



## Fellowship Village's Outbreak Response Plan

### Purpose:

The purpose of Fellowship Village's Outbreak Response Plan is to provide guidance to all team members, residents and their family members or representatives about response protocol to appropriately address and prevent the spread of an infectious disease outbreak within our organization. This Outbreak Response Plan is driven by our Assessment of potential infectious disease hazards and is a key part of FSL's Emergency Response Plan and Infection Prevention and Control Program (IPC Program). The leadership of Fellowship Senior Living ensures that our team is accountable for the effectiveness of this response plan.

### Policy:

It is the policy of Fellowship Senior Living to pro-actively enact infection prevention and control measures to appropriately respond to outbreaks of infectious disease within the community based on recommendations from the Centers for Disease Control (CDC), the Centers for Medicare and Medicaid (CMS), New Jersey Department of Health (NJDOH) and AHCA.

### Goal:

The overall goal of this plan is to protect the well-being of all residents, their family members or representatives and team members by minimizing the incidence of infectious disease and preventing or containing spread based on adherence to prevention protocol.

### Definition:

**“Outbreak”** - The Centers for Disease Control and Prevention (CDC) defines an **“outbreak”** as “the occurrence of more cases of a disease than would normally be expected in a specific place or group of people over a given period of time. **Outbreaks** can range from food poisoning to enterovirus to seasonal flu and COVID-19.” Some infections are so uncommon, and or severe that the identification of one case would represent an outbreak. The NJ State Department of Health also identifies an “outbreak” as “any unusual occurrence of disease or any disease above background or endemic levels.

**“Communicable Disease”** – Any disease that spreads from person to person through:

- Direct contact
- Contact with contaminated surfaces
- Improper hand washing or sanitizing
- Sneezing or coughing on or near others

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#### Fellowship Village Life Plan Community (CCRC)

- Independent Living
- Assisted Living
- Memory Care
- Skilled Nursing
- Sub-Acute Rehabilitation
- Outpatient Rehab & Wellness

#### Fellowship At Home Services

- Long-Term Care Plans
- Therapy at Home
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- Concierge
- Care Management Services
- Hospice



### **Infection Prevention and Control Practices:**

Proper infection prevention and control practices are practiced by team members to minimize communicable disease outbreaks and those related to contaminated food or water.

The priority is to implement an early, prompt plan of response in the event of a public health emergency in the surrounding community as was necessary for the COVID-19 pandemic.

Other outbreak types within skilled nursing and assisted living settings include:

- Respiratory Infections, e.g., Influenza, RSV, Adenovirus, Human Meta-pneumovirus, Rhinovirus, Parainfluenza
- Gastrointestinal Infection, e.g.,
- Scabies

### **Infectious Disease Surveillance:**

The **Infection Preventionist** is responsible for conducting surveillance in accordance with our Infection Prevention and Control Program. Outcome surveillance is conducted for healthcare-associated infections and epidemiologically significant infections which can have significant potential impact on resident outcomes. Active monitoring for seasonal illness is also prioritized. In addition, process surveillance is enacted to evaluate the integrity of infection prevention and control measures. Surveillance monitoring is reported to the Infection Prevention and Control, Antibiotic Stewardship and QAPI Committees.

The **Medical Director** with the support of an Infectious Disease Specialist as necessary, provides direct surveillance oversight and interpretation and advises the Infection Preventionist and healthcare team regarding resident and system specific plans of action.

The **interdisciplinary healthcare team** also monitors residents for prompt recognition of infectious diseases. CDC criteria for infections, i.e., respiratory, GI, UTI, and skin/soft tissue serve as a reference. Suspected infections are reported to the Attending Physician, and Infection Preventionist. The Infection Preventionist coordinates appropriate infection control protocol and consults with the Medical Director and Infectious Disease Specialist as necessary regarding the course of action.

The Infection Preventionist educates the healthcare team annually about infection surveillance responsibilities including identification of infections and immediate reporting requirements for any suspected infection.

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### **Reporting of a Suspected Outbreak:**

A respiratory or gastrointestinal outbreak may be present or evolving if surveillance indicates the below.

- More than one resident in the same suite, household, wing or group activity present with similar type symptoms.
- Two or more residents develop illness (respiratory or gastroenteritis) within 72 hours of each other
- An increase in team member absence occurs with many reporting similar symptoms

The Infection Preventionist refers to NJDOH and CDC outbreak definitions.

