Sinai Post-Acute Nursing and Rehab Center
Newark, NJ 07103
Department: Nursing

Policy Initiated: 02/2020

Policy and Procedure Manual

Subject: Emergent Infectious Diseases Outbreak Plan
Last Revised: 09/02/2020
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"Policies and Procedures are GUIDELINES. They are intended to communicate information that generally applies to facility operations. However, these guidelines may not always be applicable to individual circumstance. Current rules, regulations and laws take precedence over guidelines. Managers, professionals and staff may complete their respective duties in an alternative manner, due to rapid pace of progress and/or presenting circumstance."

PURPOSE:

The purpose of the Infectious Disease Emergency Response Plan is to contain an outbreak of disease caused by an infectious agent or biological toxin and to provide guidance to staff on how to prepare for new or newly evolved Infectious diseases (Emerging Infectious Diseases) whose incidence in humans has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of infection to the residents, families and staff of the facility. Infectious disease emergencies may include naturally occurring outbreaks (e.g., measles, mumps, meningococcal disease), emerging infectious diseases (e.g., SARS, avian influenza), and bioterrorism.

GOAL:

To protect our residents, families, and staff from harm resulting from exposure to an emergent infectious disease while they are in our care center.

DEFINITIONS:

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:

a. New infections resulting from changes or evolution of existing organisms
b. Known infections spreading to new geographic areas or populations
c. Previously unrecognized infections appearing in areas undergoing ecologic transformation
d. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures

Epidemic - Refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in thae population in that area.

Outbreak - Carries the same definition of epidemic but is often used for a more limited 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.

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.

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 so exposed to prevent the spread of the disease.

Cohorting - The placement of patients exposed to or infected with the same laboratory-confirmed pathogen in the same inpatient room or unit is a strategy which can be used when patient requirements for private rooms exceed capacity.

LESSONS LEARNED FROM THE RESPONSE TO AND EXPERIENCE WITH COVID-19:

- The need to have enough back-up PPE supplies
- Availability of designated cohorting/isolation rooms to be used as needed
- Having a staffing contingency plan
- The importance of having a good communication line with the Local Health Department and having the contact information of support systems in the community and the state.

GENERAL PREPAREDNESS FOR EMERGENT INFECTIOUS DISEASES (EID):

A. The facility's emergency operation program will include a response plan for a community-wide infectious disease outbreak. This plan will:

- build on the workplace practices described in the infection prevention and control policies
- include administrative controls (screening, isolation, visitor policies and employee absentee plans
- address environmental controls (isolation rooms, plastic barriers sanitation stations, and special areas for contaminated wastes)
- Address human resource issues such as employee leave
- Be compatible with the care center's business continuity plan

B. Clinical leadership will be vigilant and stay informed about EIDs around the world. They 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.

C. As part of the emergency operations plan, the facility will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, surgical masks, assorted sizes of disposable N95 respirators, and gloves and essential cleaning and disinfection supplies. The facility will have 2 months of PPE stockpiled calculated using the PPE Burn Rate Calculator.

D. The facility will develop plans with their vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption to normal business including an EID outbreak.

E. The facility will regularly train employees and practice the EID response plan through drills and exercises as part of the center's emergency preparedness training

LOCAL THREAT:

A. Once notified by the public health authorities at either the federal, state and/or local level that the EID is likely to or already has spread to the facility's community, the facility will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.

B. The facility's Infection Preventionist (IP) will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for skilled nursing care centers as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.

C. Working with advice from the facility's medical director, administrator, human resource director, local and state public health authorities, and others as appropriate, the IP will review and revise internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.

D. Staff will be educated on the exposure risks, symptoms, and prevention of the EID. Place special emphasis on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing.

E. If EID 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.

F. 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.

G. Brief vendors/contractors on the facility's policies and procedures related to minimizing exposure risks to residents.

H. Post signs regarding hand hygiene 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.

I. To ensure that staff, and/or new residents are not at risk of spreading the EID into the facility, screening for exposure risk and signs and symptoms may be done PRIOR to admission of a new resident and/or allowing new staff persons to report to work.

J. 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 EID while off duty to their supervisor and public health.
- Precautionary removal of employees who report an actual or suspected exposure to the EID.
- 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.

K. Self-isolation - in the event there are confirmed cases of the EID in the local community, the facility may consider closing the facility to new admissions, and limiting visitors based on the advice of local public health authorities.

