



**PEACE CARE**  
**2020: COVID-19 OUTBREAK RESPONSE/MANAGEMENT PLAN**

**Purpose:** To ensure that Peace Care manages and contains the COVID-19 pandemic through a coordinated outbreak plan that is consistent with state, federal, and regulatory standards. Since this outbreak has significant implications for routine operations to be interrupted and may require additional resources, Peace Care’s Emergency Operations Plan will be initiated, when indicated, to address management, organizational, and communication procedures.

New Jersey Department of Health has numerous resources available, including several Executive Directives issued by NJDOH Commissioner Judith Persichilli. [Click here to access the NJDOH information.](#)

**Related Policies & Manuals:**

- 1) Emergency Operations Plan 2020
- 2) Infection Control Outbreak Response Plan 2020
- 3) Infection Control Outbreak Response Plan 2020—COVID-19 Addendum
- 4) Virtual Visitation Policy
- 5) Emergency Staffing Guidelines

The COVID-19 Outbreak Response/Management Plan includes the establishment of the Peace Care Leadership Team. Peace Care Leadership Team meetings are scheduled weekly and as needed. Additionally, members of the Peace Care Leadership Team are available for consultation 24 hours/7 days week. Team members have defined roles and responsibilities over key operational and clinical services to ensure that Peace Care remains in compliance with all licensing; regulatory; and local, state, and federal guidance and requirements specifically related to the COVID-19 pandemic/outbreak.

Peace Care Leadership Team members may include, but not be limited to:

- Chief Operating Officer
- Medical Director(s)/designee
- COVID Physician Consultant
- Administrator(s)
- Nursing Director (s)/designee(s)
- Infection Preventionist
- Human Resources
- Maintenance Director(s)
- Dining Services
- Social Services
- Housekeeping Director(s)
- Admissions Director(s)



### **Definitions:**

- 1) **Pandemic:** a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no preexisting immunity against the new virus, it spreads worldwide.
- 2) **Isolating:** the process of separating sick, contagious persons from those who are not sick.
- 3) **COVID-19 Cohorting:** the practice of grouping residents who either are or are not infected with COVID-19 so as to confine their care to one area and prevent contact with other residents. Cohorting groups will be considered according to the following, as applicable:
  - i) Individuals who are showing signs/ symptoms of COVID-19.
  - ii) Individuals who have had an exposure to someone who has tested positive for COVID-19 but are asymptomatic.
  - iii) Individuals who are not sick and/or have not been exposed.
  - iv) Individuals who have recovered from COVID-19.
  - v) Individuals whose status is unknown.

Peace Care recognizes that the principles of continuous quality improvement are foundational and consistent with its mission and values. We are a community of skilled, compassionate caregivers, rooted in Catholic tradition and the values of the Sisters of St. Joseph of Peace. and extends to everyone regardless of faith. We provide care with dignity for the healing of the whole person. The commitment to quality is evident in ongoing Quality Assurance and Performance Improvement initiatives. Applying this framework to Peace Care's response to the COVID-19 pandemic outbreak, we continuously review our operations and performance to ensure that services we provide are of the highest quality and consistent with all current standards and licensing, regulatory, and/or accrediting agency requirements. In reviewing our response to the COVID-19 pandemic, we affirmed and recognized the importance of the following in successfully responding to outbreaks.

### **Lessons learned include:**

- 1) Importance of immediately executing our established Emergency Operation Plan
- 2) Importance of strong collaboration/relationships with the state and local departments of health.
- 3) Importance of staying abreast of and implementing all licensing, regulatory, accrediting, and other resources guidance as they are developed.
- 4) Importance of establishing a Peace Care Leadership Team to implement policies and procedures as it relates to the Pandemic.
- 5) Importance of strong communication processes and mechanisms both internally and externally.
- 6) Importance of ongoing education, training, and competency.
- 7) Importance of managing PPE available, optimizing equipment 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.



### **Communications:**

Peace Care utilizes multiple platforms to effectively and clearly communicate information on mitigating actions implemented to prevent or reduce the risk of transmission and provide cumulative updates to our residents, staff, families, and board members. These include, but are not limited to:

Posted information and links on Peace Care's website ([www.PeaceCareNJ.org](http://www.PeaceCareNJ.org))

- 1) Dedicated Peace Care information line (1.888.560.5995)
- 2) Use of social media platforms, such as Facebook, Twitter, LinkedIn, Peace Care website.
- 3) Written correspondence sent by email, text messaging, hand delivery, and or U.S. Mail to residents, designated patient/resident representatives, and families (as clinically indicated) and Peace Care staff
- 4) Individual verbal communication to patients/residents and designated resident representatives (as clinically indicated)
- 5) Informal meetings, shift reports, verbal communication to Peace Care staff.
- 6) Use of virtual communication, such as Video Calls, Zoom, etc.
- 7) Posted information and links on Peace Care's website (internet) as well as internal employee email.
- 8) Use of texts blasts to staff, board members, designated patient/resident representatives, and families (as clinically indicated), through EZ Texting.

