewear and gowns for staff caring for residents in Cohorts 1,2 and 4 while in the facility in addition to active screening for symptomatic staff. Staff working in multiple locations may pose higher risk and should be asked about exposures to facilities with known COVID 19 cases. If staff develop even mild symptoms consistent with COVID 19, they must stop resident care activities, keep their mask on and notify their supervisor prior to leaving work.
3. Identify staff who may be at higher risk for severe COVID 19 disease and attempt to assign to unaffected units.
4. Educate and train staff on sick leave policies, including not to report to work when ill and be able to describe signs and symptoms when calling the nursing supervisor.
5. Assess staff competency on infection prevention and control measures including demonstration of donning and doffing of PPE.
6. Bundle tasks to limit exposures and optimize the use and supply of PPE.
7. Cross-training staff to conserve resources.
8. Review or develop staff contingency plans to mitigate anticipated staff shortages.
9. Maintain contracts with staffing agencies in the event of an outbreak and staffing requirements are affected.

TESTING

Resident and Staff will be tested in accordance with the most recent NJDOH guidance, Executive Directive no 20-026