BRIDGEWAY CARE AND REHABILITATION CENTER AT BRIDGEWATER

Infection Prevention and Outbreak Response Plan (Updated 10/4/22)

Residents in long-term care facilities are at greater risk of developing illness when exposed to communicable diseases. Bridgeway Senior Healthcare has developed a comprehensive infection prevention and outbreak response plan for early detection of an outbreak and implementation of control measures to reduce further transmission.

An outbreak is defined as an increase in the incidence of a disease which is greater than what would be expected to occur within a single unit, wing or throughout the facility during a defined time. Criteria to declare an outbreak are disease-specific and are defined by the New Jersey Department of Health (NJDOH).

The purpose of the Outbreak Response plan is to guide the facility to handle confirmed or suspected outbreaks of disease. Response is customized according to the type of outbreak, such as respiratory or gastrointestinal. Due to the scope of the COVID-19 pandemic, a separate COVOD-19 Outbreak Response Plan has been developed, however the basic process for managing an outbreak is described below.

A key piece of an effective Infection Control Program is an Infection Preventionist, who oversees the surveillance process and identifies the presence of infections in the facility. Surveillance includes daily review of the electronic medical record, review of the nursing report, utilization of antibiotics, and monitoring residents for signs and symptoms of infectious disease.

When a resident exhibits symptom of a contagious disease, we:

- Notify the resident's physician who will order pertinent lab tests;
- Initiate transmission-based precautions
- Increase surveillance for signs and symptoms of other residents and staff to identify cases.

If the case(s) meet the criteria for an outbreak, the resident, family, Director of Nursing, Administrator, Medical Director, and local health department will be notified. The residents, families and staff will receive periodic updates via phone, text, email, or printed materials.

If more than one resident is affected:

- Residents, staff, equipment, and supplies will be restricted to one of three cohorts:
    1) Ill
    2) Exposed (not ill, but potentially incubating)
    3) Not ill/not exposed (new admission)
- Residents on the affected units will be isolated to their rooms.
- Staff assigned to affected units should not rotate to unaffected units.

- Environmental Services will ensure that resident rooms are cleaned with EPA-approved disinfecting agents and will focus on frequently touched areas in the resident room and the common areas in the vicinity of the room.
- Hand hygiene practices will be reinforced for residents, visitors, and staff.
- In-service education will be provided to all staff regarding the disease process, preventative infection prevention practices, and transmission-based precautions.
- Visitation of family, friends, and volunteers may be restricted or discouraged.

An outbreak is generally considered to be over when two incubation periods have passed without the identification of any new cases. The local health department will make the final determination of the end of the outbreak.

The outbreak plan will be reviewed annually and as necessary and will be revised in accordance with CDC, NJDOH and the Association of Professional in Infection Control and Epidemiology (APIC) guidelines.

For additional information on our COVID-19 Outbreak Plan, click here.

BRIDGEWAY CARE AND REHABILITATION CENTER

Infection Prevention and Outbreak Response Plan

COVID-19 (Updated 10/4/22)

LESSONS LEARNED – COVID-19 WAVE #1

Bridgeway conducted a debriefing of the incident on August 19, 2020 and developed an After-Action Report (AAR). The content of the AAR is privileged and confidential and for quality improvement purposes only; however, the lessons learned in the following key areas have been incorporated into this plan:

- Communication/Notification: use of the Incident Command Structure, notification of staff, notification of residents/families, and notification of external sources.
- Resources and Assets: staffing, PPE, supplies, equipment, transportation and evacuation, and testing.
- Safety and Security: patient/staff/visitor Access.
- Patient Management: clinical needs, resident rights, support activities, cohorts, and physician visits.
- Facilities: ventilation, sanitation/disinfection, and regulated medical waste and storage.
- Mandatory Reporting Compliance: NHSN, NJHA, OEM and DOH.

DEFINITION OF AN OUTBREAK

A COVID-19 outbreak in a LTC facility is defined as ≥1 facility-acquired COVID-19 case in a resident or ≥ 3 laboratory confirmed COVID-19 case among staff.

