Infection Control				
POLICY:	**Outbreak Response Plan**		**POLICY NO:**	
DEPT:	Administrative and Clinical Operations	X New	Created: 9-16-2020	Revision: 10/1/2021 3/10/2022 12/22/2022

Policy Statement:

Outbreaks of Communicable diseases within Preferred Care will be promptly identified and responded to appropriately to decrease the risk of transmission to residents and staff which has a potential to pose a significant public health threat and danger of infection to the residents, resident representatives, and staff of the facility.

As required by NJ Department of Health N.J.S.A.26:2H-12:87, the facility's outbreak response plan is built to fit to the facility's needs. It is based upon national standards and developed in consultation with the facility's infection control committee. The facility's plan includes but shall not be limited to:

1. A protocol for isolating and cohorting infected and at-risk residents in the event of an outbreak of a contagious disease until the cessation of the outbreak.
2. Policies for the notification of residents, residents' families, guardians, visitors, and staff in the event of an outbreak of a contagious disease at a facility.
3. Information on the availability of laboratory testing, protocols for assessing whether facility visitors are ill, protocols to require ill staff to not present at the facility for work duties, and processes for implementing evidence-based outbreak response measures.
4. Policies to conduct routine monitoring of residents and staff to quickly identify signs of a communicable disease that could develop into an outbreak; and
5. Policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations.

Outbreak- is defined as any unusual occurrence of disease or any disease above background or endemic levels.

Case definition -includes criteria for person, place, time, and clinical features specific to the outbreak under investigation.

Endemic Level- means the usual level of given disease in a geographic area.

Pandemic - A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

Emerging Infectious disease -- Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:

- New infections resulting from changes or evolution of existing organisms
- Known infections spreading to new geographic areas or populations.

- Previously unrecognized infections appearing in areas undergoing ecologic transformation.
- Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures.

Isolation – Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

Cohorting- means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.

Quarantine – Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been exposed to prevent the spread of the disease.

Outbreak Phases:

A. Pre-outbreak phase:

The facility's Infection Control Preventionist (ICP) will be vigilant and stay informed about infectious diseases around the world and will update the Outbreak Plan as needed as new communicable diseases develop.

- The Outbreak Plan will be maintained in the Emergency Disaster Plan and Infection Prevention and Control Manual.
- The facility's Infection Control Committee (ICC) will serve as the authority for outbreak preparedness and response. The ICC comprises of the Medical Director, Infection Control Preventionist, Administrator, Director of Nursing, Director of Environmental Services, and Human Resources
- The facility will maintain adequate emergency stockpile of personal protective equipment (PPE) including moisture-barrier gowns, face shields, surgical masks, assorted sizes of disposable N95 respirators, and gloves; essential cleaning and disinfection supplies so that staff, residents, and visitors can adhere to recommended infection prevention and control practices.
- Addressing Engineering controls in coordination with the facility administrator for any appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated waste as recommended by local, state, and federal public health authorities.

B. Outbreak Heightened Alert Phase:

- This phase begins when a confirmed case of communicable disease is detected in the community.
- The Infection Control Preventionist will keep administrative leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.

- Assess the facility stockpile of PPE, necessary supplies and equipment and review staffing contingency plans.
- Assess the availability of vaccines, antiviral medications, and other essential medications from the pharmacy, DHS, as well as state stockpile.
- Identify crucial gaps in infrastructure, resources and policies that may interfere with an effective response. Action will be taken to resolve this.
- Staff will be educated on the exposure risks, symptoms, and prevention of the infectious disease, with special emphasis on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention such as hand washing.
- If infectious disease is spreading through an airborne route, then the facility will activate its respiratory protection plan to ensure that employees who may be required to care for a resident with suspected or known case are not put at undue risk of exposure.
- Provide residents and families with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information.
- Brief vendors/contractors on the facility's policies and procedures related to minimizing exposure risks to residents
- Establish a command center using the Infection Control Preventionist as coordinator. The Infection Control Preventionist will maintain frequent contact with the Administrator, the Medical Director and Director of Nursing.
- The administrator and/or the Director of Nursing will hold a Staff Meeting to alleviate fear and answer staff concerns.
- Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the facility along with the instruction that anyone who is sick must not enter the building.
- The Infection Control preventionist will meet with the Clinical team and other essential personnel to keep them informed and prepare them for any changes in their daily activities that may be anticipated. Re-education such as hand washing, donning, and doffing of PPE, respiratory protection plan etc., will be conducted.
- Alert the Food Service Department to assess the need to stockpile food and water.
- Review environmental cleaning procedures and frequency such as terminal disinfection, high touch areas, equipment, common areas and other.
- Staff that are exhibiting signs and symptoms of communicable disease, will be sent home and will follow self-isolation and return to work protocol.
- Inform each department to review staffing contingency plans for any anticipated absenteeism and illness.
- The Infection Control Preventionist will initiate a Line Listing as a mechanism to track specific infectious disease and symptoms in residents and employee illness related absenteeism increases that might indicate early cases of outbreak
- Identify and Screen residents, staff, and visitors, based on the outbreak identified.
- Isolate and or cohort residents with signs and symptoms of infectious disease following the facility's isolation/cohort plans and in accordance with NJDOH and CDC guidance.
- Screening and or Diagnostic Testing will be done as warranted to identify specific infectious disease.
- The Social Service Department will reach out to local Funeral establishments to establish contact and procedures in coordination with the Infection Control Preventionist.