- Below are criteria to determine a COVID-19 outbreak:
  - One positive resident case
  - Two or more positive team members within 14 days

As soon as an outbreak is identified or suspected within the resident population and Infection Preventionist/designee and Physician are to be notified immediately.

The Infection Preventionist communicates the suspected outbreak to Administration including the Medical Director and Director of Nursing.

### **The Infection Preventionist will report confirmed and suspected outbreaks to:**

- Bernards Township Health Department at 908-204-2520 during regular business hours M-F.
- NJDOH at 609-826-5964 (M-F 8am to 5pm) and at 609-392-2020 (After 5pm and on holidays and weekends) after Bernards Township Health Department business hours or if this department cannot be reached the same day

#### **-And to:**

- NJ Division of Health Facilities Evaluation and Licensing at 609-292-0412 if the outbreak is in Assisted Living

For reporting purposes, the Infection Preventionist also will refer to NJDOH's "Reporting Requirements for Communicable Diseases and Work-Related Conditions".

Team members will follow protocol for:

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- Early detection of an outbreak
- Preventing transmission through infection control interventions
- Monitoring morbidity and mortality
- Identifying the pathogen or organism responsible for the outbreak
- Using antiviral agents to help control and minimize outbreaks

Adherence to the above protocol facilitates these purposes:

- Control of disease spread
- Identify and eliminate infection source, e.g., contaminated products
- Uncover emerging problems and evaluate them
- Determine and mitigate a carrier's part in transmitting disease
- Enact new interventions effective toward disease prevention

### **Case Investigation and Outbreak Steps:**

Upon notification, the NJDOH assigns an "E" number to the outbreak which must be used for all outbreak communication and any laboratory samples.

The Infection Preventionist serves as the liaison between Bernards Township Health Department, the state epidemiologist and Fellowship Village. An investigation is initiated based on guidance from these public health officials.

The Infection Preventionist is responsible for coordinating all aspects of an outbreak investigation. Fellowship's leadership and administrative team will provide support to the Infection Preventionist in terms of planning and resources to complete an investigation.

An outbreak investigation is completed according to the below steps as outlined by the NJDOH and under the guidance of the Bernards Township Health Department:

1. Confirm that an outbreak exists
2. Verify the diagnosis using clinical, epidemiological and lab test information considering seasonal disease occurrence
3. Develop a case definition based on clinical and laboratory criteria
4. Perform active surveillance
5. Document cases in a line list
6. Identify and eliminate transmission sources when possible
7. Enact control measures, balancing infection control concerns with disruption of residents' quality of life routines
8. Evaluate effectiveness of control measures and modify as needed
9. Summarize investigation in a report to communicate findings.

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The Bernards Township Health Department may assume decision-making and coordination functions toward completing the investigation.

### **1. Confirmation of an Outbreak:**

Infectious disease outbreak criteria from the NJDOH is referenced to confirm outbreaks within the organization. The criteria address respiratory, gastrointestinal, skin, and other types of systemic outbreaks, such as, measles.

### **2. Diagnosis Verification:**

Causes of illness or symptoms including any noninfectious causes will be identified based on history, physical assessment, and, lab results. Consideration is given to the time of year in correlation with presenting symptoms, e.g., in evaluating the presence of Influenza.

As soon as a resident is suspected to have an infectious disease, the clinical team will implement the appropriate transmission-based precautions for the organism. The Infection Preventionist will be consulted for direction as necessary.

The Attending Physician/NP will assess residents who are ill from the suspected outbreak as soon as possible and treatment and precautions will be ordered as indicated. (A full-time NP is employed by the organization.)

Completion of specialty lab testing will be coordinated with the contracted lab provider which is available 24 hours, 7 days per week. Rapid flu swabs are also provided by the lab for on-site testing. The state's Public Health and Environmental laboratory (PHEL) and other FDA approved labs may also assist with facilitating lab testing and, or transportation of specimens.

NJDOH's "Instructions for Collection, Testing, and Shipping of Respiratory Virus Specimens" serve as a reference for the timing and process of respiratory specimen collections. Instructions may also be referenced from the NJDOH about collecting, packaging, and submitting specimens for Norovirus and Enteric Bacterial Pathogen Testing at New Jersey Public Health and Environmental Laboratories (PHEL).

