Clara Maass Medical Center | RWJBarnabas HEALTH

Mary Ellen Clyne, PhD
President and Chief Executive Officer

Definition of Outbreak Planning Committee:

TCU Outbreak Planning Committee:

TCU Administration:	Jennifer Horath, LNHA, Administrator
	Crystal Branch, RN, Director of Nursing
	Gregory Westgate, DPT, Rehabilitation Services Manager
	Marzena Fernandez, CSW, Director of Case Management, Social Work and Admissions
	Shelly Schneider, RN, AVP of Risk, Standards and Accreditation
Medical Director:	John V. Kelly, MD
Infection Control:	Maryellen Marek, RN
	Allie Catalano, RN, IP
Staff Education:	Michelle Eaton, RN
Engineering Services:	Junior Martinez
Environmental Services:	Andy Suren
Pharmacy Services:	Mona Philips, RD

Elements of the plan:

A. General:

- The purpose of this plan is to protect patients, the healthcare personnel and visitors from respiratory infections, including SARS-CoV-2 (covid-19)
- This plan will be implemented when it is determined that a respiratory virus, such as covid-19is increasing in the local community and throughout the State of New Jersey.

B. Communication:

- Notify TCU Administration and CMMC Administration of suspected outbreak on unit.

1 Clara Maass Drive
Belleville, NJ 07109

973.450.2000

barnabashealth.org/claramaass

Mary Ellen Clyne, PhD
President and Chief Executive Officer

- Notify TCU Administration and CMMC Administration of any newly suspected case of covid-19 on unit.
- Notify the local health department (LHD) of suspected outbreak or any newly suspected case of covid-19
- Notify TCU staff of suspected outbreak or any newly suspected case of covid-19
- Notify patients and patient's designated care giver of suspected outbreak or any newly suspected case of covid-19
- Update staff, patients, patient's guardian and/or patient's designated family member of current TCU covid-19 activity on a weekly basis. Methods of communication may include:
    - Email listserv of patient's guardian/family member
    - Designate one area/employee to receive inbound calls for urgent matters or complaints
    - Weekly office hours with a designated member of the TCU Administration

- Notify team members within 12 hours of the presence of a positive or suspected COVID-19 resident or team member
- Notify residents and their guardians within 12 hours but no later than 5:00pm the next calendar day for the occurrence in a resident or team member of either:
    - single confirmed or suspected infection of COVID-19 resident or team member is identified
    - whenever three or more residents or staff with new-onset of respiratory symptoms occur within 72 hours of each other

C. General Facility Control Measures:

- During the onset of the outbreak, new admissions to the unit will be stopped until control measures are effectively instituted
- All testing will be conducted through the CMMC lab or at the RWJ Barnanbas Health system lab based on availability. Specimens will be collected by the TCU RN and sent to the onsite lab for further processing
- Patients will be maintained in private rooms as appropriate. A cohorting plan will be impended according to proper CDC guidelines
- Visitor restrictions to include a no visitation policy will be implemented
- Patients will be provided and assisted with other means of communicating with their loved ones such as Facetime and telephone calls
- Universal Source Controls such as facial masking will be required for all persons on the unit
- Hand hygiene resources will be available to include alcohol-based hand sanitizer with 60-95% alcohol (ABHR) in every patient room, outside patient rooms and in common areas
- Personal Protective Equipment (PPE) levels will be evaluated and monitored
- Social Distancing will be enforced and monitored among staff and patients
- TCU employees will be re-educated on proper donning and doffing of PPE
- All group activities will be canceled and all common areas will be closed
- Patients will remain in their room except to shower and for certain therapy related purposes. Any time the patient is out of their room, they will be required to wear a facemask unless medically contraindicated.
- Rounding will occur in a "well to ill" flow to minimize risk of cross contamination

Mary Ellen Clyne, PhD
President and Chief Executive Officer

D. Reporting:

- On a daily basis during the outbreak a line list will be completed for all patients and staff
    - During the outbreak of covid-19 the line list will include all confirmed cases of covid-19, both symptomatic and asymptomatic and any other unconfirmed symptomatic cases
- The daily line list will be submitted to the LHD as required
- All other reporting requirements will be implemented to include daily reporting to the NJHA portal and twice weekly reporting to the NHSN

