



***No one ever imagined what 2020 had in store for us.
Through it all, our care, commitment and resolve never wavered.***

As we slowly return to our new normal, Magnolia Gardens continues to take measures to help protect our residents, our team members, and visitors.

Safety

While infection control protocol has always been a strong focus in our community, Magnolia Gardens is adding to our efforts to reduce the chances that our residents could contract or spread the novel coronavirus, including:



- ✦ One Designated Entrance
- ✦ Screening All who Enter
- ✦ Face Covering Requirement
- ✦ Providing Appropriate Personal Protective Equipment
- ✦ Practice Social Distancing
- ✦ Interval & Scheduled COVID-19 Testing
- ✦ Enhanced Cleaning
- ✦ Contact Tracing Protocols
- ✦ Continuous Training

Guidance

We are following guidance from:

- ✦ NJ Department of Health
- ✦ Ocean County Health Department
- ✦ Health Care Association of NJ
- ✦ National Center for Assisted Living
- ✦ American Health Care Association

Health Is Still Our #1 Priority

Magnolia Gardens' medical professionals are conducting telehealth appointments for residents. Our residents can also take advantage of our other services which include:

- ✦ In-Person Medical Assessments & Treatments
- ✦ Laboratory Services
- ✦ Diagnostic Services
- ✦ Rehabilitative Services
- ✦ Hospice Care

Though Things Are Different Some Things Never Change

Magnolia Gardens' model for socialization continues even during this time of crisis. Some activities include:

- ✦ Celebrating Birthdays
- ✦ BINGO
- ✦ Happy Hour
- ✦ One-on-One Activities
- ✦ Social Distance Activities



Keeping in Touch

Visiting with family is vital to our residents' well-being. We will continue with our video calls, but we are now open for:

- ✦ Outdoor Visitation
- ✦ Window Visits



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Out Break Response Plan

Policy:

- To effectively manage and contain an outbreak when identified in the Facility.
- To promote an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment
- To help prevent the development and transmission of communicable diseases and infections.
- Outbreak investigations will be organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected.
- The team listed below will meet daily to monitor the outbreak and initiate any needed changes. Local and state department of health will be apprised as required.

Procedure:

SECTION A

Outbreak investigation will be organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected.

1. The Facility will inform residents and their representatives within 12 hours of a single confirmed infection of COVID-19, influenza or norovirus.
2. The Facility will inform residents and their representatives of a potential outbreak when there are three (3) or more residents or staff with new onset of respiratory symptoms and /or gastrointestinal symptoms that occur within 72 hours.
3. Updates to residents and their representatives will be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever there are three (3) or more residents or staff with new onset of respiratory symptoms occurring within 72 hours.
4. The Facility's designee will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing Facility will be altered.
5. Immediate steps will be taken to the best of the Facility's ability to isolate symptomatic individuals from those who may be pre-symptomatic or under investigation and residents who do not have any symptoms to dedicated areas with dedicated staff.
6. Testing will be expansive and extensive Facility-wide for COVID-19 and influenza.
7. Staff testing will also take place to stop the introduction, limit exposure to, and control the spread of these contagious diseases.



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SECTION B

According to defined clinical parameters or state regulations:

COVID-19

Two (2) residents/patients and/or staff in three (3) days become sick with these listed symptoms and at least one (1) of these has a positive test for COVID-19:

1. Confirm the existence of an outbreak:
 - a. Defined as one (1) LabID SARS-CoV-2 positive, that is an excess over expected (usual) level within the Facility (i.e., normal rate is 0% and is now (1) positive LabID result).
 - b. Symptoms:
Fever, dry cough, shortness of breath, fatigue
Elders may exhibit:
 - i. Increased confusion, worsening chronic conditions of the lungs, loss of appetite, and decreased fluid intake
 - ii. Less common: sore throat, headache
2. This Facility will implement Facility-wide testing of residents and all Facility staff.
3. If resident/patient(s) refuses to undergo COVID-19 testing, those individuals will be treated as a Person Under Investigation (PUI).
 - a. Nursing will document resident/patient's refusal and notify responsible representative of refusal to testing.
 - b. Resident/patient at any point in time may change their mind to testing at which time the Facility will proceed with testing this individual.
 - c. PUI:
 - i. Resident/patient will be cohorted accordingly
 - ii. Temperature monitoring will continue every shift
 - iii. Onset of elevated temperature or other related symptoms consistent with COVID-19 will require immediate cohorting with symptomatic residents.

