

### **Lessons Learned from the Response to and Experience with COVID-19**

1. Coordination and cooperation from all departments is required to execute a comprehensive, coordinated, and timely COVID response.
2. Train-the-trainer is an effective method to disseminate information rapidly to a large number of staff.
3. An adequate stockpile of personal protective equipment (“PPE”) per cohort group must be maintained.
4. In a rapidly changing situation, we need to be vigilant of ever-shifting CDC guidelines.
5. Signage throughout the building on appropriate PPE, correct donning and doffing of PPE, hand hygiene, and physical distancing reinforce infection control efforts.
6. It is important to communicate with residents and family including via the facility’s website or robocalls. *(08/06/2021)*

### **Communication with Staff, Residents, Families or Guardians**

1. Cumulative COVID data, updates, and other information is available at [woodlandbehavioral.com](http://woodlandbehavioral.com).
2. In addition, by 5 P.M. the next calendar day following the occurrence of either the identification of a single confirmed infection of COVID-19, or the occurrence of new-onset of respiratory symptoms in three or more residents or staff with within 72 hours of each other:
  - a. Residents will be notified by posting on each wing an update on newly identified case(s); *(10/19/2021)*
  - b. Residents’ families or representatives (legally responsible persons) as well as staff will be notified via robocalls (automated phone calls that deliver a recorded message) conveying a Coronavirus update -- whether a confirmed infection of COVID-19 has been identified or there is a new-onset of

respiratory symptoms in three or more residents or staff within 72 hours of each other -- and providing a telephone number to call in case of questions.  
*(10/23/2020)*

- c. If there is a change of resident’s medical condition, whether the resident is exposed, symptomatic or has tested positive for COVID-19, the Nursing Department shall inform the resident and call the attending physician as well as family or guardian of the resident regarding resident’s change of condition or test results, if any;
3. Mitigating actions to prevent or reduce the risk of transmission include the following:
- a. No non-essential personnel should enter the building. All individuals who enter the building outside of regular staff, including EMS transporters taking patients for appointments, dialysis, *etc.*, are strongly encouraged to be rapid antigen tested in the Reception area before they enter; *(08/06/2021)*
  - b. 911 responders and EMS personnel in an emergency do not need to be tested to enter the building;
  - c. Residents are strongly discouraged from leaving for an out-of-the-facility visit:
    - i. If they insist, whoever is picking them up is strongly encouraged to be rapid antigen tested in the Reception area before they take the resident; *(08/06/2021)*
    - ii. If this individual tests positive, they are not permitted to take the resident;
    - iii. Upon return to the building from a visit, if the resident is not up to date with COVID vaccination AND exposed to COVID-19, resident will be observed in the yellow quarantine unit for 7 days if resident tests negative in the last 48 hours of the 7 days, or 10 days otherwise. If there is no yellow bed available, the family must keep the resident until a bed is available; *(03/18/2022)*
    - iv. An “informed consent” form must be signed by family, detailing the above;
  - d. Staff and any other person allowed entry will be screened daily;
  - e. In the event of a widespread outbreak in the building, resident wings will be on lockdown and residents will be on quarantine;

- f. Communal activities such as dining and recreation may be halted during an outbreak investigation;
- g. Each resident wing will be provided with a cellphone to make or receive phone calls;
- h. Cohort wings will be implemented;
- i. For COVID-positive residents:
  - i. A separate area of the building will be utilized that has its own entrance and exit for staff; (08/17/2021)
  - ii. Resident(s) in this separate area will be cared for by dedicated staff who will not be assigned to work on any other unit. (08/17/2021)
- j. There will be dedicated equipment on yellow and red units;
- k. Disposable food trays, plates, and utensils will be utilized on yellow and red units;
- l. Physical barriers such as privacy curtains will be utilized at all times within yellow and red units;
- m. Vital signs of residents will be monitored daily or every shift as may be indicated per COVID CALI level;
- n. Signage on PPE, hand hygiene, and physical distancing will be posted throughout the building. Signage on PPE shall include the following information:
  - i. Green wing – surgical mask and face shield or eye protection in accordance with CDC guidance;
  - ii. Yellow wing – surgical mask over N95 mask, face shield or eye protection, and while in the resident room, isolation gown, and gloves; discard surgical mask, gown and gloves, and disinfect or discard face shield between resident rooms and before leaving the yellow unit – in accordance with CDC guidance;
  - iii. Red wing – surgical mask over N95 mask, face shield or eye protection, isolation gown, and gloves; discard surgical mask and all PPE and disinfect or discard face shield or goggles before leaving the red unit – in accordance with CDC guidance.
- o. Universal source control via masking in accordance with CDC guidance will be strictly enforced at all times. Surgical masks shall be used, unless on a yellow or red unit where at minimum N95 masks shall be donned; *Provided*, however, that when there is widespread Covid activity in the building, then

