

	Department: Administration	Initial Date: 11/7/2022
	Policy Name: Outbreak Response Plan	Location: Parker at Stonegate License # 12A007
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Parker at Stonegate Outbreak Response Plan

Purpose: The facility promptly responds to outbreaks of infectious disease within the facility to stop transmission of pathogens and prevent additional infections by identification, triage, isolation, treatment of infectious residents and / or staff; tracking infections throughout the home; and assure safety and security for residents, staff, and visitors.

Outbreak in a long-term care facility is defined as: Outbreak generally refers to the occurrence of more cases of a communicable disease than expected in each area or among a specific group of people over a particular period. Some infections are so rare that a single case would constitute an outbreak. 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, novel coronavirus

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

An outbreak of food poisoning is defined as two (2) or more cases in persons who shared the same meal or one (1) case of botulism.

An outbreak of diarrhea is defined as anything exceeding the endemic rate, or a single case if unusual for the facility.

An outbreak of influenza is defined as anything exceeding the endemic rate, or a single case if unusual for the facility. A single case of influenza is reportable to the Department of Health.

Outbreak can occur anytime. If there is a suspected outbreak: Implementation of infection control measures:

- Symptomatic residents and employees are to be considered potentially infected and will be assessed for appropriate actions.
- A symptomatic resident will be considered potentially infected, assessed for immediate needs, and placed on empiric precautions, while awaiting physician orders.

- Symptomatic employees will be screened by the infection preventionist, DON or designee, and referred to an appropriate medical provider.
- Standard precautions will be emphasized. Transmission -based precautions will be implemented as indicated for the organism. Staff will be educated on the mode of transmission of the organism, symptoms of infection, and isolation or other special procedures. This includes special environmental infection control measures that are warranted bases on the origins and current CDC guidelines.

In the event of an outbreak is confirmed. An outbreak investigation begins:

- The Infection Preventionist/DON/Designee will be responsible for coordinating all investigation activities. (Note: the health department may assume decision making and coordination activities. In this case, the Infection Preventionist/DON/ Designee will be the liaison between the health department and the facility)
- A case definition will be developed to identify other staff and residents who may be affected. criteria for developing a case definition include:
 - Person- identify key characteristics the patients share in common.
 - Place- the location associated with the outbreak.
 - Time- period associated with illness onset for the cases under investigation.
 - Clinical Features- objective signs and symptoms, such as sudden onset of fever and cough.
- A line list about each person affected by the outbreak will be maintained.

Roles and Responsibilities

The **Administrator / designee** will be responsible for:

- Telephoning a report to the local health department. 609-826-5964 and within 24 hours submit Reportable Event submission to NJ DOH HFS&FO via the NoviSurvey platform
- Follow all local health response and guidance which may include:
- Restricting admissions to the facility as indicated or as authorized by the health department/Medical Director.
- Submitting periodic progress reports to the health department, as requested.
- Calling emergency meetings of the Infection Control Committee.
- Possible discontinuing group activities, as indicated.
- Possible limiting visitors if indicated (i.e., influenza in the community); and
- Forwarding Communicable Disease Report Cards to the health department, as required.
- Communication to families, residents, and staff.

The **Infection Preventionist and Director of Nursing Services / designee** will be responsible for:

- Receiving surveillance information and tabulating data.
- Maintaining a line listing of identified cases on the appropriate *Line Listing Report*.
- Notifying the Medical Director and the Attending Physicians.
- Assigning nursing personnel, if appropriate, to same residents' group for the duration of the outbreak; and
- Completing the Infection Treatment/Tracking Report form, if required.

The **nursing staff** will be responsible for:

- Notifying the Director of Nursing Services of symptomatic residents.
- Providing infection surveillance data in a timely manner.
- Obtaining laboratory specimens as directed.
- Initiating isolation precautions as directed or as necessary
- Confining symptomatic residents to their rooms as much as feasible, when indicated.

