



## OUTBREAK RESPONSE PLAN

The Outbreak Response Plan for Peace Care St. Joseph's, a Peace Care Inc., facility, is based upon national and state standards and developed in consultation with our Peace Care Leadership Team.

**Purpose:** The primary purpose of Peace Care St. Joseph's Outbreak Response Plan is to outline a course of action if an infectious disease outbreak occurs within the facility. It further ensures that Peace Care St. Joseph's manages and contains infectious diseases through a coordinated plan that is consistent with state, federal, and regulatory standards. Since an infectious disease 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
- 2) Infection Control Outbreak Response Plan
- 3) Infection Control Outbreak Response Plan—COVID-19 Addendum
- 4) Infection Prevention and Control Policy and Procedure Manual
- 5) Visitation Policy
- 6) Emergency Staffing Guidelines

Peace Care St. Joseph's Outbreak Response Plan includes the establishment and deployment of the Peace Care Leadership Team. Peace Care Leadership Team meetings are scheduled regularly. Additionally, members of the Peace Care Leadership Team are available for consultation around the clock. Team members have defined roles and responsibilities over key operational and clinical services to ensure that Peace Care St. Joseph's remains in compliance with all licensing; regulatory; and local, state, and federal guidance and requirements.

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

- Peace Care Chief Operating Officer
- Medical Director(s)/designee
- Infection Disease Physician Consultant(s)
- Administrator(s)
- Nursing Director/designee(s)
- Infection Preventionist(s)
- Human Resources Director
- Social Services personnel
- Environmental Services Director(s)
- Admissions Director(s)

- Maintenance Director(s)
- Communications Director

**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) **Infectious Disease:** a disease (such as influenza, malaria, meningitis, rabies, tetanus, etc.) caused by the entrance into the body of pathogenic agents or microorganisms (such as bacteria, viruses, protozoans, or fungi) which grow and multiply there.
- 3) **Communicable disease:** an infectious disease (such as cholera, hepatitis, influenza, malaria, or tuberculosis) that is transmissible by contact with infected individuals or their bodily discharges or fluids (such as respiratory droplets, blood, or semen), by contact with contaminated food or water, or by direct or indirect contact with disease vectors (such as mosquitoes, fleas, or mice).
- 4) **Isolating:** the process of separating sick, contagious persons from those who are not sick.
- 5) **Cohorting:** the practice of grouping residents who either are or are not infected with an infectious disease 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 an infectious disease.
  - ii) Individuals who have had an exposure to someone who has tested positive for an infectious disease but are asymptomatic.
  - iii) Individuals who are not sick and/or have not been exposed.
  - iv) Individuals who have recovered from an infectious disease.
  - v) Individuals whose status is unknown.

Peace Care St. Joseph’s recognizes that the principles of continuous quality improvement are foundational and consistent with our 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 St. Joseph’s response to an infectious disease 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 outbreak response, 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 an outbreak response.

- 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, 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 St. Joseph's 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 our 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 St. Joseph's staff
- 4) Individual verbal communication to patients/residents and designated resident representatives (as clinically indicated)
- 5) Informal meetings, shift reports, verbal communication to all Peace Care staff.
- 6) Use of virtual communication, such as Video Calls, Zoom, etc.
- 7) Use of texts blasts to staff, board members, designated patient/resident representatives, and families (as clinically indicated), through EZ Texting.

**Procedures:**

- 1) All infectious disease outbreak surveillance and investigation is organized under the direction of the Peace Care Leadership Team and by the Physician Consultant and 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 outbreak has been deemed resolved.
- 3) Peace Care St. Joseph's will inform patients/residents, their designated representatives, and families (as clinically indicated) of confirmed case(s) and outbreak status. (See Communications Policy)
  - a. Peace Care St. Joseph's 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 case of an infection is identified or whenever three (3) or more residents or staff with new onset of 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 St. Joseph's will inform employees of confirmed case(s) and outbreak status.

