Parker we make aging part of life ™	Department: Administration	Effective Date: 11/18/2022
	Policy Name: Outbreak Response Plan	Location: Parker at Monroe License #:12039
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PURPOSE:

To provide a plan to limit risk and help prevent new outbreak of communicable disease by effective and efficient identification, triage, isolation, treatment of infectious residents and / or staff; track infections throughout the home; and assure safety and security for residents, staff, and visitors.

DEFINITIONS

"Outbreak"- Means any unusual occurrence of disease or any disease above the background or endemic levels within a community or a locality. For some contagious of virulent infections, a confirmation of 1 case constitute an outbreak.
"Endemic levels"- means the usual level of given disease in a geographic area

An outbreak may be occurring if:

1. Several residents exhibit similar symptoms are in the same unit, the same wing of a facility or they attended a common event.
2. Two or more residents are diagnosed with the same reportable disease (e.g., scabies).
3. A single case of a highly infectious disease (e.g., covid-19) exists, or is suspected to exist.

"Cohorting"- Means the practice of grouping residents who are affected by same disease or symptoms or infected with same organism to one area of care to prevent contact with other residents for mitigation of spread of disease.
During an outbreak, Parker Monroe will designate an area to cohort residents infected with same organism as applicable. Resident infected with same organism may have their care activity confined wo one area to prevent contact with other residents and will remain in their rooms with the door closed to the extent possible and as allows for safety. Isolation precautions is practiced based of modes of transmission and CDC guidelines.

"Isolating"- means the process of separating the sick, contagious persons from those who are not sick

Disease can spread through various modes of transmission which would require different types of management to mitigate the spread. Modes of transmission are defined below:

Airborne- This is when confirmed or suspected infectious microorganism is transmitted by airborne droplet nuclei over a long distance or the droplet containing microorganisms remain suspended in the air and can be widely dispersed by air to distance space. Examples include Tuberculosis, Measles and Varicella

"Food Borne": Food contaminated with bacteria, viruses, parasites or toxin are ingested and cause infections. Examples include Norovirus and Salmonella.

"Droplet"- Microorganism is transmitted by droplets that are generated by individual through cough, sneeze, talking or singing or through aerosol procedures such as suctioning. Microorganisms drop within short distances of space. Examples include Influenza, COVID-19 virus, Mumps and Rubella.

"Vector borne"- Vector-borne diseases are human illnesses caused by parasites, viruses and bacteria that are transmitted by vectors through the blood

"Water borne"- Illnesses caused by microorganisms in untreated or contaminated water for example legionella, E. coli, Cholera

OUTBREAK REPORTING

The immediate goal of reporting is to control further spread of the disease. Additionally, information gathered from outbreak investigations can help facility and local department of health and public health agencies identify and eliminate sources of infection such as contaminated products, learn about emerging problems, identify carriers to mitigate their role in disease transmission, and implement new strategies for disease prevention.

Outbreak can occur anytime. If there is a suspected outbreak, following procedures will be put into action:

As soon as suspected outbreak is identified; a notification will be sent to Local department of health via email and New Jersey Department of Health (609-826-5964). An electronic disease outbreak reporting is sent to NJDOH within 24 hours using NJ DOH Communicable Disease Reporting and Surveillance system.

FACILITY INVESTIGATION TEAM AND THEIR ROLES AND RESPONSIBILITES

Facility team of investigations shall consist of: The Administrator, Medical Director and Infectious Disease MD, Director of Nursing Services, Assistant Director of Nursing, Infection Control Nurse, Environmental Services Supervisor, Maintenance Manager and the Neighborhood Guide (Unit Managers).

Medical Director, Attending Physicians and Infectious Disease Physician play active role in outbreak management by providing medical guidance

INFECTION PREVENTIONIST / DESIGNEE

- The Infection Preventionist / designee shall oversee the overall infection control program
- The Infection Preventionist / designee shall evaluate potential occupational exposure for Blood; Body fluids; Secretions; Excretions; Non-intact Skin; and Mucous membranes to determine occupational exposure. Tasks will be evaluated for; Volume of exposure; Probability of exposure; and Route of exposure. Using this information, the Infection Preventionist (or designee) shall determine the barriers that are indicated for specific departmental tasks.
- Limit exposure between infected and non-infected persons; isolate ill persons and those who have had high exposure.
- Communicate need for appropriate barrier use to the appropriate departments.
- Secure inventory of disposables and PPE equipment if appropriate to outbreak situation and following on CDC guidelines.
- Post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Provide hand sanitizer and PPE as indicated.
- Advise staff to check for signs and symptoms of illness and to not come to work if sick. Report the outbreak to the appropriate local health department and/or federal agency and follow guidance.
- Along with Administrator, monitor the severity of the outbreak for significant threat or impact upon day-to-day operations. Activate the home's EOP and appoint an Incident Commander if warranted.