SIGNS AND SYMPTOMS

COVID-19 may be difficult to differentiate from other illnesses due to common signs and symptoms. The most common signs and symptoms associated with COVID-19 include: cough, new shortness of breath, sore throat, URI symptoms, fever, chills with or without shaking, new fatigue, new body aches, nausea, vomiting, diarrhea or new loss of sense of taste or smell.

TESTING

The facility has entered into agreements with several labs to mitigate overwhelming the testing capacity of any individual lab.

Bridgeway completed initial point prevalence testing and subsequent testing requirements in accordance with Executive Directive 20-013 and submitted the required attestation of compliance to the NJ DOH. Ongoing testing and retesting will be in accordance with CDC and NJ DOH guidance, as amended and supplemented.

COMMUNICATION PLAN

Bridgeway Care and Rehabilitation has developed a communication plan to assure that, in an emergency or infectious disease outbreak, the necessary resources are in place to ensure:

1. Facility staff have updated phone lists to contact other staff, physicians, residents, families/responsible parties, and other necessary people and/or agencies in a timely manner;
2. Residents and their families/responsible parties have a means to stay in touch with residents and facility staff; and
3. Facility staff have resources to guide thought processes in the event of a primary telephone system failure.

When the Incident Command Center is operating, the Communications Coordinator is responsible for implementing the Communication Plan. When the Incident Command Center is not operating, any individual with access to our electronic medical record may be designated to implement this plan.

Personnel Contacts

The following table lists the various phone lists that may be needed in the event of an emergency, the process owner responsible for updating each list, and the updating frequency. All these lists are part of this Communication Plan.

Phone List	Process Owner	Updated
Emergency Phone List	Receptionist	Weekly
Employee Phone List	Human Resources/ Payroll	Quarterly
Physician Phone List	Medical Records	Quarterly
Internal Phone Extensions	Receptionist	Quarterly
Resident Emergency Contact List	Point Click Care User	Run as needed

Emergency Notification

Bridgeway shall notify the residents and their families/responsible parties of situations which effect routine operations; for example, infectious disease outbreaks and emergency preparedness measures such as utility failure, evacuation, etc.

The primary means of communication may include contact by phone, email, and or cell phone text blasts. Resident contact information is available in our electronic medical record.

Specific to COVID-19:

- General communication will be provided when any new positive cases are reported and by way of email and text blast to residents, their families, and staff. Each update will contain a boilerplate passage reminding recipients that they can stay in touch via Facebook, Bridgeway's webpage, and by scheduling virtual visits and will also include links to these sources.
- If the facility receives a positive test result for a resident or 3 staff (an outbreak), or if three or more residents or staff with new-onset respiratory symptoms occur within 72 hours of each other, the facility shall notify all residents, the resident's representative (one), and all staff by 1700 hours on the calendar day after the date the result is received by the facility.
- During an outbreak, positive test results for individual residents shall be reported directly (in person or by phone) to the resident, the resident's representative, the Infection Prevention Nurse, the Director of Nursing, the Administrator, and the Medical Director.
- During an outbreak, positive test results for staff shall be reported directly (in person or by phone) to the individual staff member, his/her manager, the Infection Prevention Nurse, the Employee Health Nurse, the Director of Human Resources, the Administrator, and the Medical Director.
- The facility shall use a line list to document test results and will submit the line list to the local and State Departments of Health as required and/or instructed.

Alternate Means of Communication

In the event of a telephone system failure, the Communications Coordinator or designee is responsible for assuring, among other things, that alternate communication equipment is available, distributed, and tracked. The priority action items are:

1. Gather portable radios.
2. Confirm presence of facility-owned cell phones.
3. Complete a Radio/Phone Distribution Log.
4. Distribute copies of the Radio/Phone Distribution Log to key areas.
5. Run a Resident Emergency Contact List.

6. Notify residents and their families/responsible parties of alternate ways to contact the facility which may include any of the following:
    - Facility owned cell phones
    - Copy/Fax Machines
    - By email to AskBridgewayBW@bshcare.com.
    - During circumstances where in-person visitation is restricted, virtual visitation through Skype may be scheduled at www.bshcare.com/skype.