- universal N95s will be used. Cloth masks are not permitted. Further, unvaccinated or staff who are not up to date with COVID vaccines are required to wear N95 mask in the building;
- p. When required to wear N95 mask, staff will get new N95 daily or as needed due to soilage, breakage, or loss;
  - q. In addition to source control and other infection prevention and control measures, universal eye protection shall be required for all staff and visitors unable to maintain social distancing when the NJDOH CALI Level is Very High/High or Moderate; (Updates to *NJ DOH Executive Directive No. 20-026 [amended January 6, 2021]*)
  - r. Active surveillance of unvaccinated staff, staff who are not up-to-date with COVID vaccination, and any exposed staff or residents will be conducted; and
  - s. Staff are encouraged and educated to stay home if not feeling well.
4. To notify residents, their families or guardians, and staff about any infectious disease outbreaks, mitigations taken, and available modes of virtual communication in case of restricted visitation, the facility will communicate the following manner:
- a. The facility will post on the website cumulative and daily updates, if any, as well as a summary of the mitigating actions being taken;
  - b. A communication board will be posted by the time clocks and on the units and will provide data including number of positive or PUI cases and COVID-19/cohort status (red and/or yellow unit(s)), as needed; (*10/19/2021*)
  - c. The facility will in-service and re-educate staff as needed.

## **Virtual Communication between Residents and Families/ Representatives**

**POLICY:** The facility shall provide a cellphone for each wing for communication between residents and their families or representatives in the event of visitation restrictions due to an outbreak of infectious disease or in the event of an emergency.

**STAFF INVOLVED:** Security staff, Social Services Assistant/Family Liaison

**PROCEDURE:**

1. **Hours - Cellphone family calls will be at 10:00 A.M. – 8:00 P.M.**
2. **Custody** – During the hours designated for cellphone family calls, Security staff will have custody of the cellphone for resident use as follows: (updated 01/14/2021)
  - a. South 2 – Security staff on the unit has custody of a cellphone designated for the exclusive use of the residents on the isolation unit, South 2;
  - b. 2<sup>nd</sup> Floor – Security staff has custody of one (1) cellphone for use by residents on West 2, North 2, and East 2;
  - c. 3<sup>rd</sup> Floor – Security staff has custody of one (1) cellphone for use by the residents on the 3<sup>rd</sup> Floor;
  - ~~d.~~ 1<sup>st</sup> Floor – Security staff has custody of one (1) cellphone designated for residents on North 1 and East 1.
3. **Answering phone call** – Unless assisting with a resident behavior situation, Security staff shall answer any incoming phone call and take the cellphone to the resident. If resident is asleep or unable to receive the call, staff shall politely inform the caller that the resident is unable to take the call and ask the family member or representative to call back -- or note the name of caller, phone number, and name of the resident being called, and call back when possible.
4. **Voicemail check; return call** – Security staff must check for messages on the voicemail, assist with returning the call of the family member or representative and take the phone to the resident.
5. **Protocol on charging, safekeeping, and distribution of cellphones:**
  - a. Every day after 8:00 P.M., evening Security Supervisor will collect all cellphones and chargers except for the 1<sup>st</sup> Floor phones which stay on the med carts, disinfect them, and bring the cellphones to the Lobby to be charged overnight and locked in a designated area.
  - b. Receptionist on evening shift will secure the designated cellphone storage area before leaving.
  - c. At 7 A.M., Security Supervisor will distribute the cellphones to the designated staff.

6. **Phone load/credit** – Social Services Assistant will obtain funds from Corporate Accounts Payable to purchase pre-paid phone cards good for thirty (30) days.
7. If for any reason, a cell phone and/or charger is missing, please communicate with Management as soon as possible.

