

SUNNYSIDE MANOR, INC.

Policies and Procedures

Outbreak Response Plan

Policy: It is the Policy of Sunnyside Manor to follow its Outbreak Response Plan at any time an unusual occurrence of disease or any disease above ground break or endemic levels is detected. Endemic level is defined as the usual level of a given disease in a geographic area. This Plan Policy is reviewed at least annually as part of the Emergency Preparedness document and the Facility Assessment and Hotwash Exercises following training sessions and major events to incorporate lessons learned from the response to and experiences e.g. norovirus, annual Influenza seasons and COVID-19, among others. Lessons Learned and incorporated in this policy include but is not limited to: need for multiple supply vendors, effective communications plan, and strategies to mitigate healthcare personnel staffing shortages during an emergency.

Procedure:

1. The facility will conduct active monitoring for symptoms related to the identified Endemic Disease using guidance set forth by the CDC, WHO, NJDOH and/or OEM, such as:
 - Ebola – fever, vomiting or coughing blood, travel to affected areas, etc.,
 - H1N1 – respiratory symptoms, fever, chills, contact with affected individuals, positive laboratory results, etc.,
 - SARS, COVID2, COVID-19 – respiratory symptoms, fever, travel outside the Country,
 - contact with an infected individual, etc.,
 - or any other diseases presenting above the endemic level.

Monitoring of residents and staff will be conducted by the Infection Preventionist or her designee, until the cessation of the outbreak.

2. Sunnyside Manor’s Infection Preventionist with required training in infection prevention shall assess the facility’s IPC program by conducting internal Quality Improvement audits, staff training specific to the nature of the infectious outbreak, active infection surveillance and adherence to recommended infection prevention and control practices.
3. Residents exhibiting identified disease symptoms or positive laboratory results for communicable diseases, i.e., COVID-19, will be transferred to a dedicated COVID reception facility or area, either on-site or off-site. Residents will be isolated in private rooms whenever possible. In the event this is not possible every attempt will be made to cohort like Residents. Cohorts could be managed by putting like Resident’s together, e.g.: those with the same illness, at-risk Residents such as Persons Under Investigation (PUI) for the same illness, and uninfected Residents with other uninfected Residents. The goal being to minimize cross contamination and maintain infection control protocols. Standards or Best Practice will be taken into consideration dependent on the nature of the outbreak, i.e. COVID–19 Resident admissions or re-admissions will be treated as a

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Person Under Investigation (PUI) and as such will be subject to a quarantine up to 14 days, until the facility receives additional guidance from a governing agency.

4. In the event of a contagious disease outbreak in the facility, Residents, Resident Representatives, Physicians, Visitors and Staff will be made aware. They will also be made aware of the availability of Laboratory Testing and any containment recommendations. Specific to the COVID-19:
 - A. Notification is to be made by 5 p.m. of the subsequent calendar day to all facility residents, staff, and permissible visitors whenever or in each instance a case of COVID-19 that has been diagnosed in a Resident or Staff member of the facility or whenever three or more Residents or Staff with new onset of respiratory symptoms occurs within 72 hours of each other. The “effective communication method” used to communicate this information is Sunnyside Manor’s Group E-mail Distribution. A separate list with a notification preference will be kept for anyone that does not have an e-mail address. This strategy for virtual communications in the case of visitation restrictions will be updated at a minimum weekly by Sunnyside Manor Administration.
5. During a Facility or Community Outbreak visitors will be assessed by the Infection Preventionist or her designee for signs and symptoms of illness in order to prevent exposure to our Residents. Visitors exhibiting symptoms, meeting established criteria and/ or as directed by agencies such as local: Office of Emergency Management, Monmouth County Board of Health, or State: New Jersey Department of Health and Senior Services, or Federal: Centers for Medicare and Medicaid, Centers for Disease Control, may be denied entry to the facility in accordance with 483.10 Residents’ Rights or be required to modify their visit e.g. meeting in a designated location, donning specific Personal Protective Equipment.
6. During a Facility Outbreak, the Interdisciplinary Team will meet to review Outside Visitation, with a goal toward continuing, whenever to do so will not advance the likely hold of the spread of infection. At least 6-feet of social distancing will be maintained, all participants will be provided a mask, hand hygiene materials, and instructions to be followed during the visit.
7. In the case of a Community Outbreak all but Medically Necessary Personnel may be barred from entering the facility in order to minimize the spread of Communicable Disease to the staff and residents. Guidance from the above local, state and federal agencies will be used in determining best practice for the situation.
8. Staff must report any signs and symptoms of illness to the IP or her designee should they become ill during work in order to receive instructions. Employees assessed and found to be ill will be sent home and may be required to obtain medical clearance to return to work. Staff that become ill when not on duty are entrusted with self-reporting to their Supervisor and the IP or her designee at least two hours before the start of their shifts.