ADMINISTRATOR

- Notify homes leadership and other appropriate internal team members of situation status.
- Monitor the overall impact of the outbreak on the home and staffing.
- By agreement with the Infection Preventionist / designee, activate the incident management team and home's command center.
- Monitor that communications and decision-making processes are coordinated with local emergency operations centers, local Departments of Health and Other Facilities if referral is indicated.
- Monitor media outlets for updates on incident and possible impacts on the home. Communicate information via regular briefings.
- Maintain active communication with residents, families and staff on the progress out outbreak response teams

CLINICAL TEAM HEADED BY DIRECTOR OF NURSING/DESIGNEE

- Notify the medical director of the outbreak.
- Provide resident status updates to Infection Preventionist / designee and Administrator.
- Implement the limited visitation policy if indicated.
- Set up isolation equipment, isolate residents as appropriate.
- Evaluate group events and services; contain resident and staff movement as indicated.
- Monitor supply of disposables and PPE equipment. Monitor PPE burn out rate and ensure adequate supplies as needed throughout outbreak

- Monitor safe and consistent use of appropriate personal protective equipment.
- Reinforce training for clinical and non-clinical staff regarding the precautions to take.
- Ensure continuation of resident care and essential services.

ENVIRONMENTAL SERVICES

- Implement appropriate cleaning /decontamination in response to the specific infectious disease.
- Initiate special environmental cleaning as necessary.
- Use EPA approved disinfectant as appropriate to the situation and following CDC guidelines to disinfect all contact surfaces.
- Set up work schedule for staff working consecutive multiple shifts if necessary.

MAINTENANCE

- Monitor the status of the physical plant and ensure integrity of and/or restoration of utilities and communications.
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CASE INVESTIGATION

Prepare for Possible Outbreak Investigation

i. Research the disease and gather the supplies and equipment you will need.

ii. Notify administration and other center personal to plan for restrictions of residents, visitors and personal.

iii. Determine whether the local health department should be notified.

iv. Determine the expected number of cases existing in the center.

a. Compare the current number of cases with the number from the previous few weeks or months, or with a comparable period during the previous few years.

b. Consider whether the collection method used to collect infection control data has changed and may be the reason for an increased number of cases. Determine whether a new person is collecting the data. This may result in an increased number of cases because the new person may have different knowledge base related to infection prevention.

Verify Diagnosis/Confirming outbreak disease

Testing: Parker at Monroe will utilize the services of two laboratories to verify diagnosis : Precision life Sciences, Aculab Inc. and by use of point of care technology as appropriate to disease investigation following CDC guidelines as appropriate.

Testing is based on testing triggers outlines in testing policy guidelines and in accordance to resident symptoms for infectious disease organism. Additional testing may be conducted of resident and staff based on guidelines provided by DOH, CDC and CMS.

Steps are summarized below:

1. Identify as accurately as possible the specific nature of the disease.
2. Verify the diagnosis follow a twofold procedure:
    a. Ensure that the problem has been properly diagnosed, that it really is what it has been reported to be.
    b. For outbreaks involving infectious or toxic-chemical agents, ensure that the increase in diagnosed cases is not a result of a mistake in the laboratory.
3. Review the clinical findings (the symptoms and features of illness) and laboratory results for the residents who are affected.
    a. If there is any question about the laboratory findings, you should have the laboratory review their results.
    b. If you require specialized laboratory work (for example, Viral culture PCR, RSV test, special culturing and so on), contact your local health department and begin collecting specimens, isolates or any other specimens held in the laboratory so they can be submitted to the local health department.
4. Clinical team will visit and assess several residents who are ill to gain a better understanding of the disease and those affected by it. Obtain answers to the following questions:
    a. What were the exposers before becoming ill?
    b. What do they think caused their illnesses?
    c. Do they know anyone else with the disease?
    d. Do they have anything in common with others who have the disease?

<u>Outbreak case definition and declare outbreak</u>

An outbreak case definition describes the criteria that an individual must meet to be counted as part of disease outbreak. This may include clinical signs and symptoms, occurrence in physical location during a specified period. Every outbreak will have a unique outbreak case definition following standardized guidelines by department of health.

