

Manual Title	Infection Prevention/Control Manual
Policy Title	Outbreak Response Plan
Approval	
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**Policy:**

To effectively manage and contain an outbreak when identified in this Center.

To promote an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

To facilitate outbreak investigation organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected.

To facilitate regular meetings by the team listed below to monitor the outbreak and initiate any needed changes.

To facilitate local and state department of health notification as required.

**Section A**

**Infection Prevention Team:**

Administrator  
Wellness Director  
Infection Preventionist

Outbreak investigation will be organized by the Infection Control Nurse (Infection Preventionist) when an outbreak is suspected.

Outbreak is defined as a new SARS-CoV-2 infection in any Health Care Personnel (HCP) or any onset SARS-CoV-2 infection in a resident.

1. This Center will inform the individual residents, their representatives, and families within 24 hours of a single, confirmed infection of COVID-19
2. This Center will update residents, their representatives, and their families of the COVID-19 conditions within the facility weekly.
3. When reporting and/or updating residents, their representatives, and their families, the Center shall report information regarding mitigating actions implemented to prevent or reduce the risk of COVID-19 transmission, including if normal operations in the nursing

home will be altered. Reporting and/or updates must be made in accordance with existing privacy regulations and statutes. Staff shall provide no personally identifiable information when making reports or updates.

4. Reporting and updates to residents' representatives and families shall be made by letter, email listservs, website postings, and/or recorded telephone messages.
5. The Center shall post a designated staff person(s) telephone number and email address to facilitate contacts from residents' representatives and families, including, but not limited to, urgent communications.
6. The Center shall notify the resident's primary care physician in the event of a confirmed case of COVID-19, influenza, or norovirus or of a new onset of respiratory symptoms.
7. The Center shall notify the resident's representative and family of new onsets of respiratory symptoms.
8. The Center shall notify the health department as required.
9. Immediate steps will be taken to the best of the center's ability to isolate individuals as per department of health and local department's guidance under the Center's cohort plan.
10. Testing will be expansive and extensive center wide for COVID-19 and Influenza.
11. Staff testing will also be underway to stop the introduction and limit exposure and control the spread of these contagious diseases.
12. In the event of visitation restrictions imposed due to an outbreak of infectious disease or in the event of an emergency, this Center will facilitate phone, email, video-communication, and/or FaceTime communications between residents and their families and/or representatives as the resident's condition and technological capabilities permit. This Center will notify residents' families and/or representatives during weekly teleconferences how to request such communications. The Center shall designate a staff member or members to coordinate communications with the residents' families and/or representatives.
13. In the event of a new outbreak of COVID-19 or any other infectious disease or an emergency among staff, which results in insufficient nursing staff to meet resident care, center shall evaluate the need for alternative staffing. Available alternatives:
14. When employing alternative staffing strategies, the Center shall avoid reintroducing Float or Flex staff to residents who are not the subject or suspected to the subject of an outbreak.

## **Section B**

### **Procedure:**

#### **COVID-19**

1. According to defined clinical parameters or state regulations, a COVID-19 outbreak has occurred if two (2) resident/patients and/or staff in three (3) days/(72) hours become sick with these listed symptoms and at least one (1) of these has a positive test for COVID-19.
2. Confirm the existence of an outbreak:

- a. Define as one (1) LabID SARS-CoV-2 positive (detected), that is an excess over expected (usual) level within the center i.e., normal rate is 0% and is now (1) positive (detected) LabID result.
  - b. Symptoms:  
Fever, Dry Cough, Shortness of Breath, Fatigue  
Elders' symptoms may exhibit:
    1. Increased confusion, worsening chronic conditions of the lungs, loss of appetite, and decrease fluid intake
    2. Less common: sore throat, headache
3. In the event of an outbreak, this center will implement a center wide testing of residents and all center's staff.
  4. If resident/patient(s) refuses to undergo COVID-19 testing, those individuals will be treated as Person Under Investigation (PUI).
  5. Nursing will document resident/patient's refusal and notify responsible representative of refusal to testing.
  6. Resident/patient at any point in time may change their mind to testing, the center will proceed with testing this individual.
 

PUI:

    - a. Resident/patient will be cohorted accordingly.
    - b. Temperature monitoring and vital signs will continue.
    - c. Onset of elevated temperature or other related symptoms consistent with COVID-19 will require immediate cohorting with symptomatic residents, if possible.