### **3. Develop a Case Definition:**

A case definition is completed to describe criteria that a person must meet to be counted as part of the outbreak. Criteria for developing a case definition include:

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- Person – Signs and symptoms residents share in common
- Place - Location(s) associated with the outbreak
- Time - Time period of illness onset and duration for cases identified in outbreak

The Bernards Township Health Department and, or NJDOH epidemiologist in collaboration with the Infection Preventionist will complete the outbreak case definition.

#### **4. Performance of Active Surveillance During Outbreak:**

- The Infection Preventionist will actively monitor for new and past outbreak cases (previously unrecognized) among residents and team members.
  - ✓ Lab testing for infectious disease is done as soon as any additional new cases of illness are identified so that appropriate treatment may be instituted. The incubation and contagious periods are determined and tracked. Surveillance is increased to daily until the outbreak ends. The end of an outbreak occurs after 2 incubation periods have passed without a new case.

#### **5. Documentation of Line List:**

- The Infection Preventionist will create and concurrently update a line list with each confirmed and suspected resident. Team member cases are recorded on a separate line list. The line lists serve as a tracking mechanism to monitor the status and progress of the outbreak. Only those cases meeting the infectious disease signs and symptoms are included on the line list.
  - ✓ The Bernards Township Health Department in consultation with the NJDOH epidemiologist may recommend infection control measures based on line list review.
  - ✓ (An epidemic curve (Epi-curve) can be created from the line list that shows the number of cases of illness by onset date. This helps to understand the scope of outbreak, transmission pattern, exposure and, or incubation period and the impact of control measures.)
  - ✓ The line list and Epi-curve provide pertinent data to determine factors that the outbreak cases share, e.g., related to medical and or rehab equipment, culinary facilities, environmental exposures, and care provider health and practices.

#### **6. Identification and Elimination of Potential Transmission Sources:**

- Potential outbreak transmission routes may be determined by noting physical locations of confirmed cases on a floor plan of the impacted area and that of assigned team members.
- Removal of Team Members Who are Ill:

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- ✓ **Team members who are feeling sick or having symptoms of infectious disease must not report to work. If illness develops at work, the team member must immediately stop work and be sent home.** Team members are educated to notify their supervisors of illness onset. Supervisors are also trained to observe team members for signs or symptoms of illness.
- ✓ The Infection Preventionist/designee will educate team members about the outbreak including control measures and precautions, and absentee requirements when sick.
- ✓ The supervisor will inform the Infection Preventionist if a team member has signs and symptoms of potential infectious disease and is absent or leaving from work. If on-site testing is available, e.g., rapid influenza testing, the team member may first be tested via proper precautions. Team members will be recommended to obtain medical care as needed.
- Track Team Member Absenteeism:
  - ✓ When team members are absent from work, inquiry is made about their symptoms.
  - ✓ Team members are instructed not to return to work until at least 24 hours after fever subsides and they no longer have other acute symptoms. This time frame may change based on the infectious disease case definition, such as, for COVID-19. Seventy-two hours must pass after fever with significant improvements in symptoms before return to work.
- Notification of Receiving Providers:
  - ✓ Emergency personnel and other receiving providers, e.g., hospitals and specialty practices, will be informed of both transferring residents with or suspected of infectious disease and those who were exposed. As possible, ill and exposed residents should only be transferred as medically necessary.

## 7. Enactment of Outbreak Control Measures:

- The Infection Preventionist with the support of the leadership team will coordinate efforts to implement infection control measures and precautions within the organization to prevent or minimize an outbreak. Adherence to control measures will be monitored on an ongoing basis. Basic control measures include:
  - Cohorting:
    - ✓ Residents and team members will be cohorted according to resident neighborhood or team members may be co-horted based on place of work if in non-resident areas. Residents and team members from each co-hort

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will be separated from the other co-horts as best possible to prevent new exposure.

Primarily, 3 co-horted groups will be created as noted below:

1. “Ill”
2. “Exposed” (no symptoms but illness may be incubating)
3. “Not ill/not exposed”

