



CLOVERMEADOWS

HEALTHCARE + REHABILITATION

COVID-19 OUTBREAK PLAN

8/5/22

Purpose:

To define guidelines, following state, federal, and regulatory standards, that provide a framework to ensure that the current pandemic outbreak of COVID-19 is effectively managed and contained within Clover Meadows. This plan is in place to ensure that a coordinated approach is taken. Since this pandemic outbreak has significant implications for routine services and additional resources will be required, the Emergency Operations Plan within the organization will be initiated when indicated to cover all management, organizational and communications procedures.

New Jersey Department of Health references:

- NJDOH Executive Directive No. 20-013/20-013(1)
- NJDOH Executive Directive No. 20-017
- NJDOH Executive Directive No. 20-018
- NJDOH Executive Directive No. 20-025
- NJDOH Executive Directive No. 20-026

Related Policies & Manuals:

- a. Emergency Operations Plan (EOP) 2022
- b. Infection Control Outbreak Response Plan 2022
- c. Emergency Staffing Guidelines
- d. Critical Staffing Guidelines
- e. Mandatory Overtime Regulations and Guidelines

The COVID-19 Outbreak Plan includes the establishment and deployment of an Infection Control Team (ICT). ICT meetings are regularly scheduled. Additionally, our nursing staff are available for consultation 24 hours/7 days week. Members of the ICT have defined roles and responsibilities over key operational and clinical services to ensure that the Center remains in compliance with all licensing, regulatory and local, state and federal guidance and requirements specifically related to the COVID-19 pandemic/outbreak.

Clinical Operations Review Team members may include but not be limited to:

- Chief Operating Office
- Clinical Director
- Medical Director(s)/designee
- Program Administrator(s)



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- Regional Administrator
- Director of Infection Prevention and Control
- Employee Health

Definitions:

1) **Pandemic-** A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there was little to no pre-existing immunity against the new virus, it spreaded worldwide.

2) **Isolating-**means the process of separating sick, contagious persons from those who are not sick.

3) **COVID-19 Cohorting-**means the practice of grouping patients/residents who are or are not infected with COVID-19 to confine their care to one area and prevent contact with other patients/residents. Cohorting groups will be considered according to the following as applicable (refer to COVID Cohort Grid):

i) **Cohort 1: COVID-19 Positive:** this cohort consists of both symptomatic and asymptomatic patients/residents who test positive for COVID-19, including any new or readmissions known to be positive, who have not met the discontinuation of Transmission-Based Precautions criteria.

ii) **Cohort 2: COVID-19 Negative, Exposed** not up to date with Covid-19 vaccines: this cohort consists of patients/residents who test negative for COVID-19 who have had an identified exposure to someone who is confirmed COVID-19 positive.

iii) **Cohort 3: COVID-19 Negative, Not Exposed** up to date with Covid-19 vaccines: this cohort consists of patients/residents who test negative with no COVID-19 like symptoms and are thought to have no known exposures. (1) This cohort should be created when it is relatively certain that the patient/resident has been properly isolated from all COVID-19 positive and incubating patients/residents and staff.

ii) **Cohort 4: New or Re-admissions:** this cohort consists of all persons from the community or other healthcare facilities who are new or readmissions and not up to date with Covid-19 vaccines. This cohort serves as an Observation area where persons remain for 7 days to monitor symptoms that may be compatible with COVID-19.

recognizes that the principles of continuous quality improvement are foundational and consistent with its mission, vision and values. The commitment to quality is evident in ongoing Quality Assurance and Performance Improvement initiatives. Applying this framework to Clover Meadows response to the COVID-19 pandemic outbreak, we continuously review our operations and performance to ensure that services provided will be of the highest quality and consistent with all current standards and licensing, regulatory and/or accrediting agency requirements.

