

POLICY/PROCEDURE TITLE: COMMUNICATION POLICY--COVID-19				Category: Emergency Preparedness/Response		Total Pages __ 5 __	
Issue Date: 6/10/2020		Approved by: Administrator Reviewed by: Director of Nursing		Responsibility: <ul style="list-style-type: none"> ▪ Oversight and application - Administrator ▪ Implementation - Director of Nursing, designated clinical and administrative staff 			
Reviewed	9/4/20	11/14/20					
Revised	9/23/20	11/20/20					
Distributed	9/25/20	12/31/20					
Associated Policies/Procedures: COVID-19 Outbreak Response Management Plan Statement; All Hazard Emergency Response Communications Plan							
Questions/clarifications should be directed to: Administrator							

STANDARD/REFERENCE

CMS 483.80(g)(3)(i)-(III) – F855, Reporting to Residents, their Representatives and Families
 CMS 483.80(g)(1)-(2) F884-Reporting to the CDC
 NJDOH Executive Directive No. 20-026-1, Resumption of Services in all Long-Term Care Facilities (10/20/20 Update)
 N.J.S.A. 26:2H-12.87 Family Notification of Disease Outbreak

POLICY/PURPOSE STATEMENT

In accordance with our COVID-19 Response Management Plan, as well as requirements established by NJDOH and CMS, the BCHCC will provide ongoing communication regarding the operational status of the facility during any outbreak to all relevant stakeholders. Due to the critical nature of a COVID-19 outbreak, the timeline, manner and content of communication will align with established guidance and include all relevant stakeholders, including those responsible for direct care delivery, as well as family members and the general public. All notifications and communications will be maintained electronically and in hard copy with other COVID-19 response documents for compliance validation and reference. This policy outlines the procedure for information sharing and critical notifications.

RELEVANT DEFINITIONS/ABBREVIATIONS

BCHCC = Bergen County Healthcare Center
 CDC = Centers for Disease Control and Prevention
 CDRSS = NJ Communicable Disease Reporting and Surveillance System
 CMS = Center for Medicare and Medicaid Services
 NHSN = National Healthcare Safety Network
 NJDOH = New Jersey Department of Health
 NJHA = New Jersey Hospital Association

PROCEDURE(S)

In accordance with CMS Guidance, the CDC National Healthcare Safety Network (NHSN), and Executive Directive 20-026, and in a continuous effort to provide effective communication to our healthcare partners, stakeholder groups, resident families/significant others, as well as the general public, the information sharing/notification practices listed herein will be implemented immediately.

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A. BCHCC Internal/Healthcare Partner Notifications

1. The Administrator and/or Director of Nursing will assure that all department heads, employed and contract staff, physicians and other relevant clinicians are notified of all current NJDOH, CDC and CMS mandates and requirements to ensure awareness and to provide ongoing quality of care to our residents.
2. All pertinent COVID-19 information from NJDOH/CMS/CDC will be reviewed, shared with applicable staff and maintained with COVID-19 response documents for reference and policy development.
3. Copies of all BCHCC policies developed for COVID-19 response will be distributed to all nursing units and to all department heads for awareness and consistent implementation of our infection control interventions.
4. Notifications to staff, physicians and other relevant clinicians regarding changes in status will be accomplished within 24 hours of any change and no later than by 5 PM the day following any such change. Such notification will occur:
 - a. Each time a single confirmed infection of COVID-19 is identified; **or**
 - b. Whenever three or more residents or staff present with new onset of respiratory symptoms occur within 72 hours of each other.
5. Status information to be listed within each notification will include:
 - a. Updated data on COVID-19 positive and suspected cases within resident or staff populations;
 - b. Recent deaths related to COVID-19.
6. Notifications may be done via internal memo or e-mail and followed up by in person communication during unit rounds by leadership staff and supervisors to ensure all notifications and policy revisions concerning protocols are effectively communicated and implemented.
7. The same information will be provided to ambulances and hospitals when residents are being transported.
8. Nursing staff on each cottage will be responsible for maintaining a communications memo book. This book will contain copies of communication memos sent out to families and/or staff. There is a sign in sheet in the book for staff to initial, indicating that each staff member has read each new memo that has been issued.
9. In-service education regarding COVID-19 resident care will be provided to each unit and/or other business area of the facility (as needed) as opposed to a classroom setting to ensure ongoing safety of our staff and residents.
10. The administrative team is available to all staff for any questions or clarifications relative to COVID-19 policies and notification practices.

B. Information sharing: Family Members/Guardians/Significant Others

1. Notifications to resident family members/significant others regarding changes in COVID-19 status at the facility will be accomplished within 24 hours of any change and no later than by 5 PM the day following any such change.
 - a. Administrator will direct a representative of Nursing or Social Work to contact the family/guardian/significant other of any resident identified with any change in condition (e.g. COVID-19 suspect, or positive test) on the date of that change. A validating note will be documented in the medical record.
 - b. Administrator will direct a representative from Nursing or other appropriate clinician to notify the family/guardian/significant other of any resident who has a change in condition consistent with clinical decline which may require transfer to hospital and or implementation of Advance Directives. A validating note will be documented in the medical record.
 - a. Family/guardian/significant other of those residents who decline and expire in the facility will be notified of such occurrence as soon as practicable. A validating note will be documented in the medical record.

