



## CHELSEA SENIOR LIVING POLICY AND PROCEDURE

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SUBJECT: COVID-19 Exposure/Outbreak Response Plan

REVISED: December 8, 2020

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

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### **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 Definitions:**

- **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.**

### **Outbreak Conclusion Definition**

- No probable or confirmed COVID-19 cases among Residents or Employees after 28 days have passed since the last case's onset date or specimen collection date (whichever is later)
- The conclusion of an outbreak will be made by either the NJ DOH or the Local Health Department

### **Resident Management**

1. Implement line listing
2. Initiate contact tracing of resident's that are symptomatic
3. Initiate respiratory and contact precautions
4. Ensure isolation carts with isolation supplies and signs are outside the resident apartment
5. Notification of family for resident's change in condition
6. Notification of the resident's primary care physician of resident's change in condition and/or of any respiratory symptoms.
7. Send letter to residents and families about COVID-19, review facility preparation
8. Notify residents of restricted visiting except for extreme and emergency cases
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



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12. Cancel any special events
13. All staff will wear a face shield or goggles in addition to a face mask while community is in outbreak status
14. Encourage residents to remain in community; avoid unessential off site visits
15. Residents with COVID-19 related symptoms and those with confirmed COVID-19 infection will be provided a mask to wear while staff are providing care
16. Residents with history of COVID-19 exposure who are either symptomatic or asymptomatic, will be maintained on contact and respiratory isolation and be referred to physician for an order for COVID-19 testing.

### Visitor Management

1. Post sign on community entrance:
  - a. No Visitors (during an outbreak or suspected outbreak)
  - b. Restricted Visitation depending on County Level COVID-19 Activity (determined weekly)
  - c. Visitation by Appointment (Phase 1 and 2)
2. Post hand hygiene and cough etiquette posters
3. Single Point of Entry into the Community
4. 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, which will require the approval of the Executive Director
5. Identification of a confirmed COVID-19 case/outbreak, contact and inform all visitors that visited the community of the presence of COVID-19 infection in the community (time frame determined based on when first case was confirmed)
6. Continue to screen all visitors and staff
7. Keep screening forms in a binder by day of month tabs
  - a. Positive screening will result in referral to Executive Director/Designee to determine safety of visit and recommendation to see their physician
8. Offer alternative forms of virtual visiting (e.g., Skype)
9. Hand hygiene stations in the community
10. Contact and inform ancillary service providers and vendors of restricted visiting protocols
11. Ask healthcare providers to limit community visits as appropriate; encourage tele-health for all disciplines
12. Cancel all Volunteers, outside entertainers, and other non-essential visitors during an active/suspected outbreak
13. Supervise residents hand hygiene

### Staff Management

1. In-service reception staff/designee in how to screen visitors
  - a. Positive screening will result in referral to Executive Director/Designee to determine safety of visit and recommendation to see their physician
2. Screen staff with screening tool once
3. Inform staff to immediately notify their supervisor if they are experiencing any signs and symptoms of illness (cough, sore throat, fever, body aches, diarrhea, nausea, vomiting or a general feeling of illness)
  - a. Department Head will immediately report to the Executive Director whenever a staff member is identified as ill
  - b. Employee will be required to seek medical attention and be assessed for need to be tested for influenza, strep, and COVID-19



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4. Observe staff daily for any signs of illness
  - a. Complete Employee COVID-19 Questionnaire (HR-11d)
  - b. Follow guidelines for any staff identified with upper respiratory illness and/or signs of infection
5. Post CDC COVID-19 information in various areas of the community
6. Ongoing staff education on proper hand hygiene, use of PPE
7. All staff will wear a surgical mask while in the community
8. All staff will follow isolation precautions (refer to 7-1.d Infection Control-COVID-19)
9. Have hand sanitizer and disinfectants available in all care areas

### **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/outbreak management

### **Communications**

1. Corporate briefings to all Executive Directors
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