Screening Protocol:

a. Staff Self-Screening -Staff will be educated on the facility's plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:
    - Reporting any suspected exposure to the Infectious Disease while off duty to their supervisor and Infection Control Preventionist.
    - Precautionary removal of employees who report an actual or suspected exposure to the infectious disease.
    - Self-screening for symptoms prior to reporting to work.
    - Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.
    - Will communicate with the Infection Preventionist nurse and or the Director of Nursing for clearance to return to work.
    - The facility shall screen and log HCW and everyone entering the facility for symptoms of the infectious disease.

    Screening will include:
    - Temperature checks including subjective and/or objective fever equal to or greater than 100.4 degrees Fahrenheit or as further restricted by the facility.
    - Completion of questionnaire about symptoms and potential exposure and travel history and close confirmed contact to a confirmed infected person (e.g., COVID-19 infection or other infection)
    - Facility will screen all HCW at the beginning of their shift.

b. Residents and Visitors – Identify and Screen residents and visitors based on the outbreak identified.

1. Residents:
    - Facility will conduct active screening of all residents: Nursing Staff will monitor residents daily for symptoms of infectious disease including monitoring of vital signs.
    - Specific symptoms of infectious diseases will be identified, and all residents will be monitored for these symptoms, as well as history of travel in affected geographic areas within 14 days of onset, (or if otherwise specified by CDC).
    - Residents will be monitored for signs and symptoms related to the infectious disease for those having confirmed close contact with someone that was infected.

2. Visitors:

    - Facility will conduct active screening of all visitors including vendors prior to visitation or entering the facility
    - Screening will include:

a. Temperature checks including subjective and/or objective fever equal to or greater than 100.4 degrees Fahrenheit or as further restricted by the facility.
b. Completion of questionnaire about symptoms and potential exposure and travel history and close confirmed contact to a confirmed infected person (e.g., COVID-19 infection or other infection)
c. Visitors and/or vendors will not be permitted to enter a facility or visit if they have a positive screen.

c. Source Control:

- Universal Masking for all staff, and visitors will be required when entering the facility as directed by the ICP.
- All staff and visitors will maintain social distancing, six feet apart while at the facility.
- Visitors are encouraged to perform hand hygiene prior to visiting and will observe respiratory etiquette protocols.

C. Outbreak Phase:

This phase begins when there is a confirmed case of communicable disease in the facility following the outbreak definition in accordance with NJDOH guidance.

- The following triggers shall prompt an investigation as to whether an outbreak exists:
  a. An increase over baseline infection rate (i.e., ten percent or more increase).
  b. A sudden cluster of infections on a unit or during a short period of time (i.e., three or more cases).
  c. A single case of a rare or serious infection (i.e., invasive group A Strep, foodborne pathogens, active TB, acute hepatitis, Legionella, chicken pox, measles, COVID-19).

- The Infection Control Preventionist (ICP) will direct the facility's planning and response efforts and is responsible for surveillance and is constant contact with the local and State Department of Health and notification of cases in accordance to mandated NJDOH, CDC reporting for communicable diseases.
  a. During the infectious disease outbreak, mechanisms for monitoring employee absenteeism for increases that might indicate early cases of outbreak will be utilized.
  b. Line listings will be utilized as mechanisms for tracking facility admissions and discharges of suspected or laboratory-confirmed cases of the specific infectious disease outbreak in residents to support local public health personnel in monitoring the progress and impact of the outbreak
  c. Assess bed capacity and staffing needs, and detect a resurgence in cases that might follow the first wave of cases
  d. Update information on the types of data that should be reported to the state agency and/or local health departments (e.g., admission; discharges/deaths; resident characteristics such as age, underlying disease, and secondary complications.
  e. Monitor illnesses in healthcare personnel and plans for how this data will be collected during an outbreak
  f. Establishes criteria for distinguishing the type of outbreak from other respiratory diseases.
- The Infection Control Committee (ICC) will work with the ICP and assist with decision-making during an outbreak.