E. Admissions, Transfers and Re-Admissions:

- The unit will close to new admissions to control the spread of infection and cohort patients and staff as needed
- The unit will close to new admissions if patients cannot properly cohorted
- If patient transfer is necessary, proper notification of outbreak status will be made to the transporting company and accepting facility

F. Patient/Resident Management:

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

Cohort 1 – COVID-19 Positive: Special Droplet/Contact Precautions:

This cohort consists of both symptomatic and asymptomatic residents who test positive for COVID-19. Rooms may be shared.

- Place residents with known or suspected COVID-19 in a private negative pressure room (if available) and keep door closed
- Negative pressure rooms, if available, should be prioritized for residents undergoing aerosol generating procedures (e.g., cardiopulmonary resuscitation, open suctioning of airways, nebulizer therapy, sputum induction)
- If negative pressure room is not available use a private room with its own bathroom, with the door closed, on the COVID + designated team (Cohort 1)
- If private room is not available cohort based on resident acuity
- Residents who are laboratory confirmed COVID-19 should not be housed in the same room as a person with an undiagnosed respiratory infection
- Remain in Cohort 1 until transmission based precautions are discontinued as per protocol

Mary Ellen Clyne, PhD
President and Chief Executive Officer

Cohort 2 – COVID-19 Negative, Exposed: Special Droplet/Contact Precautions:

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

- Potentially incubating, close contacts/roommates of known COVID positive or suspect
- Roommates of COVID positive and suspected residents should remain in same room for 14 full days after exposure and closely monitored for symptoms
- Roommates of symptomatic residents may already be exposed; it is generally not recommended to separate them given spatial limitations
- Remove suspected COVID resident under investigation to a private room, place remaining residents on 14-day quarantine. If suspected COVID resident is negative, the roommates may be removed from quarantine.
- Retesting of exposed residents (other than for discontinuation of transmission based precautions) is not required but determined on case-by-case basis
- Remain in Cohort 2 until transmission-based precautions are discontinued as per protocol
- Exposed individuals should be quarantined for 14 days from last exposure, regardless of test results
- All symptomatic patients/residents in this cohort should be evaluated for causes of their symptoms
- Patients/residents who test negative for COVID-19 could be incubating and later test positive
- Attempt to separate symptomatic and asymptomatic patients/residents, ideally having one group housed in private rooms

Cohort 3 – COVID-19 Negative, Not Exposed: No Transmission based Precautions:

This cohort consists of patients/residents who test negative for COVID-19 with no COVID-19 like symptoms and are thought to have no known exposures

Cohort 4 – New or Re-admissions: Special Droplet/Contact Precautions:

This cohort consists of all persons from the community or other healthcare facilities who are newly or readmitted.

Newly admitted and readmitted residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions should go to Cohort-1

- Cohort 4 residents are placed in a single room and quarantined for 14 days to monitor for symptoms that may be compatible with COVID-19 (day of admission or re-admission is considered Day 0). After 14 days without signs or symptoms of COVID-19 resident can be removed from Cohort.
- Testing at the end of this period can be considered to increase certainty that the resident is not infected
- Individuals who have cleared Transmission-Based Precautions and it has been <3 months after the date of symptom onset or positive viral test (for asymptomatic) of prior infection can go to cohort 3.

1 Clara Maass Drive
Belleville, NJ 07109

973.450.2000

barnabashealth.org/claramaass

Mary Ellen Clyne, PhD
President and Chief Executive Officer

All cohorts:

- Ensure appropriate use of engineering controls such as curtains between residents to act as a barrier and reduce or eliminate exposures from infected individuals
- Close curtains when performing aerosol producing procedures
- Allow for separation of residents, dedicating staff and medical equipment to each of these cohorts and allow team necessary space to do so at the onset of an outbreak

Residents will have transmission based precautions discontinued as per Medical decision in conjunction with and NJDOH/CDC recommendations

Discontinuation of Transmission-Based Precautions for Patients with Confirmed SARS-CoV- 2 Infection

The decision to discontinue Transmission-Based Precautions for patients with confirmed SARS-CoV-2 infection should be made using a symptom-based strategy as described below. The time period used depends on the patient's severity of illness and if they are severely immunocompromised. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility.