Lessons learned include:

1. Importance of immediately executing our established EOP.



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2. Importance of strong collaboration/relationships with the state and local department of health.
3. Importance of staying abreast of and implementing all licensing, regulatory, accrediting and other resource guidance as they are developed and disseminated.
4. Importance of establishing an Infection Control Team to drive initiatives.
5. Importance of strong communication processes and mechanisms.
6. Importance of education, training and competency.
7. Importance of managing Personal Protective Equipment (PPE) available, optimizing according to federal agency guidance, establishing a stockpile and having strong vendor relationships.
8. Importance of having access to tests and receiving timely test results.

Communication:

1. Clover Meadows utilizes multiple platforms to communicate with internal and external stakeholders. These include, but are not limited to, and are implemented based on target audience and information required to be disseminated:
 - a. Posting information and links on Clover Meadows website (Internet)
 - b. Dedicated COVID-19 information line 609-896-1494
 - c. Weekly updated emails to residents and families.
 - d. Use of social media platforms
 - e. Written correspondence sent by mail US Post to patients/residents and families and staff
 - f. Discussion at the resident council meeting.
 - g. Posting information in common areas for staff, residents and families.

Staffing: Clover Meadows has established Emergency Staffing Guidelines as well as defined Critical Staffing Guidelines to be implemented to secure staff as needed to ensure continuity of care for all patients/residents in the event of a new outbreak of COVID-19, any other infectious disease or emergency among staff. These are outlined in the Emergency and Critical staffing guidelines.

Visitation: The most effective tool to protect anyone from the COVID-19 Omicron variant (or any version of COVID-19) when visiting residents is to be up-to-date with all recommended COVID-19 vaccine doses. Also, Clover Meadows urge all residents, staff, and visitors to follow the guidelines for preventing COVID-19 from spreading, including wearing a well-fitting mask (preferably those with better protection, such as surgical masks or N95) at all times while in a nursing home, practicing physical distancing, and performing hand hygiene by using an alcohol-based hand rub or soap and water. Residents do not have to wear a mask while eating or drinking, or in their rooms alone or with their roommate.



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In general, visitation is allowed for all residents at all times. However, as stated in CMS memorandum QSO-20-39-NH REVISED 11/12/2021, “facilities should ensure that physical distancing can still be maintained during peak times of visitation,” and “facilities should avoid large gatherings (e.g., parties, events).” This means that facilities, residents, and visitors should refrain from having large gatherings where physical distancing cannot be maintained in the facility. In other words, if physical distancing between other residents cannot be maintained, the facility may restructure the visitation policy, such as asking visitors to schedule their visit at staggered time-slots throughout the day, and/or limiting the number of visitors in the facility or a resident’s room at any time.

Note:

While these may be strategies used during the holidays or when a high volume of visitors is expected. We expect these strategies to only be used when physical distance cannot be maintained. Also, there is no limit on length of visits, in general, as long as physical distance can be maintained and the visit poses no risk to or infringes upon other residents’ rights. If physical distancing cannot be maintained or infringes on the rights and safety of others, the facility must demonstrate that good faith efforts were made to facilitate visitation.” (Retrieved from CMS QSO-20-39-NH).

References:

- CDC, Coronavirus (COVID-10)
(<https://www.cdc.gov/coronavirus/2019-ncov/index.html>)
- CDC, Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>)
- NJDOH Guidance for COVID-19 and/or Exposed Healthcare Personnel
([https://www.nj.gov/health/cd/documents/topic/NCOV/Guidance for COVID-19 Diagnosed and/or exposedHCP.pdf](https://www.nj.gov/health/cd/documents/topic/NCOV/Guidance%20for%20COVID-19%20Diagnosed%20and/or%20exposedHCP.pdf))
- NJDOH COVID-19: Information for Healthcare Professionals
([https://www.nj.gov/health/cd/topics/covid2019 healthcare.shtml](https://www.nj.gov/health/cd/topics/covid2019%20healthcare.shtml))
- NJDOH, Healthcare Associated Infections, ICAR Resources
(<https://www.nj.gov/health/cd/topics/hai.shtml>)
- CMS, April 19, 2020 (QSO-20-26-NH) Communicable Disease Reporting Requirements/Transparency