

COVID UPDATES:

Page 1 10-22-20 Update From Our Executive Director

Page 2 COVID-19 Indoor Visitation Protocol

Pages 3-5 Rules for Essential Caregivers

Pages 6-9 COVID 19 Outbreak Management Plan

UPDATE FROM OUR EXECUTIVE DIRECTOR

October 22, 2020

Dear Residents and Families,

Through weekly staff surveillance testing, three staff members have tested positive for Covid-19. Based on this, our facility is now in Phase 0 of Executive Directive 20-026. As per the directive, all indoor visitation will stop immediately until our facility is 14 days Covid free. In addition, Essential Caregiver visits will now be only once per week for a maximum of two hours. At this time, we will continue with staff testing weekly, and increase resident testing from every other week to weekly.

You will need to contact Patricia, as before, to schedule your outdoor visitation. Outdoor visitation will only be in 15 minute time slots at this time. Visits for WLP will remain on Tuesday's and Thursday's and visits for LP will remain on Wednesday's and Friday's. The time slots are 11:00am-1:00pm and 2:00pm-4:00pm each day. Resident visits for SP and HP can also be scheduled through Patricia and will be slotted in time slots Tuesday through Friday. To reiterate, all visits must be scheduled with Patricia Vinas at 973-400-3302 or Pvinas@daughtersofisrael.org each time you would like to try to schedule a visit. Visitors are not permitted entrance past the reception area of the facility, including restrooms, which will not be available to visitors at this time. Please also remember that all family members must go through screening prior to the visit. This screening includes answering questions and having your temperature checked. This screening is not optional-without the screening, a visit will not take place.

Please remember, there are no standing visits. All visits for all units, including HP, need to be scheduled through Patricia Vinas at 973-400-3302 or Pvinas@daughtersofisrael.org.

Please remember to reach out to our activities director, Yuki Fasion, at 973-400-3384 or YRice-Fasion@daughtersofisrael.org or Patricia Vinas at 973-400-3302 or Pvinas@daughtersofisrael.org to schedule your FaceTime calls.

If you have questions or concerns, please feel free to reach out to me at:

Susan Grosser, LNHA, Executive Director
Sgrosser@daughtersofisrael.org/973-400-3301

COVID-19 Indoor Visitation Protocol
(Revised October 19, 2020)

Daughters of Israel is committed to providing residents with visits with their loved ones with Covid-19 precautions in place. Beginning October 20, 2020, indoor visits will be accommodated with social distance precautions in the Atrium and main lobby of the facility.

Procedure:

- All visits will be scheduled through the Executive Assistant.
- All visits will take place in the Atrium or the front lobby of the facility.
- Residents and visitors both are required to wear a mask
- Residents and visitors will maintain at least 6 ft apart
- Visitors will come to front desk prior to visit to have their temperature taken, answer the Covid screening questions, and complete the visitor consent form
- Visitors are not permitted entrance to the facility past the assigned visiting area. Restrooms will not be available to visitors at this time.
- Transporters bringing residents to visit will bring them to lobby waiting area 5 min prior to visit
- Transporters will ensure the resident is wearing their mask
- Transporters will assist resident with completion of the visitor consent sheet. Blank consent sheets are kept on clip board by TV in lobby. Completed sheets are kept in a binder at the reception desk.
- Visitor monitors will stay in the visiting area to ensure all precautions are maintained during entire visit.
- Visitor monitors will sanitize chairs in between visitors.
- Any items visitors bring for residents will be brought to the family drop off table in the vestibule. Nothing will be exchanged during the visit.

If, at any time, a staff member and/or resident test positive for Covid-19 during surveillance testing, the facility will immediately cease indoor visitations until such time the facility is Covid free for a period of twenty eight (28) days.

Rules for Essential Caregivers

Recognizing the critical role family members and other outside caregivers often have in the care and support of residents, and pursuant to the NJ DOH Executive Directive 20-026, Daughters of Israel will permit outside Essential Caregivers to assist in the care of individual residents.

The decision to designate an Essential Caregiver will be individualized. Daughters of Israel Administration will carefully consider the current status of Covid-19 in the facility and the outside environment prior to designating Essential Caregivers.

An Essential Caregiver is defined as an outside individual who was previously actively engaged with the resident or is committed to assisting and encouraging with activities of daily living and other care needs.