INFLUENZA:

1. Three (3) or more clinically-defined cases or one (1) or more laboratory Identified results for Influenza in a Facility within a 10-day period from October through May, should be viewed as an outbreak.



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PNEUMONIA:

2. Two (2) or more with nosocomial (facility-acquired) cases of non-aspiration pneumonia within a 10-day period should be reviewed for outbreak potential.

SECTION C

1. Develop a case definition based on symptoms, characterized by disease cases
 - a. What: the pathogen, site, and/or sign/symptoms
 - b. Who: the population in which cases are occurring
 - c. Where: the unit location of cases
 - d. When: length of time cases has been occurring
2. Create line listing and search for additional causes and cases
 - a. Review surveillance and lab reports
 - b. Obtain appropriate lab specimens as directed by the physician or state/local health department
3. Use appropriate line listing forms when symptoms are identified for both resident and staff:
 - a. Respiratory Line Listing, Gastroenteritis Line Listing
4. Organize data according to time, place, and person
 - a. Time: duration of the outbreak and pattern of occurrence
 - b. Place: develop location and onset of dates of cases
 - c. Person: evaluate characteristics that influence susceptibility such as age, sex, underlying disease, immunization history
 - d. Exposure by nursing staff, or other infected residents
5. Formulate likely cause
 - a. identify (organism) source and possible mode of transmission

SECTION D

1. Notify the following persons/agencies:
 - a. Administrator
 - b. Director of Nursing
 - c. Medical Director
 - d. Attending physicians
 - e. Staff and department directors
 - f. Family of the affected resident(s)
 - g. Local/state health department, according to regulations



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2. Nursing will inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of influenza, COVID-19, or norovirus. Three (3) or more residents or staff with new onset of respiratory symptoms and /or gastrointestinal symptoms that occur within 72 hours. Resident(s) and their responsible representatives will be informed of possible outbreak within the Facility.
3. Social Services and nursing will notify all residents' responsible representatives of outbreak either by phone, email and/or written letter weekly or more frequently as needed.

SECTION E

1. Implement control measures based on sign, symptoms, diagnosis, mode of transmission, and location in the Facility.
Measures may include:
 - a. Transmission-based precautions
 - b. Restricting visitors
 - c. Screening all employees for elevated temperatures and signs/symptoms
 - d. Restriction of affected residents from group activities
 - e. Suspending communal dining
 - f. Suspending admissions to affected unit
 - g. Suspending admissions to Facility if deemed necessary
 - h. Increased housekeeping, intensive environmental cleaning with frequent cleaning of high touch areas
 - i. Staff Coordinator will implement staffing contingency plan for possible change in staffing levels
2. Once all has been reviewed with administrator, Infection Preventionist, Medical Director and Nursing:
 - a. Conduct mandatory staff education
 - I. Hand hygiene
 - II. Outbreak disease symptoms
 - III. Reporting the occurrence of symptoms of resident and staff.
 - IV. Transmission-based precautions
 - b. PPE will be made available in preparation for an outbreak
 - c. Advise staff who are exhibiting symptoms to stay at home
3. Monitor for effectiveness of investigation and control measures until cases cease to occur or return to normal level
4. Compare group of uninfected residents with infected residents
5. Conduct care practice observation IF cause implies a breakdown in resident care practices.



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6. Complete an Investigative Summary and submit a copy to
 - a. Nursing Director
 - b. Administrator
 - c. Medical Director

Summarize data/information collected, include case definition, contact tracing, cause, and final evaluation of outbreak.

Resources:

NJDOH, Guidance for COVID-19 and/or exposed healthcare personnel

[https://nj.govhealth/cd/documents/topic/NCOV/Guidance for COVID-19 Diagnosed and/or exposed HCP.pdf](https://nj.govhealth/cd/documents/topic/NCOV/Guidance%20for%20COVID-19%20Diagnosed%20and/or%20exposed%20HCP.pdf).

CDC, Testing for Coronavirus (COVID-19) in nursing homes

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CMS, April 19, 2020 (QSO-20-26-NH) Communicable Disease Reporting Requirements/Transparency