I. Establish a case definition. A case definition usually includes four components:
    a. Clinical information about the disease

b. Characteristics about the people who are affected

c. Information about the location or place

d. A specification of time during which the outbreak occurred

II. Base the clinical criteria on the following simple and objective measures:

a. For example, you might require the presence of an elevated level of antibody to the disease agent, the present of a fever of at least 101°F, three (3) or more loose bowel movements per day or muscle aching severe enough to limit the resident or staff activity.

b. Regarding the characteristics of the residents or staff, you might restrict the definition to those who attended a specific activity, ate a specific food or participated in a specific outing.

c. By time, the criterion might be onset of illness within the past three (3) days; by place, it might be all residents and staff on the same unit.

d. Whatever the criteria, you must apply them consistently and without bias to all the residents and staff included in the investigation.

III. Your case definition should be broad enough to include most, if not all, of the actual cases, without capturing what are called "false-positive" cases. Cases can be classified as confirmed, probable or possible.

a. Confirmed cases: must have laboratory verification

b. Probable cases: usually have the typical clinical features of the disease without laboratory confirmation

c. Possible cases: usually have fewer of the typical clinical features

IV. As your investigation progresses and your hypotheses become stronger, you should tighten your case definition by dropping the possible cases.

V. When identifying cases, you should use as many sources as you can. Be creative and aggressive in identifying these sources. Staff interviews may be required to identify more cases. Call all staff who have reported that they are sick. Letters and telephone calls may be needed to contact resident families and identify others who may be ill.

VI. The following information should be collected from residents, staff and visitors for all disease investigation:

a. Identifying information: This may include name, address, and telephone numbers. This information allows you and other investigators to contact residents with additional questions and notify them of laboratory results and the outcome of the investigation. Addresses allow you to map the geographic extent of the problem.

b. Demographic information: This may include age, sex, race and occupation. This information provides the details that you need to characterize the population at risk.

c. Clinical information: This information allows you to verify that the case definition has been met. Date of onset allows you to create a graph of the outbreak. Supplementary clinical information may include whether the person was hospitalized or died and will help you describe the spectrum of illness.

d. Risk factor information: This information allows you to tailor your investigation to the specific disease in questions.

VII. All information gathered that met the criteria of case definition is recorded in line listing format. This simple format will allow you to scan key information on every case and update it easily and provide a snapshot of case summaries.

ACTIVE SURVEILLANCE AND CONTACT TRACING

- If outbreak involves both resident and staff, seek out additional cases among staff who are calling out seek.
- Be alert for new-onset illness among exposed persons, and review resident and staff histories to identify previous onsets of illness that may not have been correctly recognized as being part of the outbreak.
- It may be necessary to collect specimens from newly ill cases if a diagnosis has not yet been established.
- Active contact tracing and documentation is completed by Infection Preventionist to ensure anyone who has had high risk exposure is monitored for signs and symptom or followed per disease outbreak guidelines/ or excluded from work per policy.

IMPLEMENTATION OF CONTROL AND PREVENTION MEASURES

The implementation of control and prevention measures should begin as soon as you identify there's possible outbreak. Control measures should be aimed at specific links in the chain of infection, the agent, the source, modes of transmission or the reservoir.

In some situations, you may implement direct control measures to interrupt transmission or exposure. If you suspect an influenza outbreak, for example, you may implement droplet precautions among residents, staff, and visitors.

Effective hand hygiene protocol should be strictly enforced with or without outbreak situations in health care settings.

i. **Screening**: To ensure that staff and/or new resident are not at risk of spreading the outbreak organism; screening for exposure risk and signs and symptoms will be done prior to admission or a new resident based of admission criteria; and prior to staff beginning their shift at work. During outbreak, visitors, volunteers and non-essential personnel may be restricted to only certain areas of the building or the entire facility.

ii. There are established guidelines for visitors and staff screening with regards to COVID-19 monitoring. Reporting to IP and HR is immediate should staff exhibit symptoms of illness at work. Work exclusion guidelines will be followed in case of symptomatic staff.

iii. **Visitation/New admissions**: In the event there are confirmed cases of an outbreak; the facility may consider temporary stopping for new admissions, limiting visitors based on the advice of local state department of health or federal public health authorities. Alternative visitation arrangements may be instituted such as window visitation, video calling and designated area visitation as applicable and authorized.

iv. **Monitoring of Residents**- All Resident will be monitored daily for signs and symptoms of illness by increasing number of signs vital signs are checked as applicable to specific disease outbreak.

v. **Medical treatment and management** of cases will be based on protocol established for case management, led by the Medical Director in alignment with NJDOH standards.

