



## **Emergency Plan – COVID-19 (Corona Virus)**

Due to the rapid evolution of COVID-19 this guideline may be modified as needed; this facility is taking measures to prepare for a COVID-19 event.

### **Interpretation and Implementation**

1. Staff members will be trained on facility COVID-19 Plan and related policies and procedures.
2. Prospective residents, employees and visitors shall be screened to identify exposure to COVID-19. Screen for respiratory symptoms such as fever, cough, sore throat and shortness of breath following exposure for fourteen (14) days.
3. Employees, residents, and visitors will be screened for any travel history within the last 14 days.
4. Employees, residents, and visitors will be screened that has had any contact with someone with COVID-19 within the last 14 days.
5. A COVID-19 Plan has been established and will be initiated when a corona virus is increasing and sustaining human-to-human transmission in the United States, and cases are occurring in the facility's state.

### **Emergency Procedure - COVID-19**

1. Facility management staff should report to the Incident Command Post for briefing and instruction.
2. Follow guidelines of COVID-19 Plan as per the policy.
3. Residents, employees, contract employees, and visitors should be evaluated daily for symptoms. Employees should be instructed to self-report symptoms and exposure.
4. Follow COVID-19 Plan in regards to managing high-risk employees and for guidelines as to when infected employees can return to work.
5. Adherence to infection prevention and control policies and procedure is critical. Post signs for cough etiquette. Adherence to droplet and contact precautions during the care of a resident with symptoms or a suspected case of COVID-19 is a must.
6. Determine when to restrict admissions and visitations. Communicate this to the affected parties.
7. Contact local and state health departments for any suspected case of COVID-19 (973) 694-1800 ext. 3373
8. Ensure adequate supplies of food, water, and medical supplies (PPE such as gloves, gowns, masks, and eye shields) are available to sustain the facility if an outbreak occurs in the geographic region or at the facility.
9. Ensure adequate supplies of food, water, and medical supplies are available to sustain the facility if COVID-19 occurs in the geographic region or at the facility.
10. Implement contingency staffing plans as needed.



## COVID-19 Plan

1. This facility has designated the Infection Preventionist as the COVID-19 Response Coordinator.
2. He/she and the COVID-19 Planning Committee, a sub-committee of the Quality Assurance/Risk Committee, address COVID-19 preparedness:
  - Administrator
  - DON
  - ADON
  - Medical Director
  - Infectious Disease MD
  - Staffing Coordinator
  - Food Service Director
  - Environmental and Maintenance Director
  - Admissions Director

### Surveillance and Detection

1. The COVID-19 Response Coordinator is responsible for monitoring public health advisories (federal and state) and updating the COVID-19 Committee, particularly when COVID-19 has been reported in the United States and is nearing the specific geographic location; [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus) is utilized as a resource.
2. Protocol should be developed to monitor the respiratory-like illnesses in residents and staff during the COVID-19 season, which tracks illness trends.
3. The admission policy includes that residents admitted during periods of COVID-19 activity should be assessed for symptoms of COVID-19
4. A system is implemented to daily monitor residents and staff for symptoms of respiratory infection such as fever, cough, SOB, as well as confirmed cases of COVID-19.
5. Information from the monitoring systems is utilized to implement prevention interventions, such as isolation or cohorting.
6. All visitors, vendors, consultants will be screened for recent travel, respiratory symptoms (fever, cough, SOB), and known contact with someone confirmed COVID-19.
7. Collaboration with Dialysis Centers on COVID-19
8. Limited visiting.



## **Communication**

1. The COVID-19 Response Coordinator is responsible for communications with the public health authorities during a pandemic.
  - a. Local health department contact information: (973) 694-1800 ext. 3373
2. The Infection Preventionist is responsible for communicating with the staff, residents, and their families regarding the status and impact of COVID-19 in the facility. One voice speaking for the facility ensures accurate and timely information.
3. Communication includes usage of the recall roster to notify staff members of COVID-19 outbreak. Efforts must be made, such as phone calls and posted signage to alert visitors, family members, volunteers, vendors, and staff members about the status of the COVID-19 within the facility.
4. The Infection Preventionist also maintains communications with the Emergency Management Coordinator, local hospitals, local Emergency Management Services, as well as other providers regarding the status of the COVID-19 outbreak.
5. Family members and responsible parties are notified prior to an outbreak that visitations may be restricted during an outbreak to protect the safety of their loved ones.

