

Laurel Brook Rehab Outbreak Response Plan

As required by N.J.S.A. 26:2H-12:87 the facility has developed an outbreak response plan, which has been customized to the facility, based upon national standards and developed in consultation with the facility's infection control committee.

1. Protocol for isolating and cohorting infected and at-risk patients in the event of an outbreak of a contagious disease until the cessation of the outbreak.
 - a. Isolation and cohorting of infected and at-risk residents will occur in the event of a contagious disease outbreak. Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents.
 - b. COVID-19 Cohorts may include but are not limited to:
 - i. COVID-19 Positive – This cohort consists of both symptomatic and asymptomatic residents who test positive for COVID-19, including any new or re-admissions.
 - ii. Observation – This cohort serves as an observation area where new admissions or readmissions remain for 14 days to monitor for symptoms that may be compatible with COVID-19.
 - iii. COVID-19 Negative/COVID-19 Recovered – This cohort consists of residents that have recovered from COVID-19 or who are negative and asymptomatic.
2. Policies for the notification of residents, residents' families, visitors, and staff in the event of an outbreak of a contagious disease at a facility;
 - a. When Transmission-Based Precautions are implemented, the Infection Preventionist (or designee) will explain to the resident (or representative) the reason(s) for the precautions; provide education to the resident, representative and/or visitors regarding the precautions and use of PPE; determine the appropriate notification on the room entrance door so that personnel and visitors are aware of the need for and type of precautions. The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room. Signs and notifications comply with the resident's right to confidentiality or privacy.
 - b. Our facility communicates with residents, their families or guardians, and staff regarding infectious disease outbreaks through various media. Information regarding infectious disease outbreaks are provided in person and through postings for residents, staff, and permissible visitors. Families or guardians are made aware of infectious disease outbreaks through notification via telephone, email, Voice Friend, or other application.
 - c. Our facility provides virtual visitation through multiple sources, i.e., Zoom Meetings, Skype, FaceTime, etc. The Life Enrichment Director oversees the facilities virtual visitation program. Virtual visitation may be requested through any facility team member. A member of the Life Enrichment Department/designee will schedule the date/time of the visit. We encourage virtual visits between residents and family members every two weeks.
3. Availability of laboratory testing, protocols for assessing whether facility visitors are ill, protocols to require ill staff to not present at the facility for work duties, and processes for implementing evidence-based outbreak response measures;

- a. Our facility has contracted with a laboratory service provider to ensure that routine and stat diagnostic services are readily available.
 - b. The Administrator, in conjunction with the Medical Director and Infection Preventionist, has the authority to restrict or ban facility visitation during outbreaks, whether these originate in the facility or in the community. Signage at the facility entrance discourage anyone from visiting when they have potentially contagious infections. Visitors who are symptomatic of communicable diseases may be denied visitation until appropriate evaluation and treatment of the visitor has been established.
 - c. Employees that are actively ill must to stay home. Employees who become symptomatic or ill upon arrival to work or become sick during the day will be separated from other employees and be sent home immediately.
 - d. Our facility has developed a policy addressing the Outbreak of Communicable Diseases.
4. Policies to conduct routine monitoring of residents and staff to quickly identify signs of a communicable disease that could develop into an outbreak; and
 - a. Our facility has developed an Infectious Disease Threat Surveillance and Detection policy to address the routine monitoring or residents and staff to identify signs of a communicable disease that could develop into an outbreak.
5. Policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations.
 - a. Reportable infectious, contagious, or communicable diseases will be reported to appropriate city, county and/or state health department officials.
 - b. Any resident(s) or staff be suspected or diagnosed as having a reportable communicable/infectious disease according to State-specific criteria, such information shall be promptly reported to appropriate local and/or state health department officials.
6. Strategy to secure additional staff in case of a COVID-19 outbreak.
 - a. Our facility has developed a strategy to secure additional staff in case of a COVID-19 outbreak or any other emergency. As part of the strategy, staff will be cross trained to assist in the provision of resident care should staffing levels be compromised. The facility may choose to utilize off-duty staff for specific designated times during emergency operations. The facility may utilize agency resources to support facility staffing patterns during emergent situations.
7. Per CMS rule 42 CFR §483.80(g) our facility has a documented communication plan and is informing residents, their representatives, and families of the residents by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a single confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new-onset of respiratory symptoms occur within 72 hours of each other.