Choosing Essential Caregivers:

1. All residents may receive essential caregiver visitation, except for those that are in a 14-day quarantine period, positive for COVID-19 and have not yet met the criteria for the discontinuation of isolation.
2. DOI staff will consult the resident or their representative about the resident's wishes or best interests to determine whom to designate as an Essential Caregiver.
3. Those interested in serving as Essential Caregivers must complete the "DOI Essential Caregiver Application". The Executive Director, in collaboration with other administrative staff, will approve or deny the application to serve as an Essential Caregiver.
4. Both the resident and Essential Caregiver must sign the "Daughters of Israel Visit Rules, Informed Consent, Hold Harmless & Release Regarding Covid-19" and "Daughters of Israel Essential Caregiver Agreement" prior to beginning the Essential Caregiver relationship.
5. Residents may express a desire to designate more than one Essential Caregiver based on their past involvement and needs (e.g., more than one family member previously split time to provide care for the resident). In these unique situations, DOI staff will work cooperatively with the resident and family to work out a schedule to accommodate the Essential Caregivers. A resident may have no more than two (2) Essential Caregivers.

6. Essential Caregivers must be at least eighteen (18) years of age.

Role of Essential Caregivers:

7. Essential Caregivers will support and encourage residents with activities of daily living (ADL's) and have an essential purpose.

8. Essential Caregiver visitation is not solely to provide social visits.

Testing and Screening Essential Caregivers:

9. Daughters of Israel requires that Essential Caregivers demonstrate results of two negative Covid-19 tests before providing care to the residents: the first negative Covid-19 test should occur seven (7) days prior to the second test. The second test should occur no more than five (5) days prior to the visit to DOI. The Essential Caregiver will thereafter continue to demonstrate negative Covid-19 tests on a weekly basis.

10. Essential Caregivers must undergo Covid-19 testing through their own healthcare provider.

11. Essential Caregivers will always be screened prior to being allowed access to the DOI facility. Screenings shall include temperature checks, questioning on symptoms and questioning on travel and interaction with those with diagnosed or suspected Covid-19.

12. Essential Caregivers should provide proof of having received a flu vaccination.

Essential Caregiver Visitation Details:

13. Essential Caregiver visits will be scheduled in advance. Essential Caregivers may visit Monday through Friday, 9:00am-4:00pm.

14. When Daughters of Israel is in Phase 0 (Phase 0 pursuant to NJ DOH guidance and Executive Directive 20-026), a resident may have Essential Caregiver visits at one (1) visit per week for a maximum of two (2) hours per visit.

15. When Daughters of Israel is in Phase 1 or Phase 2 (pursuant to NJ DOH guidance and Executive Directive 20-026), a resident may have Essential Caregiver visits at two (2) visits per week for a maximum of two (2) hours per visit.

16. Essential Caregivers must remain in their assigned areas for the duration of the

visit.

17. Essential Caregivers must engage in hand hygiene and maintain social distancing of at least six (6) feet from other residents and staff while in the facility.

18. Daughters of Israel staff members may stop any Essential Caregiver visit if it is believed that the visit is not in the best interest of the resident or the facility.

Personal Protective Equipment:

19. The Essential Caregiver must always wear proper PPE. Depending on the current Phase, this PPE could include an N95 mask, a face shield, and/or an isolation gown. Essential Caregivers **MUST ALWAYS** wear surgical masks.

20. Essential Caregivers must provide their own PPE.

**DAUGHTERS OF ISRAEL
DEPARTMENT OF NURSING**

TITLE : COVID 19 OUTBREAK MANAGEMENT PLAN

PURPOSE: To control the transmission of COVID 19 among residents, staff, families and visitors.

DEFINITION: A COVID 19 outbreak is determined when the cases of specific infection exceeds the normal baseline within the facility (normally 10% cases of the total unit census or as determined by the Department of Health)

SCOPE: ALL DISCIPLINES

ASSESSMENT/COMMUNICATION

1. ICP (**Infection Control Practitioner**) will perform active surveillance
2. Will Notify the DON, Medical Director and Administrator when the first case is noted or 10% of residents on a unit develop an illness within 72 hours of each other, i.e., dry cough, sore throat, fever, SOB.
3. Report any suspected or confirmed outbreak to Local Department of Health and start a line listing of residents and staff.
4. Notify staff and residents of the presence of a COVID 19 case and/or outbreak.
5. Notify residents and families of the presence of a COVID 19 case and/or outbreak in the facility.
6. An increase in Employee absences with many reporting similar symptoms, i.e., dry cough, sore throat, fever, SOB.

GENERAL FACILITY CONTROL MEASURES:

1. Review pandemic preparedness plans to support containment and response efforts.
2. Report testing capacity to identify SARS-CoV-2 I the facility.
3. Implement use of universal control measures, i.e., masks (surgical mask and N95) for all staff while in the facility.
4. Increase accessibility of hand hygiene resources in the facility i.e., hand sanitizers placed on different areas of entry and exits in the facility or where “high touched areas” are mostly situated, other resident care and common areas and making sure that sinks in resident’s room/bathroom are well-stocked with soap and paper towels.
5. Evaluate PPE (Personal Protective Equipment) available in the facility.
6. Educate on infection prevention practices, including control measures for COVID 19.

