

## COVID UPDATES:

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## UPDATE FROM OUR EXECUTIVE DIRECTOR

September 17, 2020

Dear Residents and Families,

I hope everyone is continuing to be well and stay safe!

Our Home continues to be Covid free. Our staff is back to a weekly schedule for testing, and our residents are being tested every other week, with the exception of dialysis residents who are being tested weekly.

We are still working through the Health Commissioner's Executive Directive 20-026 that was released on August 10, 2020 related to "Resumption of Services in all Long-Term Care Facilities". There still remain many questions related to this document, and the industry is working with the associations and the Department of Health to gain clarity. We appreciate your patience while we obtain the correct guidance.

All new admissions and/or re-admissions from the hospital continue to be admitted to the observation area for a fourteen-day observation period. During this time, residents may not participate in "outdoor/atrium" visits-only window visits are permitted during this period. Our satellite rehab gym in the observation area is being used for our new admissions/re-admissions to ensure these residents are receiving the same level of rehabilitation.

The regulations for visitation remain the same at this time. We have expanded our visitation schedule. Visits for WLP will remain on Tuesday's and Thursday's and visits for LP will remain on Wednesday's and Friday's. The time slots will now be 11:00am-1:00pm and 2:00pm-4:00pm each day. To reiterate, all visits must be scheduled with Patricia Vinas at 973-400-3302 or [PVinas@daughtersofisrael.org](mailto:PVinas@daughtersofisrael.org) each time you would like to try to schedule a visit. When scheduling, Patricia will ask if you would like a 15 minute or a 30 minute visit. We will try to accommodate everyone's request. There are many family members trying to see their loved ones, so unfortunately, "standing visits" cannot be accommodated. Visitors are not permitted entrance past the reception area of the facility, including restrooms, which will not be available to visitors at this time. Please also remember that all family members must go through screening prior to the visit. This screening includes answering questions and having your temperature checked. This screening is not optional-without the screening, a visit will not take place. Resident visits on HP continue to be scheduled through Valerie Alvarez. Resident visits on SP can also be scheduled through Patricia and will be slotted in time slots Tuesday through Friday.

Rosh Hashanah pre-recorded services will be broadcasted on Channel 55 for all residents. Services are being led by Etan Hindin, Director of Spiritual Care. The schedule is as follows:

**Friday, 9/18- 7pm , Saturday, 9/19- 11am & 6pm , Sunday, 9/20- 11am & 6pm**

In person services will be led by Rabbi Kirsch on Sunday, 9/20 at 2:00pm in small groups in the Auditorium. Rabbi Kirsch will also provide in room visits and Shofar Blowing on individual units after services.

Please remember to reach out to our activities director, Yuki Faison, at 973-400-3384 or [YRice-Faison@daughtersofisrael.org](mailto:YRice-Faison@daughtersofisrael.org) or Patricia Vinas at 973-400-3302 or [Pvinas@daughtersofisrael.org](mailto:Pvinas@daughtersofisrael.org) to schedule your FaceTime calls.

Thank you, to all our staff members, for your dedication, hard work, and commitment, today and every day.

L'Shana Tovah!

If you have questions or concerns, please feel free to reach out to me at:

Susan Grosser, LNHA, Executive Director  
[Sgrosser@daughtersofisrael.org/973-400-3301](mailto:Sgrosser@daughtersofisrael.org/973-400-3301)

**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 the cases of specific infection exceeds the normal baseline within the facility (normally 10% cases of the total unit census or as determined by the Department of Health)

**SCOPE: ALL DISCIPLINES**

**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 noted or 10% of residents on a unit develop an illness within 72 hours of each other, i.e., dry cough, sore throat, fever, SOB.
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. 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, if in outbreak stage
2. Complete NJDOH survey and other required reporting to all local and state agencies.
3. Send completed line list to the Local Department of Health if in outbreak stage.

**ADMISSIONS/TRANSFERS/READMISSIONS:**

1. New admits/readmissions with known COVID 19 positive status will be placed on the RHP unit 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.
2. New admits/readmissions with known COVID 19 negative status will be placed on the PUI section (SP high side rooms 118-134) , and will be monitored for 14 days after admissions for any evidence of COVID 19 signs and symptoms and will be considered a PUI 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.
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 standard and transmission based precautions including use of N95 respirator or higher (or facemask if unavailable), gown, gloves, and eye protection for new admits and readmissions, confirmed and suspected COVID 19 case, and any resident cared for by a confirmed or suspected COVID 19 positive healthcare personnel.

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 or other approved disinfectant.
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 and place signage that instructs healthcare personnel 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, in a room with their own bathroom.
4. PUIs should not be relocated to the COVID 19 positive areas. Roommates of COVID 19 cases should be considered exposed and potentially infected 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. Implement use of surgical mask for staff 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