Urgent Communications

Bridgeway has established a mechanism for residents and their families to contact the facility with urgent questions or concerns that are not being responded to via normal communication methods. These mechanisms are posted on our website and are monitored by the Administrator and other key personnel. Contact may be made:

- By calling the Urgent Communications Hotline at (908) 315-5933. When prompted, press "1" for Bridgeway at Bridgewater.
- By email to AskBridgewayBW@bshcare.com.

RESIDENT PROTOCOL

Monitoring Residents for COVID-19

Current Residents

Monitor for sign and symptoms of COVID-19 at least once daily and notify clinician if resident develops corresponding signs or symptoms.

New Admissions and Re-admissions from the Community or Hospital

All new admissions and re-admissions will be screened for COVID-19 prior to acceptance into the facility and upon admission. If the resident was tested at a facility prior to admission, the sending facility must provide lab results to the receiving facility. The resident will be placed in a cohort based upon their COVID-19 status.

Management of Residents

Cohorts

Residents will be placed in cohorts based upon their COVID-19 test results, symptoms and exposure to COVID-19. The facility with have a designated area for each cohort.

Cohort 1 – COVID-19 Positive:

This cohort consists of both symptomatic and asymptomatic residents who test positive for COVID-19, including any new or re-admissions who have not met criteria for discontinuation of isolation. If feasible, care for COVID-19 positive residents on a separate closed unit. Residents who test positive for COVID-19 are known to shed virus, regardless of symptoms; therefore, all positive residents would be placed in this positive cohort.

Cohort 2 – COVID-19 Negative, Exposed:

This cohort consists of symptomatic and asymptomatic residents who test negative for COVID-19 with an identified exposure to someone who was positive.

Cohort 3 – COVID-19 Negative, Not Exposed or Recovered:

This cohort consists of residents who test negative for COVID-19 with no COVID-19-like symptoms and are thought to have no known exposures. In situations of widespread COVID-19, all negative persons in a facility would be considered exposed. Cohort 3 should only be created when the facility is relatively certain that residents have been properly isolated from all COVID-19 positive and incubating residents and staff. The facility may not be able to create this cohort.

This group also includes COVID Recovered patients. Criteria to be considered recovered includes the resident having no symptoms prior to reaching day 10 after their positive test without the use of analgesics. If the resident still has symptoms at day 10, they will continue isolation precautions until day 20 after positive result. If the resident is still symptomatic on day 20, isolation precautions will be used until resident is asymptomatic without the use of analgesics.

Cohort 4 – New or Re-admissions:

This cohort consists of all persons from the community or other healthcare facilities whose COVID-19 status is unknown. This cohort serves as an observation area where residents remain for 7 days to monitor for symptoms that may be compatible with COVID-19. Testing at the end of this period could be considered to increase certainty that the person is not infected.

Transmission Based Precautions

Residents who are newly admitted who are not considered "up-to-date" with their vaccines and residents who are COVID-19 positive, will be placed on transmission-based precautions with the use of full PPE until the resident meets criteria for discontinuation of transmission-based precautions.

Transfer to an Acute Care Facility

If a resident who is confirmed to be COVID-19 positive or is under investigation for COVID-19 requires transfer to an acute care facility, staff will notify the transferring EMS/ambulance agency of the resident's COVID status when placing the call to arrange transport, document the COVID status on the Universal Transfer Form and contact the receiving facility and inform them of the resident's COVID status.

Death

If a resident who is confirmed to be COVID-19 positive or is under investigation for COVID-19 dies, inform the funeral home of the resident's COVID status.

STAFF PROTOCOL

As long as COVID-19 is present in the surrounding community, there exists a risk of it entering the facility. To mitigate the risk of this occurrence by staff, the following staff-specific interventions are in place:

- Staff receives education specific to COVID-19.
- Staff are provided with PPE.
- Staff are primarily assigned to a designated unit or department and are rotated only when necessary to meet the needs of the residents.
- Staff are directed not to report work if they feel ill.

Screening

Prior to entering the facility, all staff are screened for COVID-19. Staff who do not pass the screening process will be evaluated by a nurse who will determine if they can work.

Staff who develop signs and symptoms during their shift must inform their supervisor or manager on duty and be tested for COVID-19 prior to leaving the facility. They will be restricted from work if they have pending test results.

