

Manual Title	Infection Prevention/Control Manual
Policy Title	Bright Side Manor Out Break Response Plan
Approval	
Effective Date	05/15/2020
Review Date	
Revision Date	05/19/2020

The facility hereby revises its existing Outbreak Response Plan as follows:

A. TESTING PLAN

1. Bright Side Manor will implement a COVID-19 testing plan (Plan) for staff and patients/residents who have previously not been tested or have tested negative. "Staff" to be tested pursuant to this Directive include all direct care workers and non-direct care workers within Bright Side Manor; including but not limited to administrative, housekeeping, environmental, dietary and contracted agency staff. Residents and Staff who have previously tested positive do not need to be re-tested.

2. The Plan may be amended from time to time to be consistent with the most current CDC and DOH public health guidance.

B. TESTING PROCEDURES AND FREQUENCY

1. The Plan shall include a baseline test and one follow-up test as follow:

- a. Baseline molecular testing of Staff (as defined in A.1. above) and residents/patients completed by or before May 26,2020; and
- b. Retesting of Staff and residents/patients who test negative at baseline within 3-7 days after baseline testing.

2. Further retesting in accordance with CDC guidance, as amended and supplemented, shall in implemented in accordance with procedures implemented specifically for such retesting.

C. STAFF CONSENT, EXCLUSION FROM WORK AND RETURN TO WORK POLICIES

1. Prior to the collection of a specimen from an individual Staff member, that staff member shall sign a written authorization for release of laboratory test results to the facility so as to inform the facility's infection control and prevention strategies. Any individual Staff member who refuses to sign such authorization shall be treated as if he/she tested positive for Covid-19.

2. Staff who test positive for COVID-19 infection shall be excluded from working in the facility in accordance with CDC Guidelines: The "Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel." Staff who refuse to participate in COVID-19 testing, or refuse to

authorize release of their testing results to the facility shall be excluded from working in the facility until such time as such staff undergoes testing and the results of such testing are disclosed to the LTC.

3. Any individual Staff member who is excluded from work because they tested positive for COVID may return to work in accordance with CDC/DOH recommendations as to timeframes and requirements.

D. PLAN TO ADDRESS STAFFING SHORTAGE CREATED BY TESTING

See attached plan

E. RESIDENT CONSENT

If a resident/patient refuses to undergo COVID-19 testing, then the facility shall treat the individual as a Person Under Investigation, make a notation in the resident's chart, notify any authorized family members or legal representatives of this decision, and continue to check temperature on the resident at least twice per day. Onset of temperature or other symptoms consistent with COVID-19 require immediate cohorting in accordance with the Outbreak Response Plan. At any time, the resident may rescind their decision not to be tested.

F. TESTING

Specimen collection will be conducted by a lab, under contract with the facility. The administration of the test will be conducted by LTC RNs and LPNs or may be administered by Contracted laboratory staff, if available.

G. TEST RESULTS

1. Results for all baseline tests and retests relating to residents/patients shall be reported back to the facility's Wellness Director and his/her designee
2. Results for Staff shall be reported back to each individual Staff member and to the facility Administrator and Wellness Director.

H. REPORTING

1. The facility administrator and/or his/her designee shall submit the following reports:
 - By May 19, 2020, an attestation stating that the LTC has developed a Plan in compliance with this policy shall be submitted by email to LTC DiseaseOutbreakPlan@doh.nj.gov.
 - By May 26, 2020, an attestation stating that the LTC has implemented a Plan in compliance with this policy shall be submitted by email to LTC DiseaseOutbreakPlan@doh.nj.gov.

- Promptly after the receipt by the facility of test results, the following shall be submitted in a prescribed format through the portal designated by the Office of Emergency Management ("OEM") in Executive Order No. 111 (Murphy):
 - Testing dates;
 - Numbers of staff and residents/patients that have been tested;
 - Aggregate testing results for the staff and resident/patient populations; and
 - Any other information requested by DOH.

I. POST-TESTING PROTOCOLS

Post-testing protocols follow the facility's current policies related to cohorting of Residents according to their COVID status and decisions of when to discontinue a Resident's stay on a COVID positive unit.