- 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.
  - b. Employees will be notified of by no later than 5 p.m. the next calendar day following the subsequent occurrence of either each time a single confirmed case of an infection is identified or whenever three (3) or more residents or staff with new onset of symptoms occur within 72 hours of each other.
- 5) Peace Care St. Joseph's will update our website ([www.PeaceCareNJ.org](http://www.PeaceCareNJ.org)), at a minimum on a weekly basis, to share the status of the facility and information that helps families to know what is happening the facility.
- 6) Peace Care St. Joseph's will provide information and submit data to all required reporting entities related to all actions implemented to prevent or reduce the risk of transmission.
  - a. Notification is made to the local and state health departments, per required outbreak protocol.
  - b. Reporting is made to CDC/NHSN portal, per required protocol.
- 7) Immediate action will be taken to the best of Peace Care St. Joseph'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.
- 8) Additional intervention strategies are reviewed and implemented whenever updated guidance is received.
- 9) It is the policy of this facility to report contagious disease outbreaks in accordance with applicable laws and regulations. In response to an outbreak and when/if outbreak criteria is 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.
    - 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. Residents are routinely monitored for signs and symptoms of infectious diseases.
    - ii. Employees are routinely screened for signs and symptoms of infectious diseases.
    - iii. Employees who screen at-risk or who develop signs and symptoms 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/or all related licensing and regulatory agency guidance.

- iv. In the event of an outbreak, all staff will be required to wear facemasks while in the facility and appropriate additional PPE as required to maintain designated transmission-based precautions.
  - v. 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. This facility maintains an agreement with an outside laboratory to conduct testing.
  - d. Employees who feel ill should not to present to work. Any employee who exhibits signs or symptoms or who is in general poor health should contact their immediate supervisor and human resources prior to the start of their shift.
  - e. In the event of an outbreak of an infectious disease, the Infection Preventionist will implement/monitor outbreak response measures as included in the facility's Infection Prevention and Control Policy and Procedure Manual.
  - f. Visitation will be permitted as permissible by NJDOH Executive Directive(s). Signage will be posted on all entrance doors with notification of any visitor restrictions.
    - i. All visitors will be screened prior to visitation.
    - ii. Visitors will be required to sign Informed Consent prior to visitation.
    - iii. Visitors will be educated about the risks of infectious disease.
    - iv. Visitors must adhere to the core principles of infection prevention.
    - v. Designated patient/resident representatives and/or families (as clinically indicated) will be notified of any required visitor restriction(s) as defined by licensing and regulatory agency guidance. Alternative methods of visitation to be offered and implemented include, but not limited to, virtual visits, window visits, and/or Outdoor Garden Visits.
  - g. Peace Care St. Joseph's has established written policies and procedures to meet our staffing and training needs. Such policies are contained in our Infection Prevention and Control Policy and Procedure Manual.
  - h. Peace Care St. Joseph's 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 an outbreak of any infectious disease, or emergency among staff. These guidelines are outlined in our Emergency Staffing Guidelines.
  - i. Peace Care St. Joseph's employs a full-time Infection Preventionist. This job description is on file with Human Resources.
  - j. Infection Prevention education is provided to staff, patients/residents, their designated representatives, and families (as clinically indicated). Topics include, but are not limited to, Infection Prevention and Control practices to limit exposure such as:
    - i. hand hygiene
    - ii. signs and symptoms
    - iii. proper coughing and sneezing techniques
    - iv. reporting of occurrence of symptoms (patients/residents and staff)
    - v. transmission based precautions
    - vi. self-isolation/quarantine guidance

- vii. maintaining social distancing
- viii. 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](#)
- [LeadingAge New Jersey Delaware](#)
- [New Jersey Hospital Association](#)
- [Catholic Health Association of the United States](#)
- [American Health Care Association](#)
- [Health Care Association New Jersey](#)