



CHELSEA SENIOR LIVING POLICY AND PROCEDURE

SUBJECT: COVID-19 Exposure/Outbreak Response Plan

REVISED: December 30, 2021

POLICY: The community will follow established exposure guidelines in an effort to reduce/prevent transmission of COVID-19

Related Policy: 7-1.d: Infection Control – COVID-19; 7-1.d Addendum: Environmental Controls; 7-1.f: Covid-19 Monitoring Log; 7-1.h: COVID-19 Testing; 7-1.k: Modified Restrictions (Activities/Dining); 7-1.l: Isolation and Quarantine; 7-1.m: Employee Management COVID-19; 7-1.N: Crisis Staffing Strategies; 7-1.P: Indoor and Outdoor Visitation

Report to Local Health Department whenever:

- More than 1 probable or confirmed COVID-19 case among Residents or Employees
- Three or more Residents or Employees with new onset acute illness compatible with COVID-19 that occur within 72 hours

COVID-19 Outbreak Definitions¹:

- **One or More community-acquired** COVID-19 case in a Resident with the following qualifiers:
 - Resident has a confirmed COVID-19 diagnosis 14 days or longer AFTER admission or re-admission or after having had an off-site medical or other visit
- **Two or More laboratory-confirmed COVID-19** cases among Employees **within a 14 day period**

Upon identification of a confirmed COVID-19 case in a Resident who was recently admitted to the Community (within 14 days), the Community will notify the sending facility of the Resident's confirmed COVID-19 infection.

At the onset and during an outbreak, the Executive Director in collaboration with Department Heads will identify staffing compliment (type and number of staff) to determine the community's response to work restrictions following conventional, contingency or crisis protocols (refer to Policy 7-1.m: Employee Management COVID-19)

Outbreak Conclusion Definition

- The conclusion of an outbreak will be made by either the NJ/NY DOH or the Local Health Department

Resident Outbreak Management

1. Implement line listing
2. Initiate contact tracing of resident's that are symptomatic
3. Initiate respiratory isolation for Residents with exposure history (Persons under Investigation)
4. Initiate respiratory and contact precautions for Residents with confirmed infection
5. Ensure isolation carts with isolation supplies and signs are outside the resident apartment
6. Notification of family for resident's change in condition

¹ Local Departments of Health may determine a community to be in Investigation Status (I Number) or E Status (Outbreak Number).



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7. Notification of the resident's primary care physician of resident's change in condition and/or of any COVID-19 related symptoms.
8. Send One Call to residents and families about COVID-19, review facility preparation
9. Notify residents of suspension of all group activities and communal dining
10. Ensure emotional support of all residents
11. Keep resident informed of enhanced sanitation, need to report symptoms of upper respiratory infection, efforts the community has undertaken to keep everyone safe
12. Cancel any special events
13. All staff will wear a face shield or goggles when providing care to a Person Under Investigation and/or a Resident with confirmed COVID-19 infection
14. All staff, regardless of vaccination status or infection history will wear a KN-95 or N-95 face mask while community is in outbreak status;
15. Encourage residents to remain in community; avoid non-essential off site visits
16. Residents considered a Person Under Investigation (whether or not symptomatic) symptoms and those with confirmed COVID-19 infection will be provided a mask to wear while staff are providing care
17. Residents considered a Person Under investigation (whether or not symptomatic) regardless of vaccination status and/or prior COVID-19 infection:
 - a. Provided a mask to wear during care
 - b. Maintained on respiratory isolation
 - c. COVID-19 tested (see testing protocols for frequency)
18. Activities and communal dining restrictions will be lifted or further modified on a case-by-case basis in accordance with communication with Regional Support and NJ/NY DOH and/or the Local Health Department

Visitor Management (during outbreak)