All **employees** should:

- Practice good hygiene and handwashing technique; and
- Report any symptoms relating to the current disease outbreak to their supervisor.

The **Medical Director** is responsible for:

- Working with the Attending Physician(s) and the health department to determine the need for laboratory specimens; and
- Overseeing the management of the outbreak.

The **Attending Physician** will be responsible for:

- Ordering isolation precautions, as needed or as per state regulations.
- Working with the Medical Director and health department to determine the need for laboratory specimens.
- Determining the need for follow-up specimens and discontinuing isolation precautions.
- Obtaining nasal (or sometimes throat) specimens for rapid influenza test in an influenza outbreak, if necessary; and
- In case of an influenza A outbreak, determining the need for prophylaxis.

Work Zones:

Parker at Stonegate will be divided into three (3) zones if >2 contact tracing has proven extensive exposure to outbreak throughout the home with >2 areas having had exposure to staff and elders. Or as directed by DOH.

Stonegate will be divided into three zones. 1st floor, 2nd floor, and 3rd floor

Fire doors also can be used to segregate within the home if necessary. A supervisor for each floor will be designated and will track zone staffing.

Screening process staff and visitors will be screened for signs and symptoms before entering the home

Staff Assignments and Travel Within the Facility:

- Employees who have work assignments on the floors are to work on their floor. This includes Nurses, C.N.A.s, Recreation, and Housekeepers.
- Per diem nurses – every effort will be made to ensure per diems do not cross homes or it is kept at a minimum. If they are floated, it will be tracked by the Director of Nursing.
- Social Worker, EVS Supervisor, Recreation Manager, and Maintenance Mechanics will float between floors unless otherwise indicated by the Administrator or DON.
- Therapy Department will support with activities, dining, ADLs, etc. and will continue to follow infection control protocols with their equipment.
- Departmental Managers maintain consistent staffing per home. Employees that must float out of their zone will be tracked.
- Concierge will remain at the reception desk.
- Staff will work on their designated assignments on their specific floors. To the best of our abilities, attempts will be made to adjust individual staff assignments to the same floor. If this cannot be

accomplished, an employee may be floated with Incident Commander approval and the change in whereabouts will be tracked.

***In the event an employee must float, he or she must perform hand hygiene to the point of exit of his/her floor and perform hand hygiene at the point of entrance.

Breaks and Lunch-

Staff will use existing staff lounge for breaks unless otherwise notified. Plastic dividers will be used on each table as a barrier for social distancing in all communal break areas and break and lunch times will be staggered as needed.

Resident Dining-

- Depending on the infection control status, contact tracing findings of the home or direction from the Department of Health, the Main Dining Room and Bistro may remain open, or dining trays may be distributed to suites. If deemed advisable meals may be served on disposable dinnerware.

Recreation

- Group activities may continue depending on the type of outbreak
- If group activities are suspended, activities may occur on a one-to-one basis 1:1, or doorway programming if directed.

PPE

- Director of Nursing and Infection Control Preventionist Nurse will ensure staff are educated on utilization and application of PPE. If non-clinical managers are going to educate, they need to be educated by a nurse.
- All essential employees /vendors must follow PPE protocol of the home at the time of the outbreak.

Communication Plan:

- Employees
 - Town Halls, huddles, group emails, TEAMS message as needed.
 - Informative flyers throughout the facility on infection control, transmission base precaution, hand washing, etc.
 - TEAMS message will be sent and Webex with Managers to initiate plan.
- Residents /Families
 - Notification via in person, phone call, email and/or written informing the residents and families a needed.
 - Bi-weekly conference calls with families.
 - Social Worker provides virtual support group.
- Screening Process Communication
 - Individual presenting with symptoms will not be permitted on the premises.
 - If needed, employees will be instructed specific location(s) they can enter and exit to prevent cross contamination.
- Continued communication with local and state DOH and regional epidemiologist
- Miscellaneous
 - Notification of lab testing if applicable.