#### **SANITIZING THE CELLPHONE - PROCEDURE:**

1. Perform hand hygiene.
2. Before using the cellphone for a call for resident, wipe down the phone with disinfectant wipes. Be careful as to not get wet the Micro-USB-B or Micro-USB-AB receptacle where the Micro-USB connector part of the charger is plugged.
3. Immediately after use of the cellphone, wipe down the cellphone with a disinfectant wipe.
4. Dispose of the disinfectant wipe in resident trash cans after use of said wipes to prevent carrying infectious materials from room to room.
5. Follow product cleaning instructions and allow product to remain on the surface for the recommended time or until dry.
6. Perform hand hygiene.

### **Crisis Capacity Strategies to Mitigate Staffing Shortages**

From CDC – last reviewed April 13, 2020; updated 04/17/2020; 08/27/2020

When staffing shortages are occurring, healthcare facilities and employers (in collaboration with Human Resources Department and occupational health services) may need to implement crisis capacity strategies to continue to provide patient care in accordance with CDC guidance.

As part of crisis capacity strategy to mitigate staffing shortage and thus continue to provide resident care, the Facility will take the following steps:

1. Utilize staffing agency(ies) under contract to augment the work force in the building, if available;

2. Offer bonuses and increased pay to incentivize our staff to cover shifts;
3. Convert 8-hour work shifts to 12-hour work shifts to extend wing coverage by nurses in the building;
4. Deploy office licensed nursing staff to the floor;
5. Reapportion CNA assignments to cover more residents in accordance with CDC guidance;
6. Bundle duties/assignments to limit exposures and optimize the supply of PPE in accordance with CDC guidance; and
7. Cross-train staff to conserve resources and/or to enable to continue providing necessary services in accordance with CDC guidance. For instance, Security and Maintenance staff will cross-train and help perform non-direct care services such as cleaning and other housekeeping functions.

**When there are no longer enough staff to provide safe patient care:**

1. Implement regional plans to transfer patients with COVID-19 to designated healthcare facilities, or alternate care sites with adequate staffing in accordance with CDC guidance.
2. If not already done, allow asymptomatic healthcare personnel (“HCP”) who have had an unprotected exposure to the virus that causes COVID-19 to continue to work in accordance with CDC guidance.
  - a. These HCP should still report temperature and absence of symptoms each day before starting work in accordance with CDC guidance.
  - b. Unless there is widespread Covid activity in the building warranting universal N95 mask use, surgical facemask should be used by these HCP for source control in accordance with CDC guidance.
  - c. HCP shall refer to the facility policy regarding *universal source control* in accordance with CDC guidance during the pandemic.
    - i. A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19.

- ii. Of note, N95 or other respirators with an exhaust valve might not provide source control.
3. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing in accordance with CDC guidance.

**If shortages continue despite other mitigation strategies**, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough to work but have not met all ***Return to Work Criteria*** to work, in accordance with CDC guidance.

If HCP are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (*e.g.*, transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:

1. If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (*e.g.*, patients or other HCP), such as in telemedicine services, in accordance with CDC guidance.
2. Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting, in accordance with CDC guidance.
3. Allow HCP with confirmed COVID-19 to provide direct care for patients with suspected COVID-19, in accordance with CDC guidance.
4. ***As a last resort***, allow HCP with confirmed COVID-19 to provide direct care for patients *without* suspected or confirmed COVID-19, in accordance with CDC guidance.

**If HCP are permitted to return to work before meeting all *Return to Work Criteria***, they should still adhere to all ***Return to Work Practices and Work Restrictions*** recommendations described in that guidance. These include:

1. Always wear a surgical facemask, or N95 mask when there is widespread Covid activity in the building, for source control and eye protection while in the healthcare facility in accordance with CDC guidance.
  - a. HCP should refer to the facility policy regarding ***universal source control*** in accordance with CDC guidance during the pandemic, in addition to universal eye protection where social distancing is not possible.



2. A surgical facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
3. Of note, N95 or other respirators with an exhaust valve might not provide source control.
4. They should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
5. Facemasks should be worn even when they are in non-patient care areas such as breakrooms in accordance with CDC guidance.
6. If they must remove their facemask, for example, to eat or drink, they should store their facemask in a paper bag and separate themselves from others.
7. They are restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full **Return to Work Criteria** have been met in accordance with CDC guidance.
8. They must self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen in accordance with CDC guidance.