- ✓ Equipment and supplies are also co-horted according to neighborhood of resident /team work area.
  - ✓ Communal activities are temporarily stopped to prevent the mixing of cohort groups, e.g., suspension of communal dining and life enrichment activities and events where residents normally intermingle.
  - ✓ New admissions may not be permitted if the ability to cohort is not feasible due to staffing and, or logistics perspectives.
  - ✓ Residents with positive or suspected illness are educated about proper precautions including quarantining.
  - ✓ Meal deliveries are arranged to the resident’s suite and support is rendered as needed. Disposable trays, dining wear, and utensils are used in “Ill” and “Exposed” co-horts of residents.
  - ✓ The resident with respiratory illness is assisted to wear a face mask during direct care and when leaving her/his suite for medical purposes.
  - ✓ Team members are consistently assigned to work within their cohort as best as possible. This includes prohibiting team members from working in unaffected households or neighborhoods after finishing their normal shift in an affected area.
  - ✓ The Infection Preventionist collaborates with the Staffing Coordinator and directors toward tracking and facilitating team member co-horting.
- Standard Precautions and Transmission Based Precautions:
- ✓ Team members are required to practice standard precautions at all times when caring for residents regardless of whether or not the residents are ill from infection.
  - ✓ Transmission-based precautions (Contact, Droplet, and Airborne) are determined, ordered and followed based on the particular infectious organism. Proper precautions are immediately implemented by the nursing team and other healthcare personnel.

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- ✓ CDC guidelines are to be followed for standard and transmission-based precautions.
- ✓ Adequate supplies of Personal Protective Equipment (PPE) are maintained on-site in accordance based on the organization's Facility Assessment. The Facility Assessment accounts for the history of infection incidence and prevalence within our organization and potential infectious disease hazards. A standing contract is in place with a largescale vendor to obtain additional PPE as necessary.
- ✓ Signs and PPE stations are set-up to notify team members, and visitors about the type of precautions and required PPE that must be worn.
- Safe Food Preparation and Handling:
  - ✓ The VP of Culinary will ensure that culinary team members are educated about and performing safe food preparation and handling practices. Culinary policies will be referenced.
- Education:
  - ✓ To prevent the spread of the outbreak the Infection Preventionist will coordinate re-education of team members, contracted services, and volunteers, residents and visitors about infectious disease transmission and symptoms, and infection control measures including hand hygiene, and other preventive precautions including immunizations as recommended by the CDC, CMS, and NJDOH. Fellowship's infection control policies are also referenced. Appropriate team member competencies, such as, handwashing will be completed.
- Reinforcing Proper Hand Hygiene:
  - ✓ According to the CDC, hand washing is the single most effective measure to prevent the spread of infection.
  - ✓ The Infection Preventionist will also arrange the posting of educational signs within the organization including main entrances about proper hand hygiene for infection prevention. Signs showing hand washing protocol are also placed in public restrooms and resident care areas. These signs will remain in place throughout the year.
  - ✓ Signs will also include preventive precautions for all of those working and visiting the Health Center.

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- Adequacy of Hand Hygiene Supplies:
  - ✓ The Housekeeping Director will ensure an adequate supply of hand hygiene supplies at all times.
  - ✓ Besides hand washing supplies, the organization maintains dispensers of alcohol-based hand rub (>62%) throughout the households, neighborhoods and in common areas.
  - ✓ A schedule for re-filling hand hygiene supplies will be created based on needs identified in the Facility Assessment.
  - ✓ Supplies will be checked more frequently during an outbreak.
  - ✓ The Household Coordinators and other team members will immediately notify the Housekeeping Department if supplies are needed.
  
- Restrictions on Visiting:
  - ✓ Residents and resident representatives will be notified about visiting restrictions within Fellowship Village.
  - ✓ Visiting restrictions will be posted on Fellowship Senior Living's website, and on signage at the entrance doors. Other methods for communication include email blasts, written notices, and education sessions.
  - ✓ Supplies will be given to visitors based on the recommended precautions, such as, masks and gowns.
  
- Environmental Control:
  - ✓ Housekeeping and laundry team members will follow appropriate protocol for laundering, and cleaning, and disinfecting the environment of care.
  - ✓ Housekeeping uses disinfectants registered by the U.S. Environmental Protection Agency (EPA) as available from vendors. A listing of products is provided at [http://www.epa.gov/oppad001/ch\\_mregindex.htm](http://www.epa.gov/oppad001/ch_mregindex.htm). During an outbreak, disinfecting agents are selected that target the specific organism. Manufacturer's instructions are referenced for use of disinfectants.
  - ✓ The Infection Preventionist along with the Plant Ops Senior Director coordinates re-education of housekeeping and laundry team members when an outbreak is identified. Emphasis is placed on protocol for cleaning and disinfecting high-touch surfaces, e.g., over bed tables, door knobs, bathroom counters, hand assist devices, stair railings, and call and TV devices. Protocol for cleaning and disinfecting of floors and other large surfaces without cross contamination of cleaning supplies will also be reviewed.