vi. **Cohorting, isolation/ transmission-based precautions:** Isolation and cohorting residents will occur in designated area of unit/neighborhood as applicable in single rooms as much as possible. This will be based on NJDOH and CDC guidelines corresponding to organism and modes of transmission.

vii. Based on Infection Control Policy; staff will be required to wear PPE during care of affected residents to reduce risk of exposure based on transmission-based precautions.

viii. Parker Monroe will minimize as much as possible the number of staff assigned to enter isolation area.

ix. **Staff training**: Staff training will be conducted based on disease outbreak identified. Use of PPE and transmission-based precaution in-service will be completed to all staff.

x. Environmental Services personnel and staff has applicable will be trained on medical waste disposal and management of infectious waste, terminal cleaning or isolation rooms and increased cleaning of frequently touched surfaces and following CDC guidelines for cleaning specific to disease organism. This will be implemented for duration of outbreak threat.

xi. Recreation and SW to ensure resident and family have open access to audio / visual capabilities; skype, Facetime, etc. to provide access as requested.

Therapy

- Therapists may travel between homes as indicated.
- Determined equipment will be moved to each zone and stations will be used to mark off.

Egress

- In the event of an emergency evacuation, all egress in all small homes are accessible.
- Stryker chairs in the stairwells will be used if the elevators are not functioning.

Residents Personal Laundry

- Personal laundry will be washed and dried on each small home.

- Dirty clothing bundles will be covered when transported to the washing area and again covered when transported back to the resident's room when cleaned.

Linen

- Each small home will continue to use their existing linen closets
- Maintenance will accept the linen delivery in the rear entrance. The vendors may be restricted to enter facility from one point of entrance to monitor flow of delivery.
- Maintenance will drop off the clean linen to the homes on scheduled days.

Supplies

Supply Chain staff member will be responsible for delivering medical supplies to each home.

Personal Care Supplies:

- Supplies will be delivered to the homes by Central Supply
- Supplies will be delivered to the homes by Central Supply in the presence of a nurse

EVS

- Trash removal daily. Outdoor route to be used where able.
- Linen removal daily. Outdoor route to be used where able.
- Laundry chutes to continue to be in use.
- Nursing to swipe EVS into the medication room to clean
- Wheelchairs and lifts to be cleaned as frequently as possible- schedule should be established.
- Routine cleaning and disinfecting of the areas.
- Increase frequency of cleaning during the outbreak
- External professional cleaning company to be engaged to assist in cleaning if required
- EPA registered disinfectant in use

Communication to Residents, Staff and Families

Communication:

Employees

- Town Halls completed with review of Response Plan with all staff regarding outbreak situation and mitigations plans/interventions measures.
- Walkie Talkies may be carried and charged when not in use as applicable
- Talking Points for huddles and in-services for all staff.
- Informative flyers throughout the facility on infection control, social distancing, hand washing, and other control measures as applicable
- Regular check ins with employees.
- Group Emails or All PAM employee emails with updates as/if needed.
- Smartlinx Group texts for staffing purposes as/if needed.
- Phone tree initiated when needed.
- WebEx to be used for necessary meetings with and opportunities to connect with staff while practicing social distancing.

Elders/Families

- Notification is done via in person, phone and/or written informing the residents and families that the facility has applications for essential caregivers.
- Notification is made via in person, phone calls, letter and/or email when there is a positive case.
- Follow up calls to families and conversations with elders occur as needed.
- Notification includes education on how employees are screened prior to entering the facility.
- Inform families of the routine monitoring process of residents and staff to quickly identify signs of a communicable disease and institute isolation protocols if needed.

Emergency Staffing/Contingency Plan

See Emergency Staffing policy for more details.

a. Identify internal staffing capability including additional shifts, potential loyalty or incentive pay, and/or outsource agencies for assistance.

b. Coordinate with sister facility within Parker to determine is staff can be utilized.

c. Inform OEM for other potential resources.

d. Should a labor stoppage or shortage occur, the DOH will be notified.

e. All data required to be reported will continue to be reported.

f. Allow staff to return to work in accordance with CDC guidelines: CDC strategies to mitigate health care personnel staff shortages.

DECLARATION THAT OUTBREAKS IS COMPLETED.

An outbreak is over when no cases that meets the investigation criteria is reported within two incubation periods. Consider consulting with the NJDOH outbreak epidemiologist. Local Department of Health in collaboration with NJ Department of Communicable Disease Surveillance will provide an outbreak clearance letter when outbreak is completed.