- Adhere to Standard and Transmission-based Precautions including use of a facemask, gown, gloves, and eye protection for confirmed and suspected case(s).
- Provide all assigned staff additional training and supervision in the mode of transmission of this ID, and the use of the appropriate PPE.
- Assign dedicated staff to enter the room of the isolated person as feasible. Ideally, only specially trained staff and prepared (i.e., vaccinated, medically cleared, and fit tested for respiratory protection) will enter the isolation room.
- Implement the isolation protocol in the facility (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the facility's infection prevention and control plan and/or recommended by local, state, or federal public health authorities.
- Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.
- Evaluate infection control practices in group gatherings.
- Administer available vaccines and antivirals according to priority group.
- If mortality becomes an issue, facility will contact family pre-arranged Funeral homes or New Jersey state Temporary Morgues designated catchment area.

COHORTING: The facility will cohort residents as follows and as directed by NJDOH and CDC:

- Cohort 1 –Positive for Infectious disease outbreak.
    - This cohort consists of both symptomatic and asymptomatic patients/residents who test positive for the infectious disease identified in outbreak, including any new or re-admissions. If feasible, care for these positive patients/residents on a separate closed unit. Patients/residents who test positive for infectious diseases are known to shed virus, regardless of symptoms; therefore, all positive patients/residents would be placed in this positive cohort.

- Cohort 2 – Negative, Exposed:
    - This cohort consists of symptomatic and asymptomatic patients/residents who test negative for the infectious disease with an identified exposure to someone who was infected. All symptomatic patients/residents in this cohort should be evaluated for the causes of their symptoms. Patients/residents who test negative for the disease could be incubating and later test positive. To the best of their ability, long-term care facilities (LTCFs) should separate symptomatic and asymptomatic patients/residents, ideally having one group housed in private rooms. Asymptomatic patients/residents should be closely monitored for symptom development.

- Cohort 3 – Negative, Not Exposed:
    - This cohort consists of patients/residents who test negative for the infectious identified with no symptoms and are thought to have no known exposures. The index of suspicion for an exposure should be low, as infectious disease has been seen to rapidly spread throughout the post-acute care setting. In situations of widespread disease, all negative persons in a facility would be considered exposed. Cohort 3 should only be created when the facility is relatively certain that patients/residents have been properly isolated from all positive and incubating patients/residents and staff. Facilities may not be able to create this cohort.

Laboratory Testing:

- Facility has a contract agreement in-place with licensed laboratory company to perform laboratory testing.
- Diagnostic testing to identify specific infectious disease and Testing for infectious diseases such as COVID-19 for residents will be conducted in consultation with the local and state departments, the resident primary physician/ Medical Director and in accordance with NJDOH, CDC and other applicable regulatory testing requirements.
- The resident, resident representatives, and the physician will be informed when performing a diagnostic or surveillance testing.
- Routine testing and other appropriate diagnostic and surveillance testing for all staff including vendors will be conducted in accordance with NJDOH, CDC and other applicable regulatory testing requirements.

Communication Methods:

The facility will prominently display the facility's website and or social media platforms to include communication to resident representatives and the public and provide a phone number or method of communications for urgent calls or complaints.

- Social worker or facility designated staff will be assigned as a primary contact to families for inbound calls and will conduct regular communication at least weekly to keep families up to date, this may include virtual visitation, conference calls, e-mails, phone calls etc. Create and maintain an email list serve.
- The facility will provide alternative methods of communication to include phone, video-communication, Facetime etc., with residents and families and resident representatives. The facility designated person will serve as a "visual coordinator" to arrange, coordinate time schedules with residents and families
- The facility will provide a cumulative update for residents and resident representatives and families at least once weekly through letters or email listserv communications during a curtailed visitation period. The updates will include information about any infectious disease outbreaks as required by NJDOH, information on mitigating actions implemented by the facility to prevent or reduce the risk of transmission, to include if facility normal operations will be altered.
- The administrator and or facility designated staff will update website, at a minimum on a weekly basis, to share the status of the facility and information that helps families to know what is happening in the facility's environment such as food menus, schedule activities etc.
- Administrator or facility designated staff will notify each resident and resident representative by 5pm the next calendar day following the occurrence of a single confirmed COVID case or 3 or more residents or staff with new onset respiratory signs and symptoms within 72 hours of each other, and follow state, federal guidelines regarding notification of other infectious diseases.

Outbreak Reporting:

- In the event of an outbreak, the facility will immediately report/notify and consult with the Local/State Public Health Department for specific directions.