DAILY REPORTING:

1. Complete line list for residents and staff which includes all confirmed , i.e., COVID 19 positive, both symptomatic and asymptomatic and probable, i.e., symptomatic, if in outbreak stage
2. Complete NJDOH survey and other required reporting to all local and state agencies.
3. Send completed line list to the Local Department of Health if in outbreak stage.

ADMISSIONS/TRANSFERS/READMISSIONS:

1. New admits/readmissions with known COVID 19 positive status will be placed on the RHP unit and will be monitored for 14 days after admission for any evidence of COVID 19 signs and symptoms and will be cared for using all recommended COVID 19 PPE, i.e., N95, gown, gloves, and eye protection.
2. New admits/readmissions with known COVID 19 negative status will be placed on the PUI section (SP high side rooms 118-134) , and will be monitored for 14 days after admissions for any evidence of COVID 19 signs and symptoms and will be considered a PUI and will be cared for using all recommended COVID 19 PPE, i.e., N95, gown, gloves, and eye protection.

INFECTION CONTROL AND PREVENTION:

1. Provide visitation in accordance with state guidance and reopening phase and non-essential healthcare personnel, except in certain compassionate care situations.
2. Screen all persons/staff entering the facility for signs and symptoms of COVID 19, i.e., dry cough, sore throat, fever, SOB, GI upset ,fatigue and travel to restricted areas.
3. Implement active screening of residents for fever and other COVID 19 signs and symptoms every shift by monitoring vital signs, including pulse oximetry.
4. Limit communal dining and large group activities such as internal or external group activities ,i.e., beauty parlor, PT gym sessions and activities.
5. Make necessary PPE available in areas where resident care is provided.
6. Make adequate waste receptacles available for used PPE. Position these near the exit inside the room to make it easy for staff to discard PPE prior to exiting, or before providing care for another resident in the same room.
7. Implement standard and transmission based precautions including use of N95 respirator or higher (or facemask if unavailable), gown, gloves, and eye protection for new admits and readmissions, confirmed and suspected COVID 19 case, and any resident cared for by a confirmed or suspected COVID 19 positive healthcare personnel.

8. Healthcare personnel should use all recommended COVID 19 PPE for care of all residents on the affected units or facility wide if cases are widespread, which includes both symptomatic and asymptomatic residents.
9. Place appropriate isolation signage outside of resident's room and designated units.
10. Dedicate equipment in isolation rooms, when able. If not possible, clean and disinfect equipment before and after every use with residents.
11. Evaluate internal environmental cleaning protocols to ensure appropriate measures are being taken to clean and disinfect throughout the facility.
12. Conduct routine cleaning and disinfection of high-touch surfaces and shared medical equipment using Virex solution or other approved disinfectant.
13. Consider increasing the frequency of routine cleaning and disinfection.
14. Prioritize rounding in a "well to ill" flow to minimize risk of cross-contamination, i.e., beginning with standard precaution care areas and working toward transmission-bases precaution areas, then finally outbreak rooms.

RESIDENT MANAGEMENT:

1. Implement cohorting plan (See Policy and Procedure COVID 19 Cohorting Plan)
2. Identify the COVID 19 positive cohort and place signage that instructs healthcare personnel they must wear eye protection and N95 or higher-level respirator at all times while in the area. Gowns and gloves should be added when entering resident rooms.
3. Relocate laboratory confirmed COVID 19 positive residents to the designated cohort, in a room with their own bathroom.
4. PUIs should not be relocated to the COVID 19 positive areas. Roommates of COVID 19 cases should be considered exposed and potentially infected and if possible should not share rooms with others unless they remain asymptomatic and have tested negative for COVID-19, 14 days after their last exposure.

STAFF MANAGEMENT:

1. Provide source control for all residents when providing direct care. All residents whether they have COVID 19 symptoms or not, should cover their nose and mouth when around others, as tolerated. Tissue, cloth or non-medical mask can be used when available as source control.
2. Implement use of surgical mask for staff while in the facility in addition to active screening for symptomatic staff. Staff working in multiple locations may pose higher risk and should be asked about exposures to facilities with known COVID 19 cases. If staff develop even mild symptoms consistent with COVID 19, they must stop resident care activities, keep their mask on and notify their supervisor prior to leaving work.

3. Identify staff who may be at higher risk for severe COVID 19 disease and attempt to assign to unaffected units.
4. Educate and train staff on sick leave policies, including not to report to work when ill and be able to describe signs and symptoms when calling the nursing supervisor.
5. Assess staff competency on infection prevention and control measures including demonstration of donning and doffing of PPE.
6. Bundle tasks to limit exposures and optimize the use and supply of PPE.
7. Cross-training staff to conserve resources.
8. Review or develop staff contingency plans to mitigate anticipated staff shortages.
9. Maintain contracts with staffing agencies in the event of an outbreak and staffing requirements are affected.

TESTING

Resident and Staff will be tested in accordance with the most recent NJDOH guidance, Executive Directive no 20-026