## **Education and Training**

1. Educator/Designee is responsible for coordinating education and training on COVID-19. Local health department and hospital-sponsored resources are researched, as well as usage of web-based training programs. The website [www.cdc.gov/coronaviruss](http://www.cdc.gov/coronaviruss) considered as a resource.
2. Education and training of staff members regarding infection prevention and control precautions, contact and droplet precautions, as well as respiratory hygiene/cough etiquette should be ongoing to prevent the spread of infections, but particularly at the first point of contact with a potentially infected person with COVID-19.
3. Education and training should include the usage of language and reading-level appropriate, informational materials, such as brochures, posters on COVID-19, as well as relevant policies.
4. Informational materials should be disseminated during before and during COVID-19 outbreaks.

## **Infection Prevention and Control**

1. Cleaning and disinfection for COVID-19 follows the general principles used daily in health care settings as per CDC guidelines.
2. Infection prevention and control policies require staff to use Contact and Droplet Precautions (i.e., mask, gloves, gown and eye shield for close contact with symptomatic residents).
3. Respiratory hygiene/cough etiquette should be practiced.
4. The IPCC shall develop procedures to cohort symptomatic residents or groups using one of more of the following strategies:
  - a. Designate rooms for isolation in the event a suspected respiratory resident is identified.
  - b. Confining symptomatic residents and their exposed roommates to their room.
  - c. Placing symptomatic residents together in one area of the facility.
  - d. Closing units where symptomatic and asymptomatic residents reside, i.e., restricting all residents to an affected unit, regardless of symptoms.



- e. Develop criteria for closing units or the entire facility to new admissions during COVID-19 outbreak.
- f. Ensure visitor limitations are enforced.
- g. Sanitizers available outside in each of resident's room.
- h. Signage for hand hygiene and cough etiquette all over the facility.
- i. Staff competency for hand hygiene and donning of personal protective equipment
- j. Ensure appropriate isolation signs (Droplet and Contact) are posted outside residents identified with respiratory symptoms or COVID-19.

### **Occupational Health**

1. Practices are in place that addresses the needs of symptomatic staff and facility staffing needs, including:
  - a. Handling staff members who develop symptoms while at work.
  - b. When staff members who are symptomatic for respiratory infection must see designee for respiratory evaluation.
  - c. Staff members who need to care for ill family members.
  - d. Determining when staff may return to work after having COVID-19 as per CDC guidelines.
2. A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.
3. Staff are educated to self-assess and report symptoms of COVID-19 before reporting to duty.
4. Mental health services or faith-based resources will be available to provide counseling to staff during a pandemic.
5. High-risk employees (pregnant or immuno-compromised) will be monitored and managed according to HR policies.

### **Preparedness of Supplies and Surge Capacity**

1. Quantities of essential food, materials, medical supplies, and equipment have been determined to sustain the facility for a six-week pandemic. A predetermined amount of supplies is stored at the facility or satellite location.
2. Capacity for deceased residents has been determined, including a space to serve deceased.



**Certain Phases of a COVID-19 Alert Should Include Specific Precautions:**

1. When a COVID-19 has been detected in the United States with increased and sustained human-to-human spread:
  - a. All prospective residents and employees will be screened if they have had recent travels or close contact with other ill persons who have recently traveled to a previously affected COVID-19 area.
  - b. Infection prevention and control training will be initiated for COVID-19 Preparedness.
2. When a COVID-19 is increasing and sustaining human-to-human spread in the United States and cases are occurring in the facility's state:
  - a. All prospective residents and employees will be screened to identify exposure to COVID-19. Fever and respiratory symptoms will be screened following exposure for one to five days.
  - b. Residents, employees, contract employees, and visitors will be evaluated daily for symptoms. Employees will be instructed to self-report symptoms and exposure.
  - c. Guidelines will be established as to when infected employees can return to work.
  - d. Adherence to infection prevention and control policies and procedure is critical.
  - e. Signs will be posted to remind staff, residents and visitors of cough etiquette. Adherence to droplet and contact precautions during the care of a resident with symptoms or a suspected case of COVID-19 is a must.
  - f. The Infection Preventionist will determine when to restrict admissions and visitations. Communicate this to the affected parties.
  - g. Employees, Ambulance personnel, Physicians, Essential Vendors are instructed to utilize front door entrance for screening.
  - h. Adequate supplies of food, water, and medical supplies will be available to sustain the facility if COVID-19 occurs in the geographic region or at the facility.
  - i. Specific areas are identified for drop-off deliveries.
  - j. Residents and employees will be cohorted as necessary and limit sharing of staff.
  - k. Contingency staffing plans will be implemented as needed.
  - l. Schedule smoking times are established to allow supervised smoking, and adherence to social distancing.

This policy has been reviewed and approved by:

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DON

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