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- ✓ Nursing team members will use designated medical equipment for single resident use as much as possible when transmission-based precautions are implemented. Disposable coverings of medical equipment, such as, for BP cuffs is also routinely used between resident use.
- ✓ Nurses will be educated to follow infection control protocol for equipment cleaning and disinfecting use.
- Medical Treatment:
  - ✓ The Attending Physician will order laboratory tests and treatment to address the infection based on best practices including in CDC guidelines and following antibiotic stewardship protocol. The Medical Director and Infectious Disease Specialist will be consulted, as needed.

### 8. Evaluation of Effectiveness of Control Measures:

- Through surveillance, the Infection Preventionist in collaboration with the health department evaluates the status and progress of the outbreak.
  - ✓ If new cases present after outbreak control interventions have been enacted for one incubation period, the same course of control is to continue with measures added or modified as recommended through consultation with the Bernards Township Health Department and state epidemiologist.
  - ✓ Outbreak control measures are continued until there are no new cases identified for 2 incubation periods. Routine infection prevention and control measures per Fellowship Village's policies will be resumed once the outbreak is resolved.
  - ✓ After the outbreak has ended, the Infection Preventionist will actively continue surveillance for new cases as per the guidance of the Bernards Township Health Department, and CDC, CMS and NJDOH guidelines.

### 9. Investigation Summary:

- A final written summary will be prepared and sent to NJDOH within 30 days of investigation completion if requested. The Infection Preventionist collaborates with the Bernards Township Health Department to complete this reporting. (Form CDS-30 serves as the summary template)

### Communication During an Outbreak:

- A phone number will be prominently posted on Fellowship Senior Living's website as a method for families to communicate regarding urgent issues and concerns.
- When indoor visitation is not permitted, visits will be facilitated via virtual means, such as, through Facetime or similar method or by phone depending on resident's preferences.

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- Email listserv communications will be sent to update families regarding changes in restrictions and the status of the outbreak.
- A receptionist is available for incoming calls from 7am to 9pm. Afterwards, all calls are automatically directed to the Nurse Supervisor.
- Each time there is a resident or team member confirmed to have infectious disease; or whenever 3 or more residents or staff are suspected of infection due to symptoms occurring within 72 hours of each other, the resident representatives or families will be notified in writing by 5pm the next calendar day.
- Notifications will not include personally identifiable information.
- Cumulative updates will be included within the communication

As part of the Outbreak Response Plan the below infection prevention and control policies and procedures are also developed and implemented:

## Infection Prevention and Control Program

- Leadership Support
- Education and Training of Team Members
- Resident, Family and Caregiver Education
- Hand hygiene
- Standard Precautions
- Transmission Based Precautions
- Risk Assessment and Use of PPE
- Injection and Medication Safety
- Re-processing of Reusable medical Equipment
- Minimizing potential Exposures
- Environmental Cleaning and Disinfecting
- Waste removal
- Laundry
- Occupational Health
- Performance Monitoring and Feedback
- Antibiotic Stewardship Program
- Communication during outbreaks or emergencies with the provision of virtual communication during visiting restrictions
- COVID-19 outbreak and response
- COVID-19 testing and contact tracing
- COVID-19 phased re-openings including visitation
- Mitigating Staffing Shortages

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## Food borne Transmission:

- A food borne illness outbreak is an incident in which 2 or more persons experience similar symptoms resulting from the ingesting of common food/drink. This incidence may have resulted from a point source, e.g., an ill team member or contaminated food or utensils.
- There are 3 major components of an investigation:
  - a. Epidemiologic
  - b. Laboratory Analysis
  - c. Environmental Assessment
- If contaminated food is strongly suspected as the source of the outbreak the VP of Culinary may be requested to provide the following to the local health department and, or NJDOH:
  - a. Recent menu and complete food history on symptomatic and asymptomatic residents.
  - b. P&Ps related to food handling, records of suppliers, storage, temperature records of cooked food, logs of holding temperatures, catered food, food brought in by families, and sanitizing, and kitchen equipment installation/maintenance and water sampling records.
  - c. Frequency and procedures for team member hand washing, glove usage, knowledge of cross-contamination prevention, and team member absenteeism.
  - d. Collection of implicated food samples for testing.
  - e. Symptomatic team members will not be permitted to work.

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