A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions:

Patients with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Note: For patients who are not severely immunocompromised and who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with severe to critical illness or who are severely immunocompromised:

- At least 10 days and up to 20 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts
- Note: For severely immunocompromised patients who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Clara Maass Medical Center | RWJBarnabas HEALTH

Mary Ellen Clyne, PhD
President and Chief Executive Officer

Test-Based Strategy for Discontinuing Transmission-Based Precautions.
In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if the symptom-based strategy were used. The criteria for the test-based strategy are:

- Resolution of fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved, and
- Results are negative from at least two consecutive respiratory specimens collected

  ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

Patients who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected
  ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

Staff return to work managed by RWJ Barnabas Health System Corporate Care as per RWJBH Return to work policy.

Operational:

- Bundle tasks to limit exposures and optimize the supply of PPE
- Daily - provide Environmental Services leadership with anticipated room changes due to cohorting and update as needed
- Dedicate resident specific equipment and supplies. If not possible, restrict dedicated equipment to a specific cohort with routine cleaning and disinfection between resident uses. Consider labelling equipment, med carts, etc.
- HCP assigned to Cohort-1 or Cohort-2 should not rotate to Cohort-3 or Cohort-4. This restriction includes prohibiting HCP from working on unaffected teams after completing their usual shift on the affected team.
- If sharing staff, resident care should flow from Cohort-2 to Cohort-1, or Cohort-3 to Cohort-4.
- If there is limited staffing and a team member must provide care to all cohorts strict infection prevention practices must be followed which includes:
  - Resident care should flow from Cohort-2 to Cohort-1, or Cohort-3 to Cohort-4. Cohort-1 should be last.
- In the event of widespread identified cases, focus should be placed on Cohorts 1 and Cohort 2.
- New admissions should stop until control measures are effectively instituted. If the facility is unable to cohort; especially cohort 4, will not take any new admissions or readmissions until ability to cohort is reestablished.
- Maintain a clean environment: Keep med carts, nursing station, resident rooms, breaks rooms, etc. clutter

1 Clara Maass Drive
Belleville, NJ 07109

973.450.2000

barnabashealth.org/claramaass

Mary Ellen Clyne, PhD
President and Chief Executive Officer

free. Only essential things should be out. These areas will be disinfected regularly as per CMMC policy.
- Limit use of shared workstations
- Bedside Report: Please give bedside report outside of each room. Remember to respect the resident's sensitivity and privacy.

Note: Consider repurposing unused space such as therapy gyms, activity, and dining rooms during this time. If the facility is unable to effectively cohort the impacted residents, then rapid isolation of the unaffected residents is imperative.

G. Infection Prevention and Control:

- Restrict visitation up to and including a no visitor policy
    - Exceptions can be made for compassionate care situations such as end of life and for adult patients with intellectual, developmental or other cognitive disability
    - As an alternate means to in-person visits, virtual visits via telecommunications will be offered
- Restrict entry of volunteers and non-essential healthcare personnel, including consultants.
- Implement universal source controls for everyone in the facility
- Actively screen all persons entering the unit for fever and symptoms of covid-19. All HCP will be screened prior to starting their shift
- Ill HCP will be sent home per the established RWJ Barnabas Health policy.
- All patients will be monitored for fever and symptoms of covid-19 at minimum once per day.
- Any identified symptomatic patient will be immediately isolated and transmission based precautions will be implemented.
- The LHD will be notified of:
    - Severe respiratory illness causing hospitalization or death
    - Clusters of respiratory infection (10% of current census)
    - Individuals with suspected of confirmed covid-19
- Standard and transmission based precautions including the use of N95 respirator or higher or facemask if unavailable and gown, gloves and eye protection for new admissions will be implemented and discontinued based on CDC guidelines.
- Appropriate isolation signage will be utilized
- PPE will be available for in areas where patient care is provided
- Adequate waste receptacles will be available and positioned near the exit inside the patient's room
- All rooms will be cleaned per facility policy for cleaning of isolation rooms. Frequency of cleaning and disinfecting will increase during the outbreak and routine cleaning of high touch surfaces and shared medical equipment using an EPA-registered, hospital grade disinfectant will be conducted.