- The Infection Control Preventionist and or the facility administrator is the designated staff to report to the local and State Department of Health and notification of cases in accordance with NJDOH, CDC in accordance with applicable laws and regulations in reporting for communicable diseases.
- The administrator and or the Infection Control Preventionist will notify the residents, resident representatives, and staff for any occurrence of an outbreak and mitigating actions implemented by the facility through resident in person notification by the Social worker or designee, during resident council meetings, signage, emails, memos, facility website, family/resident representatives weekly calls, and staff in-services, phone calls or staff group text messaging.

Staffing Strategies/ Contingency Plan:

- Assign a facility representative for conducting daily assessment of staffing status and needs during a staffing shortage
- All employees in the facility will be notified of the decision to utilize emergency staffing strategies.
- Cancel all non-emergency procedures or outpatient consultations.
- Review staffing protocols and consistent assignment
- List essential staff/positions
- List non-essential staff/positions
- Assigning non-direct care to support staff and or administrative staff.
- Utilizing nursing school graduates to assist with patient care.
- Utilizing nursing students for non-direct care and or
- Contract with local Staffing Agencies to secure staff.
- Overtime and other incentivized strategies
- Hire non license support staff to assist nursing for non-direct care. Be aware of state-specific emergency waivers or changes to licensure requirements or renewals for select categories of HCP.
- Infection Preventionist and Human Resource will continue to follow through with employees who are out sick or furloughed related to COVID-19 screening to return to work if cleared following CDC and DOH guidelines.
- On call rotation for management staff
- Cancellation of vacation or day off
- Recruiting retired health care workers
- 12- hour shifting for Nurses and CNA's
- Develop task force teams, Nurses, CNA's management staff to work during staffing crisis.
- Determine business interruption and virtual work options.
- Hiring of Medical Technicians (MRT) and Certified Home Health Aides (HHA) to function as a role of CNA's following NJDOH temporary nurse staffing waiver related to COVID-19 State of Emergency plan.
- Attempt to address social factors that might prevent HCP from reporting to work such as transportation or housing if HCP live with vulnerable individuals.
- Utilizing sister facility for staffing assistance.

D. Post Outbreak Phase:

- The Infection Control Preventionist will coordinate with the NJDOH, local and or state the cessation of an outbreak.

- The Infection Control Committee will convene and assess the response to the outbreak and make adjustments to the plan, as appropriate (with recommendations from NJDOH).
- The facility will return to Pre- Outbreak phase.

Lessons Learned:

- Facility learned that preparation for potential outbreaks is imperative for the welfare of the residents and staff, including
  a. Staffing contingency plans
  b. Acquisition of appropriate PPE, stockpile
  c. Early identification of potentially infected people for prompt implementation uses of Transmission Base Precautions.
  d. Early identification of contagious people by appropriate and available diagnostic testing (COVID-19)
  e. Plan for communication during outbreak is essential for keeping residents, resident representatives and staff informed

Resources:

State of New Jersey, Department of Health, Executive Order No 325; dated 4/3/2023

State of New Jersey, Department of Health, Executive Directive No 21-011 (2nd Revised); Protocols for COVID19 Testing and Vaccination Reporting for Covered Settings and Reporting for School Settings Pursuant to Executive Orders 252, 283, 290, 294, and 302; updated 9/2/2022

State of New Jersey, Department of Health, Executive Directive No 21-012 (Revised);Directive for the Resumption of Services in all Long Term Care Facilities licensed pursuant to N.J.A.C. 8:43, N.J.A.C. 8:36, N.J.A.C. 8:39, and N.J.A.C. 8:37; updated 12/22/2022

CDC: Infection Control: Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2)/ CDC Centers for Disease Control and Prevention 9/27/22
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Centers for Medicare & Medicaid Services (CMS) Ref: QSO-20-38-NH Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements; Revised 9/23/2022

State of New Jersey Department of Health, Executive Directive No. 20-26 ; 8/10/2020 Directive for the Resumption of Services in all Long-Term Care Facilities
CDC Coronavirus Disease 2019 (COVID-19) Supporting your loved one in a Long-term Care facility 5/15/2020
NJDOH COVID-19: Information for Healthcare Professionals
https://www.nj.gov/health/cd/topics/covid2019 healthcare.shtml
CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html

New Jersey Department of Health CDS Priority Actions for all Post-acute Care Settings in response to COVID-19 March 30,2020
New Jersey Department of Health CDS Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities V1 May 11, 2020
State of New Jersey Department of Health Executive Directive No: 20-010 4/22/2020
APIC TEXT of Infection Control and Epidemiology; Emergency management 10/3/2014NJHEALTH CDS Communicable Disease. Outbreaks in Long term Care