**Influenza:**

1. An influenza outbreak has occurred if there are three (3) or more clinically defined cases or one (1) or more laboratory identified result for Influenza in a Center within a 10-day period from October through May.
2. Once a single resident has been identified by an approved nasopharyngeal swab test (QuickVue Influenza Test) as having the Influenza Virus the following protocol is to be initiated:
  - a. Droplet: Transmission-Based Precautions implemented.
  - b. Cohort of residents.
  - c. Restrict staff to one unit.
  - d. Activities and Activities Staff to be restricted to one unit.
  - e. Main Dining Room open only to the unaffected unit residents.
  - f. Housekeeping assigned to the unit to increase rounds of common areas and high touch areas (side rails, doorknobs, handrails).
  - g. Visitors will be advised to limit visiting to unrestricted unit resident's room.
  - h. Those visitors exhibiting respiratory symptoms will be encouraged to call instead of visiting a resident.

- i. Education materials will available at the reception desk and over the sign in register.
- j. Dispensers containing alcohol-based sanitizers will be located at the entrance of the facility and in high traffic areas of the facility.
- k. Re-offer influenza vaccination to unvaccinated staff and residents.
- l. Notification, single LabID Influenza to local department of health and State department of health
- m. Team surveillance meeting regularly.

**Pneumonia:**

1. A potential pneumonia outbreak has occurred if there are two (2) or more Residents with **nosocomial** cases of non-aspiration pneumonia within a 10-day period.

**Section C**

**Investigation**

1. Develop a case definition based on symptoms, characterized by disease cases
  - a. What: the pathogen, site, and/or sign/symptoms
  - b. Who: the population in which cases are occurring?
  - c. When: length of time cases has been occurring
2. Create line listing and search for additional causes and cases
  - a. Review surveillance and lab reports
  - b. Obtain appropriate lab specimens as directed by the physician or state/local health department
3. Use appropriate line listing forms when symptoms are identified for both Resident and staff:
  - a. Respiratory Line Listing, Gastroenteritis line listing
4. Organize data according to time, place, and person
  - a. Time: duration of the outbreak and pattern of occurrence
  - b. Place: develop location and onset of dates of cases
  - c. Person: evaluate characteristics that influence susceptibility such as age, sex, underlying disease, immunization history
  - d. Exposure by nursing staff, or other infected Residents
5. Formulate likely cause
  - a. identify (organism) source and possible mode of transmission

**Notify**

- Administrator
- Wellness Director
- Infection Preventionist
- Family of the affected Resident(s)

- Local/State Health Department, according to regulations
- Residents, their representatives, and families

## **Section D**

### **Transmission-base Precautions and Cohorting**

1. Implement control measures based on sign, symptoms, diagnosis, mode of transmission, and location in the Center.  
Measures may include:
  - a. Transmission-based precautions.
  - b. Restrict visitors.
  - c. Screening all employees for elevated temperatures and signs/symptoms.
  - d. Restriction of affected residents from group activities.
  - e. Suspending communal dining.
  - f. Suspend admissions to affected unit.
  - g. Suspend admissions to center if deemed necessary.
  - h. Housekeeping, intensive environmental cleaning with frequent cleaning of high touch areas with EPA approved disinfective agent.
  - i. Implement staffing contingency plan for possible change in staffing levels.
2. Once all has been reviewed with Administrator, Infection Preventionist, and Nursing
  - a. Conduct mandatory staff education
  - b. Hand hygiene
  - c. Outbreak disease symptoms
  - d. Reporting the occurrence of symptoms of resident/patients and staff.
  - e. Transmission-Based precautions
  - f. PPE made available in preparation for an outbreak
  - g. Advise staff who are exhibiting symptoms to stay at home
3. Monitor for effectiveness of investigation and control measures until cases cease to occur or return to normal level
4. Compare group of uninfected Residents with infected Residents
5. Conduct care practice observation IF cause implies a breakdown in resident care practices.
6. Complete an Investigative Summary and submit a copy to
  - a. Nursing Director
  - b. Administrator
  - c. Infection Preventionist

\*Summarize data/information collected, include case definition, contact tracing, cause and final evaluation of outbreak.

Resources:

NJDOH, Guidance for COVID-19 and/or exposed healthcare personnel  
[https://nj.govhealth/cd/documents/topic/NCOV/Guidance for COVID-19 Diagnosed and/or exposed HCP.pdf](https://nj.govhealth/cd/documents/topic/NCOV/Guidance%20for%20COVID-19%20Diagnosed%20and/or%20exposed%20HCP.pdf).

CDC, Testing for Coronavirus (COVID-19) in nursing homes  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CMS, April 19, 2020 (QSO-20-26-NH) Communicable Disease Reporting Requirements/Transparency

CMS, 6-4-2020 Clarification of notification guidelines

AHCA/NCAL - COVID-19 Update #75; revised notification guidelines

New Jersey Department of Health Executive Directive No.20-026  
Effective date: August 10, 2020