Clara Maass Medical Center | RWJBarnabas HEALTH

Mary Ellen Clyne, PhD
President and Chief Executive Officer

H. Testing and POINT PREVALENCE SURVEY (PPS) STRATEGY:

Limited testing via prioritized PPS testing for all employees with no previously known COVID-19 positive result.

EMPLOYEE TESTING:

- Staff that has previously tested positive for covid-19 will be retested once it has been greater than 90 days since their last positive result
- Staff to be tested pursuant to the NJDOH Directive to include all direct care workers in the Transitional Care Unit
- Non-direct care workers that serve the Transitional Care Unit patient population (such as certain administrative, janitorial, maintenance and kitchen staff) will be tested via the RWJ Barnabas Health Policy and Procedure
- Excluded from immediate PPS testing are staff on a Leave of Absence and per diem employees. Those employees will require testing prior to return to work
- Employees who refuse testing will not be allowed to work on the TCU unit

Testing procedures and frequency:

- Baseline testing will start 5/20/20 through 5/28, through via nasopharyngeal swab and will be completed by May 30, 2020
- Retesting will occur of individuals who test negative at baseline testing within 3-7 days after baseline
- Specimens will be managed through CMMC's onsite lab to facilitate processing via a designated reference lab
- Results will be managed via the TCU Administration
- Further retesting will be in accordance with CDC guidelines and available testing modalities to include weekly testing of employees

Post-testing protocols for staff:

- All tested employees will provide authorization for release of laboratory test results to the facility
- Work exclusion of staff who test positive for COVID-19 infection, refuse to participate in COVID-19 testing, or refuse to authorize release of their testing results will be addressed by RWJBarnabas Health policy & procedure
- Return to work protocols will be addressed by RWJ Barnabas Health policy & procedure

PATIENT TESTING:

- Patients will be tested upon admission if there has been greater than 24 hours since their last covid-19 test

1 Clara Maass Drive
Belleville, NJ 07109

973.450.2000

barnabashealth.org/claramaass

Mary Ellen Clyne, PhD
President and Chief Executive Officer

- Any development of positive symptomatology will result in additional testing
- If a resident/patient refuses to undergo COVID-19 testing, then the facility shall treat the individual as a COVID-19 suspected person, make a notation in the resident's chart, notify any authorized family members or legal representatives of this decision, and continue to check temperature on the resident at least twice per day. Onset of temperature or other symptoms consistent with COVID-19 require immediate cohorting. At any time, the resident may rescind their decision not to be tested.
- Further retesting will be in accordance with CDC guidelines and available testing modalities

I. Staff Management:

- Staffing needs will be assessed and increased clinical support will be implemented when needed to safely care for the patients
- A staff contingency plan will be implemented, such as staff cross training and utilization of DOH waivers if available when needed and feasible
- The facility will provide source controls for all patients when direct care is being provided
- If a staff member develops signs and symptom of covid-19 while working they must cease patient care activities, keep their masks on and notify their supervisor and Corporate Care or Emergency Room prior to leaving work
- Higher risk staff will be identified and reassigned as appropriate and possible
- Staff will be reeducated on sick leave policy to include when not to report to work
- Staff competency and reeducation will occur on infection prevention and control measures to include demonstration of donning/doffing PPE
- Tasks will be bundled when possible to limit exposures and optimize the supply of PPE

J. Lessons Learned:

- Early identification of infection spread is key to management of the outbreak
- Continued education of infection prevention methods for staff, patients and visitors where appropriate is needed
- Proper and effective communication in real time is needed
- Identification of “essential staff” is needed

Revised 12/1/2020