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Staff that are ill are not to come to work without the appropriate resolution of their symptoms or physician clearance.

9. Other restrictions may be put into effect in order to limit the likelihood of infectious disease transmission, including but not limited to: accommodations to receive packages, outside supplies provided from a single vendor by the facility, laundry services provided by a commercial source and managed by the facility, stoppage of outside food being brought into facility and disallowance of facility leave without medical authorization.
10. Outbreaks will be reported to Public Health Officials in accordance with applicable laws and regulations.

Freehold Township Health Department - 732-294-2060

Centers for Disease Control – www.cdc.gov

NJDOH – www.nj.gov/health 1-800-792-9770

11. **Addendum:** Pursuant to the Emergency Health Powers Act Sunnyside Manor has formed a supplemental COVID-19 Testing Plan – Refer to Policy and Procedure COVID-19 Testing Plan for procedures intended to be the basis to ensure expansive and extensive testing for COVID-19 for mitigating and controlling the spread of the virus and also to determine the occurrence of the spread of the virus in the facility and to help inform additional prevention and control efforts. (May 19, 2020, Executive Directive 20-013). Further the facility has implemented COVID-19 testing in conjunction with the DOH Pilot Testing Program with Monmouth Medical Center and as such are in compliance with Executive Order 20-013 directing COVID-19 Testing Plan implementation is due by May 26, 2020.

**As of June 15, 2020, Sunnyside Manor has adopted weekly COVID-19 Staff testing. And will remain in effect until directed by the Infection Preventionist in accordance with guidance from the NJDOH. We are contracted as a Long-Term Care Facility and we receive prioritization of test results and assurances of testing capacity for repeat facility-wide testing from our vendors. We test Residents and Staff as follows:

Continued testing of Residents:

- a) Repeat weekly testing of all residents until no new facility -onset cases of COVID-19 are identified among residents and positive cases in staff and at least 14 days have elapsed since the most recent positive result and during this 14-day period at least two weekly tests have been conducted with all individuals having tested negative.
- b) Retesting of Residents who have been confirmed positive whenever required according to CDS and CDC guidance.

Continued testing of Staff:

- a) Ongoing weekly testing of all staff until guidance from the NJDOH changes based on epidemiology and data about the circulation of the virus in the community.

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- b) Retesting staff who have previously tested positive according to CDC and NJDOH guidance.

Please note Facility Onset diseases refer to infections that originate in the facility not admitted with or became symptomatic within 1 day of their admission or readmission.

12. Sunnyside Manor reports data for tracking through the New Jersey Hospital Association (NJHA) portal as per requirements.
13. Strategies to mitigate healthcare personnel staffing shortages have been developed and may need to be utilized to maintain appropriate staffing in the facility as this is essential to providing a safe environment. These strategies include but are not limited to allowing HCP to return to work in crisis without meeting all usual return to work criteria such as the need for Medical Clearance among others. As part of this for instance, asymptomatic HCP with a recognized COVID-19 exposure might be permitted to work in a Crisis Capacity Strategy to address staffing shortages. Any such deviation would be at the direction of state or local authorities. The Infection Preventionist and other members of Administration will work under the recommendation of governing agencies and related disease and Infection Control best practices in accordance with the facility Emergency Disaster Plan and Facility Assessment to manage various Outbreak Response needs. Refer to Sunnyside Manor Emergency Preparedness Plan Policy and Procedure for additional strategies entitled “Staffing Shortage Mitigation”.

Updated April 4,2020

Updated May 13,2020

Amended May 19,2020

Amended June 15, 2020

Amended August 17, 2020

Amended September 3, 2020

Amended November 11, 2020

Amended December 17, 2020