Therapy

- Therapists will support elders with therapy services as well as with ancillary needs.

Egress

- In the event of an emergency evacuation, all egress in all neighborhoods is accessible.

Personal Laundry

- Personal laundry will be washed and dried in the main laundry room.
- Dirty clothing bundles will be covered when transported to the laundry room and again covered when transported back to the resident's room.

Linen

- Each neighborhood will continue to use their existing linen closets.
- EVS will drop off the clean linen in each neighborhood in the morning and afternoon.
- Dirty linen will be bagged, tied, and left in the utility room. Dirty linen will be left outside of the zone during the morning, afternoon, and evening hours.

Supplies

- Supply Chain staff member will be responsible for delivering medical supplies to each neighborhood. If unexpected items are needed, email Material Services and it will be delivered. In the event of an urgent need and receiving is not onsite, call Receiving to the facility to distribute them.

EVS

- Increase cleaning and disinfecting of high touch surface areas.
- Nurses will be responsible for disinfecting medication carts and nursing equipment supported by EVS.
- Halo machine will be utilized during deep cleaning.
- External professional cleaning company can be utilized to clean the facility as needed.
- EPA registered disinfectant in use.

Emergency Staffing/Contingency Plan

See Emergency Staffing policy for more details.

- Identify internal staffing capability including additional shifts, potential loyalty or incentive pay, and/or outsource agencies for assistance.
- Coordinate with sister facility within Parker to determine if staff can be utilized.
- Inform OEM for other potential resources.
- Should a labor stoppage or shortage occur, the DOH will be notified.
- All data required to be reported will continue to be reported

Define cases

Establish a standard criterion for deciding whether a person should be classified as having the disease in the outbreak investigation. These includes:

- Clinical information about the disease Characteristics of people who are affected
- Location/place information
- Specification of time during outbreak exposure or onset occurred.

Identify and tract cases.

- Create a line list typically include Add NJDOH line listing here
- Follow local board of health line list forms to create data.
- Based on the line list and information gathered, develop a probable cause of the illness, source or agent, mode of transmission and exposure that caused the outbreak.

- Control and prevention measures. Once the source of the outbreak has been determined, follow the appropriate guidelines based on the chain of infection.
- Continue surveillance tracking of incidence and disease.

Isolation and Cohort

In the event of need to isolate a PUI resident, new admission, or infected resident all Parker infection control policies for isolation will be followed:

Residents who are symptomatic will be placed in isolation in their private suite with dedicated staff that will observe all PPE process. If medically necessary needs residents will be transferred to Parker at Somerset LTC.

Infections that may be considered in surveillance include those with limited transmissibility in a healthcare environment: and /or limited prevention strategies.

Residents to remain restricted to full symptom surveillance:

Nursing staff will monitor residents for signs and symptoms that may suggest infections, according to current criteria and definitions, and will document and report suspected infections to the DON as soon as possible.

PPE will be worn as indicated for the care of residents.

Employees working with the residents who are or are not affected will be identified and minimize the staff assignment.

Persons Under Investigation due to high-risk exposure or confirmed lab results.

- Resident signs and symptoms monitoring will be in place.
- All symptomatic residents will be evaluated for causes of their symptoms.
- Separated from other residents and remain in private suite.
- Physicians will be notified.
- Proper PPE designated will be worn.
- Meals will take place in the room.
- Recreation and Social Workers will provide audio/visual methods of communication.
- Communication with POA/responsible party will remain fluid for the duration of the time.
- Physician to serve as a consultant.
- Telehealth implemented if needed
- Transfer to Parker at Somerset if medically needed

Declaration that an outbreak is concluded:

- An outbreak is over when zero cases that meets the investigation criteria is reported within two incubation periods and in consultation with the NJDOH outbreak epidemiologist. The incubation period, period of contagiousness, and date of most recent case will be used in making the determination that the outbreak is resolved.
- A summary of the investigation will be documented and reported to QAA committee and health department, if indicated.

