



Lessons Learned from the COVID-19 Pandemic September 2020

The Emergency Pandemic Plan has been review by the facility’s Infection Control Team post the COVID-19 outbreak and below are the lessons the team learned from this experience.

1. Our Staff is our greatest resource and they deserve all of the credit and appreciation in the world for their dedication and their tireless efforts on behalf of our residents.
2. Education and Training is the foundation of the care and services that we provide. Although our staff members are well trained, they required updated training at all times to reinforce current policies and to keep them up to date on the rapid changes happening in our industry at any given time. To develop our training plans we utilize guidance and regulatory changes from a variety of sources including Center for Disease Control (CDC), Center for Medicare Services (CMS), New Jersey Department of Health, among other resources.
3. PPE to protect our vulnerable population and our valuable workforce is not guaranteed, and when assistance with obtaining PPE is available it is always prioritized to acute care settings. Our staff must be protected with the appropriate PPE for their safety and the safety of our residents. Our facility is committed to maintain an adequate “stockpile” of PPE at all times.
4. Community support is key. We were lucky enough to have the support of the Warren County Department of Health as well as the Warren County Office of Emergency Management, they were willing to share their knowledge, time and experience with us and for that, we will be eternally grateful. We are also lucky to have the support of our hospital partners and other community resources who provided ongoing support and education via weekly calls and webinars.
5. Technology is a great untapped resource. The universal use of iPad and laptop computers for resident engagement, communication between residents and family members (FaceTime, Zoom etc.), as well as telemedicine visits have allowed our residents to stay

connected to the world outside during this difficult time. Technology also allowed for quicker communication with residents, families and staff via automated calls, emails and social media platforms.

EMERGENCY PANDEMIC PLAN SUMMARY

Policy Statement

It is the policy of Warren Haven Rehabilitation and Nursing Center that advanced preparation and planning is undertaken to prepare for any emergency and that updates are made as new guidance from the local, state, and branches of the federal government become available, in an effort to mitigate the effects of the emergency. This plan is a component of the Warren Haven overall emergency and disaster-planning manual.

The Communication Plan

Warren Haven will strive to communicate available facts in a timely and responsible manner, providing updates as circumstances change, to patients, residents, family members, & emergency contacts. In the event of an emergency, the company may not always have all the facts at hand, but will strive to maintain integrity and urgency when responding to the emergency and reducing any adverse impact. The facility will prioritize accuracy and avoid speculation.

In the event of an outbreak of illness, which is each time a single confirmed infection of COVID-19 is identified or whenever three or more residents and staff with new-onset of respiratory symptoms occur within 72 hours of each other:

- An automated phone call will be initiated by 5pm the next calendar day to the responsible party of each resident.
- Weekly letters will be utilized to provide the residents and families with updates throughout the outbreak. Updates will include the number of infections and deaths at the facility.
- Authorized family members and guardians of residents infected with the pandemic infectious disease will be called at least once per day and upon a change in the resident's condition.
- Communication is by electronic means or other method selected by the authorized resident representative.

In the case where in person visitation is curtailed due to an outbreak of illness:

- Residents will continue to be able to receive phone calls via phones located in the resident room as well as any personal cell phones they may use to communicate with family members and other people who are not able to visit.
- Window visits when applicable are offered to any family who wishes to visualize their loved one while talking to them on the phone. Windows must remain closed during visits.
- Our Recreation department can schedule FaceTime and Zoom calls with residents and their loved one. Recreation staff can be available to assist during these calls as needed or the resident can sign out an iPad for their personal use.

- Weekly conference calls offered by the facility management to update residents, family members and resident representatives of the operating status of the building, activities, menus etc., so they have the opportunity to be updated and to ask questions or offer suggestions.

Emergency Communication

In the event of an emergency the facility can be reached at 908-453-7700, info@warrenhavenhc.com or via a direct message to our Facebook page.

Infection Protection Plans for Staff, Residents and Families

For staff, the protocol addresses observed and reported symptoms that would warrant a staff member staying home or being sent home, and parameters to be met for return to work. It includes the method to be used for the daily/shift monitoring of staff, and the designation of the person or positions that will be conducting this staff surveillance. Surveillance includes not only those at work, but the reasons for call-outs of staff in order to have a clear picture of the numbers of people impacted.

Containment of Virus

Containment strategies can include any and all of the following actions:

- Staff, and resident education programs on respiratory hygiene practices such as wearing of a mask and proper hand washing techniques.
- Active monitoring and enforcement of staff sick leave when ill.
- Monitoring of residents & staff for viral-like symptoms.
- Individual or room isolation, quarantine for residents with confirmed or suspected viral infections on a unit or section of a unit.
- Closure of an individual resident wing/unit or the facility to visitors and/or group activities. Areas with infectious patients are clearly demarcated with Precaution signage at the entrance to the area.
- Widespread directed use of personal protective equipment & 6 feet of social distancing is enforced.
- Enhanced, or increased frequency of cleaning routines with specialized products.
- Restriction of new admissions or re-admissions to allow only prospective patients that test negative for the virus. Patients will be quarantined for 14 days in a distinct area of the facility. Sharing of bathrooms with residents outside the cohort is prohibited.
- Residents who are re-admitted to the facility after hospitalization, will have their usual room reserved for them once their quarantine period has been satisfied.
- Temporary room changes are made in order to cohort similarly contagious residents.
- Other residents not in the cohort are prevented from entering the area due to closed fire doors between the units and staff re-direction of residents when appropriate.
- Anti-viral administration if applicable.
- Nasal washes, chest x-rays or other testing protocols for confirmation of viral type
- The facility will contact the local and regional Health Departments if cohorting of residents cannot be sustained.

Personal Protective Equipment (PPE)

The facility will arrange to have a two-month (60 day) supply of N95 and surgical masks, gowns, face shields, gloves, sanitizer and disinfectants in accordance with current EPA Guidance at the facility. The amounts are based the Center for Disease Control and Prevention (CDC) PPE burn rate calculator.

Plan updates

The facility Emergency Pandemic plan will be reviewed annually and updated with any changes. A summary of this plan is available on our website.

Facility Resources

Policy and Procedures

- Novel-Coronavirus Prevention and Response Policy
- Cohort Protocol
- Coronavirus Surveillance Policy
- COVID-19 Data Reporting Policy
- COVID-19 Testing Plan
- Disinfecting and Cleaning of Portable IT Equipment Policy
- Disinfecting and Cleaning of Resident Care Equipment Policy
- Emergency Communication Plan
- Emergency Staffing Policy
- Infection Prevention and Control Policy
- Infection Outbreak and Investigation of Communicable Disease Policy
- Isolation Precaution Policy
- Novel-Coronavirus Prevention and Response Policy
- Outdoor Visitation Policy
- Personal Protective Equipment (PPE) Policy
- Reporting Communicable Disease Policy
- Use of PPE during a Public Health Emergency Policy