1. The Executive Director/Designee will in-service Front Desk Reception staff in Visitor Screening procedure.
2. The Health Services Director/Designee will in-service Front Desk Reception staff in Rapid Testing procedures.
3. Post sign on community entrance:
 - a. Restricted Visitation depending on Department of Health Directive (local or state)
 - b. Please Note: Compassionate Visiting is never suspended
4. Post hand hygiene and cough etiquette posters
5. Single Point of Entry into the Community
6. Contact all residents families and inform of modified restrictions according to community phase, except for End-of-Life, Compassionate Care, and/or Essential Caregiver situations
7. Identification of a confirmed COVID-19 case/outbreak, contact and inform all visitors that had visited the community of the presence of COVID-19 infection in the community (time frame determined based on when first case was confirmed)
8. Continue to screen all visitors and staff
 - a. Retain screening forms in a binder filed by month tabs
 - b. Positive screening will result in referral to Executive Director/Designee to determine safety of visit
 - c. A visitor with COVID-19 positive infection (self-reported or tested at community) will be denied entrance to the community



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9. Offer alternative forms of virtual visiting (e.g., Skype)
10. Hand hygiene stations in the community
11. Contact and inform ancillary service providers and vendors of visiting protocols
12. Ask healthcare providers to limit community visits as appropriate; encourage tele-health for all disciplines
13. Cancel all Volunteers, outside entertainers, and other non-essential visitors during an active/suspected outbreak
14. Supervise residents hand hygiene

Staff Management – refer to Policy 7-1.m Employee Management COVID-19 for testing, exposure and confirmed infection work restrictions and procedures.

1. All staff will obtain and record temperature and self-report presence or absence of symptoms prior to entering the community whether or not the community is in outbreak status;
2. The Executive Director/Designee will ensure:
 - a. COVID-19 information is posted in various areas of the community
 - b. Ongoing staff education on proper hand hygiene, use of PPE
 - c. Have hand sanitizer and disinfectants available throughout the community
3. All staff will wear a surgical mask while in the community except during outbreak status when staff will wear KN-95 or N-95 face masks and eye protection (when providing care to a Resident identified as a PUI or actual confirmed infection)
4. All staff will follow isolation precautions (refer to 7-1.d Infection Control-COVID-19)

Environmental Management

1. Increase sanitation of high touch areas and common areas including office equipment, elevator buttons, handrails, exit and entry keypads and buttons, therapy equipment, shared medical equipment, mechanical lifts, medication carts, portable laptops, water coolers et. al.)
2. Increase sanitation of resident assistive devices
3. Sanitize any rental equipment prior to use (hospital beds, mattresses)
4. Consider zone cleaning – assign staff to a zone in the facility to sanitize high touch services three times a day
5. Suspend unessential contract work in the community
6. Maintain Fire Safety (drills) during outbreak when vendor is not permitted in the community
7. Building Services Director will monitor community sanitation efforts

Quality Assurance (during Outbreak)

1. Executive Director will meet with Department Heads, at a minimum, once a day, to review the following (but not limited to):
 - a. Line Listing
 - b. Completed screening forms and Questionnaires
 - c. Coordination efforts with area hospitals and nursing homes regarding admissions and re-admissions
 - d. Discussion of staffing needs
2. Involve Residents physicians and Infectious Disease Consultants in COVID-19 exposure and/or outbreak management

Communications

1. Corporate briefings to all Executive Directors



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2. Communicate daily with families using One-Call Now
3. Executive Director will implement all department all staff change of shift briefings (ED will designate briefing facilitator for the 11pm to 7am shift using briefing talking points)
4. Post signage on Front Door and at Front Desk for the following:
 - a. Visitor restriction (if applicable)
 - b. Hand Hygiene and Cough Etiquette
 - c. CDC COVID-19 Information
5. Single Point of Entry into Community has been communicated to essential visiting outside providers, Emergency Medical System, staff, families, et al
6. Staff will refer all inquiries regarding COVID-19 to the Executive Director
7. All calls from the press will be referred to Corporate Director of Communications with notification to the Chief Operations Officer