### **Procedures:**

- 1) The COVID-19 Outbreak surveillance and investigation is organized under the direction of the Peace Care Leadership Team and by the COVID-19 Physician Consultant/Infection Preventionist and/or designee(s).
- 2) The Peace Care Leadership Team's schedule provides for regular meeting to drive organization-wide initiatives which ensure compliance with all licensing, regulatory, and accrediting agency requirements and federal-agency guidance until the COVID-19 pandemic outbreak has been deemed resolved.
- 3) Peace Care will inform patients/residents, their designated representatives, and families (as clinically indicated) of confirmed case(s) of COVID-19. (see communications policy)
  - a. Peace Care will inform patients/residents, their representative, and families (as clinically indicated) by no later than 5 p.m. the next calendar day following the subsequent occurrence of either each time a single confirmed infection of COVID-19 is identified or whenever three (3) or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.
  - b. Updates to patients/residents, their designated representatives, and families (as clinically indicated) will be provided at a minimum of weekly.
- 4) Peace Care will inform employees of confirmed case(s) of COVID-19.
  - a. Notification will include, but may not be limited to, appropriate transmission-based precaution signage on patient/resident rooms, signage on patient/resident rooms indicating need to see nurse for information, and/or instructions prior to entering room, 24-hour report and/or hand off communication shift report.
- 5) Peace Care will provide information and submit data to all required reporting entities related to all actions implemented to prevent or reduce the risk of transmission of COVID-19.
  - a. Notification is made to the local and state health departments, per required outbreak protocol.
  - b. Notification is made to NHSN, per required protocol.

- 6) Immediate action will be taken to the best of Peace Care's ability to implement cohorting strategies that isolate symptomatic individuals from those who may be pre-symptomatic or persons under investigation and/or individuals who do not have any symptoms.
- 7) Additional intervention strategies are reviewed and implemented whenever updated guidance is received.
- 8) In response to COVID-19 outbreak and when/if outbreak criteria have been met, the Peace Care Leadership Team will review all licensing and regulatory agency recommendations for implementation of control measures with, but not necessarily limited to, one or all of the following:
  - a. Required Line List Reporting for all patients/residents and employees who meet clinical criteria for reporting of suspected infection of COVID-19.
    - i. Monitoring of the affected unit(s) daily until further direction is provided to discontinue and outbreak is determined to be resolved.
  - b. Screening processes will be implemented and revised as needed in accordance with all licensing and regulatory agency guidance.
    - i. Employees who screen at-risk or who develop signs and symptoms of COVID-19 while on duty will be informed to immediately cease work, notify their supervisor and Human Resources, and follow up with Human Resources for return-to-work requirements.
      1. Employee return-to-work requirements will follow CDC guidance and all related licensing and regulatory agency guidance.
    - ii. All staff will be required to wear facemasks while in the facility and appropriate additional PPE as required to maintain designated transmission-based precautions.
    - iii. Any other identified essential person(s)/vendors and/or non-Peace Care employees who screen at-risk are NOT PERMITTED to enter the facility and will be referred to follow up with their own health-care provider.
  - c. Visitation will be permitted as permissible by NJDOH Executive Directive(s). Signage will be posted on all entrance doors to inform of required visitor restriction.
    - i. All visitation will be by scheduled appointment.
    - ii. All visitors will be screened prior to visitation.
    - iii. Visitors will be required to sign Informed Consent prior to visitation.
    - iv. Visitors will be educated about COVID-19 risks, hand hygiene, maintaining social distancing, and donning and doffing of PPE.
    - v. Visitation will be coordinated by assigned personnel.
    - vi. Visitors will be permitted in designated area(s) only.
    - vii. Visitation will be time-limited.
    - viii. Designated patient/resident representatives and/or families (as clinically indicated) will be notified of required visitor restriction(s) until further notice as defined by licensing and regulatory agency guidance.
      1. Alternative methods of visitation will continue to be offered and implemented including, but not limited to, virtual visits, window visits, and/or Outdoor Garden Visits.
  - d. Peace Care 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 guidelines are outlined in our Emergency Staffing binder.



- e. Education is provided to staff, patients/residents, their designated representatives, and families (as clinically indicated) related to COVID-19. Topics will include, but are not limited to, Infection Prevention and Control practices to limit exposure such as:
- i. hand hygiene
  - ii. COVID-19 signs and symptoms
  - iii. reporting of occurrence of symptoms (patients/residents and staff)
    1. Covering coughs and sneezes
  - iv. transmission based precautions
  - v. self-isolation/quarantine guidance
  - vi. maintaining social distancing
  - vii. PPE donning and doffing
    1. Face masks for health-care provider and patient/resident, especially during direct-care activities (as tolerated by the patient/resident)
    2. Face mask and eye protection for health-care provider if patient/resident is unable to tolerate wearing a face covering
    3. Strategies to optimize/preserve PPE

**Additional References and Resources:**

- [Centers for Disease Control \(www.CDC.gov\)](https://www.CDC.gov)
- [New Jersey Department of Health](#)
- [LeadingAge](#)
- [LeadingAgeNewJerseyDelaware](#)
- [New Jersey Hospital Association](#)
- [Catholic Health Association of the United States](#)
- [American Health Care Association](#)
- [Health Care Association New Jersey](#)