Staff Testing

All staff will undergo testing in accordance with current CDC and/or NJ DOH guidelines. For employees who work at more than one facility, Bridgeway will accept the results from another facility, provided that the testing is compliant with Bridgeway's current testing process and the employee consents to have the test results made available to Bridgeway simultaneously with the facility where the employee was tested.

Management of Symptomatic or Exposed Staff

If staff are exposed to a COVID-19 case, the Employee Health Nurse or designee must be informed of the exposure. The risk of exposure and need for work restrictions will be determined by using the *Revised NJDOH Exposure to Confirmed COVID-19 Case Risk Algorithm*.

Management of COVID-19 Positive Staff

Staff who test positive for COVID-19 will be restricted from work until they meet the criteria to return.

The Infection Prevention Employee Health Nurses or their designee will initiate contact tracing, notify the local Health Department, notify staff, residents, resident representatives, and others per the facility's communication plan, and report the case in the mandated NJDOH and CMS reporting systems.

Return to Work Criteria

Staff who test positive will be restricted from work and allowed to return when they meet CDC criteria for discontinuation of isolation.

Crisis Staffing

Crisis staffing will be implemented during times of potential or actual staffing shortages to ensure continuity of operations and the ability to meet the needs of the residents. All departments will work collaboratively to implement the initiatives.

1. Each department director will document the minimum staffing requirements for their area, based on census and resident acuity where appropriate.
2. All current full-time, part-time, and per diem employees will be notified when a staffing emergency is in effect and requested to provide additional availability to work.
3. Department directors may implement any/all the following initiatives with currently working staff: change shift length (from 8- to 10- or 12-hour shifts),

adjust the start and/or end times for existing staff, implement mandatory overtime in accordance with state regulation and facility policy.

4. Additional initiatives may include:
    a. Use of staff from other Bridgeway or Avalon locations.
    b. Use temporary staff through contracted agencies.
    c. Recruit temporary employees who could assist with tasks that can be performed by unlicensed and non-certified staff.
    d. Use physical therapists, occupational therapists, and speech therapists for resident care tasks as appropriate to their discipline.
    e. When approved through CMS and NJ DOH waivers, recruit Certified Homemaker Home Health Aides and other health care workers to assist with resident care.
    f. When approved through CMS and NJ DOH waivers, implement a dining assistant training program consistent with regulatory requirements.
    g. Communicate the need among staff to postpone elective time off from work.
    h. Reassign health care personnel (e.g., nursing administrative and MDS staff) to support essential patient care activities in the facility.
    i. Address social factors that might prevent health care personnel for reporting to work such as transportation and housing.
    j. Determine the priority of nursing care and services during staffing shortages and consider initiatives to modify the workload of staff.
5. Communicate with local healthcare coalitions, federal, state, and local health partners to identify additional healthcare personnel.
6. As a last resort, and in collaboration with the Administrator, transfer residents to healthcare facilities or alternate care sites with adequate staffing to provide safe patient care.

VISITOR PROTOCOL

Due to the vulnerability of our residents, and to reduce the risk of introduction of COVID-19 into the facility as community transmission becomes widespread, visitors should wear a well-fitting facemask. We do ask that visitors or non-essential personnel who have symptoms of COVID-19 do not visit their loved one until the are either asymptomatic or have a negative test. Agency staff and essential medical providers will continue to be allowed into the facility.

Prior to entering the facility, all visitors are screened for COVID-19. Individuals who do not pass the screening process will be restricted from the facility.

Visitors who test positive for COVID-19 or have symptoms of COVID-19 within 14 days of visiting will be directed to self-isolate and notify the facility immediately.

Resident Visitation

When resident visitation is restricted, virtual visitation will be available to residents and families to stay in touch. Families will be able to schedule visits on the facility's website.

In-person visitation will be permitted in accordance with NJ DOH guidelines, subject to facility policies and procedures. Visit www.bshcare.com/visitation for details.

Agency Staff/Essential Medical Provider

Physicians and other clinicians will be encouraged to use telemedicine. When in-person appointments are necessary, physicians and other clinicians will be asked to bundle their visits.

MANDATORY REPORTING

During a COVID-19 pandemic the facility will complete mandatory reporting to the following agencies: CDC (NHSN portal), NJDOH, NJHA, OEM.