



COVID-19 OUTBREAK RESPONSE PLAN

Condensed and Updated per NJDOH ED 21-012 dated April 21, 2022
November 22, 2022

Overview

Limecrest Subacute and Rehabilitation Center Outbreak Response Plan is following the guidelines issued by Centers for Disease Control (CDC), Centers for Medicare and Medicaid Services (CMS) New Jersey Department of Health (NJDOH) [Communicable Disease Service (CDS)], and the Sussex County Department of Health.

The Outbreak Response Plan is focused on infection control and prevention, surveillance, visits safely conducted, screening, testing when indicated, PPE education and availability, staff management, cohorting, transmission-based precautions, reporting and transparency through communication with our residents and their representatives(s), if any, as well as their family and loved ones.

Surveillance

As part of the facility's infection prevention and control program, the facility shall implement the following surveillance measures:

1. Conduct respiratory/temperature screening for residents.
2. Maintain communication and collaborate with local and state health authorities.
3. Enforce appropriate use of PPE for staff and residents.
4. Monitor COVID-19 test results for residents and staff.
5. Monitor accurate contact tracing as required.
6. Observe well to ill rounding to minimize the risk of cross-contamination (starting with green units, then yellow units, and lastly, red units).

Visitation (See also facility policy, [Infection Control – Visitation](#))

Visitation is allowed per policy and shall be conducted as safely as possible in accordance with CDC guidance.

Visitors must strictly comply with facility visitation policy that includes the following:

1. For infection prevention and control, visitors are to do the following:
 - a. Wear well-fitting source control, at minimum, a surgical mask,
 - b. Perform hand hygiene with alcohol-based hand rub or soap and water, and



COVID-19 OUTBREAK RESPONSE PLAN

Condensed and Updated per NJDOH ED 21-012 dated April 21, 2022
November 22, 2022

- c. Practice physical distancing.
2. Although visitors are not required to be tested or vaccinated as a condition of visitation, the facility may require that each visitor take a rapid antigen test if the facility has the test available without charge at the time of entry.
3. Visitors must notify the facility upon receipt of a positive COVID-19 test result or exhibiting symptoms of COVID-19 that develop within 14 days of the visit.

Screening

1. Residents are screened for COVID-19 signs and symptoms with temperature check, respiratory assessments, and clinical evaluation when indicated.
2. Regardless of vaccination status, staff screening is performed prior to entering the facility – staff fill out questionnaire (see below) and get their temperature checked each time they report to work.
 - a. Any staff who do not pass screening process are evaluated by nurse who will determine if they can work or if they will be sent home.
 - b. Staff who develop signs or symptoms at work must inform immediate supervisor for further directions – they will be restricted from work while signs and symptoms are present.
3. The facility logs and screens everyone else (except for EMS personnel) entering the building, regardless of vaccination status, through completion of a questionnaire about symptoms and potential exposure which includes at a minimum:
 - a. Whether the visitor:
 - i. Has had close contact to someone with confirmed or suspected COVID-19, or
 - ii. Has otherwise met criteria for quarantine and has not yet met the criteria for discontinuation of quarantine, or
 - iii. Has been diagnosed with COVID-19 and has not yet met the criteria for discontinuation of isolation, per NJDOH and CDC guidance.
 - b. Whether the visitor is experiencing symptoms consistent with COVID-19:
 - i. Fever;
 - ii. Chills;
 - iii. Cough;



COVID-19 OUTBREAK RESPONSE PLAN

Condensed and Updated per NJDOH ED 21-012 dated April 21, 2022
November 22, 2022

- iv. Shortness of breath or difficulty breathing;
 - v. Sore throat;
 - vi. Fatigue;
 - vii. Muscle or body aches;
 - viii. Headache;
 - ix. New loss of taste or smell;
 - x. Congestion or runny nose;
 - xi. Nausea or vomiting; or
 - xii. Diarrhea
 - xiii. If viral testing (i.e., antigen or PCR) is used, tests positive.
4. Upon screening, the facility should prohibit entry into the building for those who meet one or more of the above criteria, regardless of vaccination.
 5. The facility shall receive from and provide a copy of written, informed consent of visitors who are allowed entry that they are aware of the risk and dangers of exposure to COVID-19 for both the resident and the visitor during the visit, and that they will follow the visitation rules set by the facility.
 6. The facility shall advise everyone entering the facility to monitor for signs and symptoms of COVID-10 for at least 14 days after exiting the facility, and if symptoms occur, to do the following:
 - a. Self-isolate at home,
 - b. Contact their healthcare provider, and
 - c. Immediately notify the facility of the date they were in the facility, the individuals with whom they were in contact, and the locations within the facility they visited.

Note: After being notified as described above, immediately screen the individuals who are a reported contact, and implement necessary actions based on findings.

Testing (see also Facility Policy on [COVID-19 Testing](#))

The facility conducts resident and staff testing when a “Testing Trigger” is identified and during an outbreak investigation, in accordance with NJDOH and CDC guidance.

The Facility works closely with NJDOH and Sussex County Health Department with respect to the frequency of testing and retesting as necessary.



COVID-19 OUTBREAK RESPONSE PLAN

Condensed and Updated per NJDOH ED 21-012 dated April 21, 2022
November 22, 2022

In case of refusal to be tested when indicated:

1. Resident Refusal- Resident will receive education. If resident continues to refuse, resident will be placed on a 14-day quarantine.
2. Staff Refusal- Staff who refuses to test will not be permitted to work.