L. Environmental cleaning - the facility will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.

M. Engineering controls – The facility will utilize appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.

SUSPECTED CASE IN THE FACILITY:

A. Place a resident or on-duty staff who exhibits symptoms of the EID in an isolation room and notify local public health authorities.

B. Under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute care center via emergency medical services as soon as possible.

C. If the suspected infectious person requires care while awaiting transfer, follow facility's policies for isolation procedures, including all recommended PPE for staff at risk of exposure.

D. Keep the number of staff assigned to enter the room of the isolated person to a minimum. Ideally, only specially trained staff and prepared (i.e. vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional training and supervision in the mode of transmission of this EID, and the use of the appropriate PPE.

E. If feasible, ask the isolated person to wear a facemask while staff is in the room. Provide care at the level necessary to address essential needs of the isolated individual unless it advised otherwise by public health authorities.

F. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposed individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.

G. 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.

H. 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.

COMMUNICATION:

In the event of An EID outbreak,

a. The Administrator/Infection Control Preventionist will notify staff and visitors; Social workers, Admissions Department and Nursing staff will notify residents and residents' families; Nursing staff will also notify service providers for specific residents positive with COVID-19 (e.g. Laboratory technician, radiology technician, transportation providers, dialysis center, clinics).
b. Residents, their representatives and families will be updated weekly or as needed including notification by 5 pm the next calendar day following the subsequent occurrence of either:
    - Each time a single confirmed EID is identified, or
    - Whenever three or more residents or staff with new onset of symptoms associated with the EID occur within 72 hours of each other or as recommended by local, state, and federal public health authorities.
c. In the event that visitation is restricted, residents may communicate with their representatives or families through phone or video communication (Tablet and I-phone available for use). To schedule calls, residents, representatives and/or families must call the social workers or the

administrator. Restriction should not occur unless the local or state department of Health is consulted and in agreement.

d. Residents, representatives and families may also go to the facility's website for updates and contact information.
e. For urgent calls or complaints, a call must be placed to facility's phone number (973-483-6800) and press 0 for the operator and ask for the Nursing Supervisor.

EMPLOYER CONSIDERATIONS:

A. Management will consider its requirements under OSHA, (Center for Medicare and Medicaid (CMS), state licensure, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA) and other state or federal laws in determining the precautions it will take to protect its residents. Protecting the residents and other employees shall be of paramount concern. Management shall take into account:

- The degree of frailty of the residents in the facility;
- The likelihood of the infectious disease being transmitted to the residents and employees;
- The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces)
- The precautions which can be taken to prevent the spread of the infectious disease and
- Other relevant factors

B. Once these factors are considered, management will weigh its options and determine the extent to which exposed employees, or those who are showing signs of the infectious disease, must be precluded from contact with residents or other employees.

C. Apply whatever action is taken uniformly to all staff in like circumstances.

D. Do not consider race, gender, marital status, country of origin, and other protected characteristics unless they are documented as relevant to the spread of the disease.

E. Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.

F. Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed by an employee.

G. Permit employees to use sick leave, vacation time, and FMLA where appropriate while they are out of work.

H. Permit employees to return to work when cleared by a licensed physician, however, additional precautions may be taken to protect the residents.

I. Employees who refuse at any time to take the precautions set out in this and other sections of this policy may be subject to discipline.

EMERGENCY STAFFING STRATEGIES:

In the event that the facility has difficulty with staffing the facility in an event of an emergency the following will take place:

a. Remove tasks from the nursing department that does not need to be completed by a CNA or Nurse including but not limited to passing out water, answering call bells, passing out snacks and designate these tasks to alternate employees such as recreation or housekeeping.

b. Restorative nursing staff will assist on the unit as well as Rehab staff within the scope of their practice

c. Nursing Administration (DON, ADON, Unit Managers, Supervisors, MDS) may need to work on the units as needed

d. Social Services and Administration to assist on the units as necessary (ie. answering phone calls, call bells, passing out meal trays etc.).

e. Dietary may utilize paper goods in order to free staff to assist in other areas.

f. Offer Bonuses or incentive to staff to come in on off shifts

g. Offer bonus to employees as needed

h. Utilize staffing agencies as needed

i. Consider contingency or crisis staffing as per CDC recommendations in conjunction with local and state Dept of Health.