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2. The Administrator or designee will also routinely send letters to family members and significant others to inform them of the BCHCC's current status and the care provided to our residents relative to COVID-19. This information will include the protocols currently in place to prevent transmission and updates on infections within the facility. The focus of these communications is to allay fears and promote confidence in the quality of care BCHCC continuously delivers to our residents. Communication to families will not violate HIPAA regulations, but will provide an overview of information related to our infection control practices and compliance with regulatory processes. Per CMS Directives, the following data will be included in these communications:
 - a. Number of deaths in the BCHCC;
 - b. Number of COVID-19 positive cases;
 - c. Number of suspected cases;
 - d. Testing protocols;
 - e. Number of staff who have been identified or are suspected of COVID-19 infection.
- *Additional information about the general operations and activities within the facility may also be included.
3. BCHCC will display on its website and include in our communication to resident families/guardians/significant others, and the general public, a phone number or method of communication for urgent calls, complaints or concerns.
4. A Social Worker has been assigned as the primary contact to families for any inbound calls. Additionally, the social worker will establish a set schedule at least one day a week for "virtual office hours." During these times families and others can call in to hear about happenings at BCHCC and ask questions, make suggestions, and voice concerns. Summary reports from will be generated from these virtual sessions and shared with the appropriate operational area of the facility.
5. Additionally, a system of, and schedule for, virtual communication is established through which families/guardians/significant others can maintain awareness about facility COVID-19 status, as well as to stay in contact with the facility staff and residents. Invitations containing agendas and access information to virtual 'family circle' meetings will be sent to relevant stakeholders prior to each meeting. BCHCC has the capability to communicate via Webex, Skype and/or other virtual meeting methods. Routine postings to the BCHCC website, and voicemail messages on our primary telephone line will also provide current information.
6. BCHCC will also use its website to share the COVID-19 status of the facility, and include other general operational information that helps families and others know what is happening at the facility (e.g. food menus, schedules activities, etc.).

C. Information Sharing: Community/General Public

1. BCHCC will assign staff as available to provide weekly updates via our website and/or Facebook page. Information may also be shared with the community/general public in a variety of other ways, including:
 - a. Voice mail messages on the facility's primary call-in telephone number;
 - b. Skype and video messages if appropriate and requested;
 - c. E-mail responses to inquiries;
 - d. Designated stakeholders may also be invited to participate in the weekly video/tele-conference held with families. During this time participants will be informed about happenings going on at BCHCC and are able to ask general questions or make suggestions;
 - e. All information distributed to the community/general public will first be vetted through the Bergen County Public Health Officer and other assigned County Administration processes;
 - f. Primary contact for information sharing will be the Administrator or the Director of Nursing. Other individuals may be designated to fill this position as needed.

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2. Updates to community and public messaging will include:
 - a. Number of any new COVID-19 cases;
 - b. Number of residents known positive or suspected;
 - c. Number of Hospital Admissions with positive COVID-19;
 - d. Number of deaths related to the virus (staff and resident);
 - e. COVID-19 testing information;
 - f. Facility infection control practices for preventing transmission and contact/droplet isolation precautions consistently implemented.

**The BCHCC website can be found on the Bergen County's homepage and will house the latest family e-mail correspondence, as well as current activities and other appropriate operational news. Facility contact information, as well as special events involving the BCHCC will be posted to the website.*

D. Information Sharing: Resident Communication

1. New residents admitted to the BCHCC, and/or their responsible parties, will be informed about the COVID-19 status of the facility. They will be provided with the following information:
 - a. Current COVID-19 cases;
 - b. BCHCC protocols for infection prevention and transmission interventions;
 - c. Safety and protection measures in place for our residents;
 - d. CDC Fact Sheet with signs and symptoms of the virus
 - e. Current facility visitation policy and procedure;
 - f. Ways in which communication between resident and family members can be maintained.
2. Residents with capacity will be informed of their clinical condition by their physician during visits, as well as during daily assessments and conversation with Nursing staff.
3. During the pandemic, resident council meetings will not be held in person. Instead, resident council comment forms will be distributed to residents for completion. Staff will assist residents with the completion if the forms as needed. The results will be summarized by activity staff, shared with residents and distributed to relevant departments for comment and action.
4. Residents will be updated by assigned staff regarding the BCHCC status and care protocols relative to COVID-19, and be made aware of the data released to the public.
5. Resident Council meetings will continue to have attendance and minutes regarding topic of conversations and resident concerns. Residents will be encouraged to voice questions and or concerns in order for the staff to best meet the needs of the residents.
6. When deemed appropriate, Resident Council meetings will be held on individual units and/or centrally located while maintain social distancing.
7. The BCHCC Social Workers and Psychologists will continue to provide visits to the residents in order to meet the psycho-social needs. All visits will be documented in the medical record for validation.

E. Facility Required Reporting Updates

CDC Reporting

1. The BCHCC will assign staff as available to provide weekly data updates to CDC via the NHSN Portal twice a week following the directives from CMS. This information will include the following data on the status of COVID-19 cases and facility response management:
 - a. BCHCC census and vent unit capacity as applicable;
 - a. Number of residents known positive or suspected;
 - b. Number of staff known positive or suspected;

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- c. Number of hospital admissions with positive COVID-19;
- d. Number of resident deaths related to the virus, as well as data related to staff illness/deaths related to the virus;
- e. Staffing data as required and criteria testing of staff and residents;
- f. Status of PPE equipment and supplies including hand hygiene practices and availability;
- g. Status of overall BCHCC infection control and transmission precautions.

NJDOH Reporting

- 1. The BCHCC will continue to report daily to NJDOH via the NJHA portal:
 - a. All required data updates regarding COVID-19 cases daily;
 - b. Any clusters of Respiratory cases of 3 or more residents in a 72 hour period;
 - c. Critical PPE stockpile levels.
- 2. The BCHCC will provide routine and as required reports to the BCDHS containing information to be uploaded to the NJDOH CDRSS.

Key Point:

This policy is open for revision at any time as the pandemic protocols change and new requirements are identified by NJDOH, CMS, CDC, and local public health authorities.