Personal Protective Equipment (“PPE”) and Education

1. The facility shall train and provide staff with the recommended COVID-19 PPE, including proper donning and doffing, disposing of used PPE in lidded receptacles, as well as proper handwashing, and consistent with CDC guidance on optimization of PPE (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>), if applicable.
2. All staff must wear all appropriate PPE when indicated and to the extent PPE is available.
3. Facility will maintain the required supply of PPE as per NJDOH, Sussex County DOH, NHSN, CDC as required by current guidelines
4. When county community transmission level is substantial or high or when NJDOH’s CALI Level is Very High/High or Moderate, the facility will implement universal use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP during all resident care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission.
5. Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all resident care encounters.
6. Well-fitting source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting.

NOTE: A face covering should not be worn by children under the age of two or by anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

7. Staff are educated not to report to work if they feel ill.

Cohorting (see also facility policy, [Guidelines for Proper Cohorting](#))

1. The facility shall separate COVID-19 positive and negative residents in accordance with NJDOH guidance at https://nj.gov/health/cd/topics/covid2019_healthcare.shtml.



COVID-19 OUTBREAK RESPONSE PLAN

Condensed and Updated per NJDOH ED 21-012 dated April 21, 2022
November 22, 2022

2. In case of an outbreak, staff are primarily assigned to a specific COVID or non-COVID wing and are rotated only when necessary to meet resident care needs.
3. Observe well to ill rounding to minimize the risk of cross-contamination (clean green units, then yellow units, and lastly, red units).

Managing Residents

New Admissions/Readmissions

Residents who are new admissions or residents who are COVID-19 positive or were exposed to someone who tested positive will be placed on transmission-based precautions with the full use of PPE per facility policy until the residents meets the criteria for discontinuation of transmission-based precautions in accordance with guidelines by NJDOH, Sussex County DOH, NHSN, and/or CDC.

Residents Exposed/With COVID-like Symptoms

1. Any asymptomatic resident not up to date ("UTD") with vaccination will be considered a PUI and tested per NJDOH guidance.
2. PUI residents will receive all meals on disposable trays using disposable products.
3. Residents with symptoms of suspected COVID-19 (*e.g.*, fever, cough) are isolated from other residents.

COVID-positive Residents

1. Immediately remove any resident who tests positive to the Covid Unit.
2. Maintain consistent staff in the Covid Unit to provide care and services and do not rotate staff to other areas or uninfected residents.
3. Discharge to the emergency room if symptoms worsen.
4. Keep the resident in the room with the door closed until the transport company arrives, be sure to keep a facemask on the affected individual, and follow the proper use of PPE.



COVID-19 OUTBREAK RESPONSE PLAN

Condensed and Updated per NJDOH ED 21-012 dated April 21, 2022
November 22, 2022

5. Once the resident has been discharged, personal belongings should be double-bagged, and the room cleaned following required process based on CDC guidelines and the environmental protocol.
6. Always keep the door to the room closed during the cleaning process to prevent transmission of the virus.
7. Do not remove any furniture from the room or place in the hallway until it is all cleaned.

Documentation

1. Daily monitoring and documentation of COVID-19 symptoms must be completed on all three shifts and at a minimum include the following:
 - a. Vital signs including pulse ox (use actual)
 - b. Fever
 - c. Cough
 - d. Shortness of breath
 - e. Lung sounds
 - f. Lethargy Myalgia or other pain
 - g. Lethargy
 - h. Gastrointestinal Pain
2. Documentation must state exact findings and measurements in clinical terms. (Do not use abbreviations).
3. To determine improvement or change in condition, documentation must be clear and factual in order to determine when Transmission-based precautions may be discontinued.
4. The care plan must be updated once transmission-based precautions are discontinued.

Vaccination (see also facility policy, [COVID-19 Vaccination & Testing](#))

When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated, or the resident or staff member has already been immunized.

Reporting



COVID-19 OUTBREAK RESPONSE PLAN

Condensed and Updated per NJDOH ED 21-012 dated April 21, 2022
November 22, 2022

1. The facility shall report, at minimum twice per week, COVID-19 cases, facility staffing, and supply information to the National Healthcare Safety Network (NHSN) Long-Term Care Facility COVID-19 Module: <https://www.cdc.gov/nhsn/ltc/covid19/index.html> and to the Antigen testing module.
2. The facility will report COVID-19 vaccine status of residents and staff, each dose of vaccine received, COVID-19 vaccination adverse events, and therapeutics administered to residents for treatment of COVID-19 per CMS, CDC, and/or NJDOH guidelines. (See also COVID-19 Vaccination Requirements for Residents & Staff).

Emergency Staffing

In case of staffing shortage, emergency staffing will be provided through agency contracts and/or offering of incentive/bonus to Limecrest staff to work additional shifts.

Communication

The Facility will continue to maintain through in-house communications with residents, post mail, emails, and/or phone calls (regular or robocalls) an open line of communication with residents, representatives, and their families regarding including, but not limited to, actions taken by the Facility to prevent exposure to, and mitigate the risk of, COVID-19 spread.

Updates will include any new or suspected cases COVID-19 in the Facility which will be done via robocalls by 5 P.M. the next calendar day following the occurrence of either the identification of a single confirmed infection of COVID-19, or the occurrence of new-onset of respiratory symptoms in three or more residents or staff with within 72 hours of each other, as well as updates on the facility website at limecrestrehab.com which, at minimum, will be posted weekly.

Providing virtual communication (e.g., phone, video-communication, Facetime, etc.) with residents, families and resident representatives ***in the event of visitation restrictions due to an outbreak of infectious disease or in the event of an emergency.***

Additional phone numbers are provided on the facility website for family members to reach their loved ones and/or to communicate urgent concerns.



COVID-19 OUTBREAK RESPONSE PLAN
Condensed and Updated per NJDOH ED 21-012 dated April 21, 2022
November 22, 2022

SV;mt COVID-19 2022-Limecrest 11/17/2022; SV/NN/AE/LJ;mt COVID-19 2022 rev. 11/22/2022