

MEADOWVIEW NURSING AND REHABILITATION CENTER

INFECTIOUS DISEASE OUTBREAK MANAGEMENT PLAN

Objective: To develop a comprehensive Outbreak Management Plan that establishes a facility wide system for the prevention, identification, investigation and control of infections among residents, staff, associate practitioners and community members.

Policy: Meadowview will activate the Outbreak Management Plan whenever alerted by the County, State or Federal Health Officials that the risk of an Outbreak of Contagious Disease exists. Recommendation from these Institutions will guide the facility mitigation actions for the specific outbreak.

Case Identification

- Appropriate residents will be screened for symptoms of the disease per NJDOH CDC guidelines. I.e., cough, fatigue/malaise, shortness of breath, loss of taste or appetite, nausea/vomiting or diarrhea, and temperature elevation 2 or more degrees above the residents' baseline. In addition, all resident's Vital Signs, Pulse Oximetry and pain level will be assessed as per NJDOH/CDC recommendations.
- When a resident has a positive assessment;
- Notify PCP of the resident's symptoms and advise that the resident is now a Person Under Investigation (PUI) and that the facility Protocol is being initiated.
- The resident will be placed on Transmission Based Precautions and moved to the designated PUI area.
- Local DOH will be notified of suspected case. Appropriate testing will be performed per policy.
- An eInteract Change of Condition (CIC) is initiated with follow up e Interact continued for a minimum of three days (8 assessments) or until the problem is resolved.
- The appropriate Enhanced Precaution Protocol, based on NJDOH/CDC guidelines (and the availability of PPE) will be initiated and continued until the Infection Preventionist (or their designate) discontinue the precautions.

Transmission Based Precautions

- Transmission Based Precautions will be followed by all facility staff and healthcare providers based on current CDC/NJDOH recommendations and available PPE. The following measures will be enacted
 - For Droplet Precautions staff will use closed disposable or reusable gown or jumpsuit
 - Gloves
 - Hair covering
 - N-95 mask
 - Eye covering, either goggles or face shield
 - In the event of PPE shortages, staff will be kept informed of recommended substitutions and management of available PPE

Modifications to resident's routines will be made according to current CDC/NJDOH guidelines

- Symptomatic Residents should be encouraged to remain in their rooms. If leaving the room, they must first perform hand hygiene, wear a mask over both mouth and nose, and keep a 6 foot distance from others.
- All communal activity will be suspended; i.e., dining, activities and social gatherings
- Therapy will be done at bedside for all suspected or confirmed residents
- Staff will remind and assist residents to perform hand hygiene and maintain respiratory etiquette

Building Access

- The front doors will be locked preventing entrance from the outside.
- The guard will check the destination of the person seeking entrance to be sure that an appointment is pending. All persons allowed entrance by the guard must complete the health attestation form prior to going to any other part of the building
- The floors will be marked at 6 foot intervals to promote social distancing
- Signs will be posted in the elevators for maximum capacity of 3

Personnel and Staffing

- Staff will be designated for positive resident units. Floating will be done only on an emergent basis and in consultation with Nursing Administration and Infection Prevention.
- Only Staff fit tested and able to use appropriate PPE will work on positive units.
- Employees taking care of contagious respiratory residents will receive education on transmission, spread, and symptoms of the disease. Additionally, they will be educated on monitoring themselves for symptoms when not-at work.
- All employees will complete a health questionnaire and have their temperature taken when entering the building for any purpose. During an outbreak, staff will be evaluated for any sign or symptom of illness associated with the organism, as defined by the CDC/ NJDOH. Any employee with a temperature of 100.0 or greater will be sent home and directed to call their PCP for follow up evaluation ASAP. Employees will notify their Manager or the Nursing Supervisor Immediately of any sign or symptom associated with the organism. The employee may only return to work after being cleared by the Administrator or Director of Nursing.
- All employees must comply with any ongoing testing program enacted by the facility in order to continue working.
- Any employee calling out sick must advise the Nursing Supervisor or their manager of all symptoms they are experiencing.

High Risk Procedures

- High Risk Procedures are any procedures with the potential to generate respiratory droplets, including but not limited to nebulized therapy, non-invasive ventilation (CPAP, BiPAP).
- New Residents requiring High Risk Procedures will be excluded from admission. Returning residents will be assessed on a case by case based depending on availability of necessary equipment.

- At any time, the suspension of certain high risk procedures may be necessary to minimize risk to staff as directed by and in collaboration with the Infection Preventionist and Medical Director.
- Nebulizer Treatments may be substituted with MDI (Metered Dose Inhaler) if appropriate under the direction of the Medical Director.
- Staff will utilize PPE for Quarantine isolation for all high risk procedures.
- HEPA Units, when available) will be placed in the rooms of those residents requiring CPAP/BiPAP.
- Oxygen should be delivered dry, (without humidification) to avoid nebulized humidity
- Crash Carts on units with contagious respiratory residents should be left outside the room. Only necessary resuscitation equipment and supplies are to enter the room. All staff will wear full PPE required for quarantine before entering the room.
- If resuscitation is successful, a nurse will remain with the resident until transfer is

Resident Transport to the Hospital

- Document all actual or suspected contagious diseases on the NJ Transfer Form. Call and inform the receiving ER, 911 and Transport provider of residents Transmission Based Precautions needs.
- Place a surgical mask, if tolerated, on the resident.
- When transferring the resident to stretcher; place a clean sheet on the stretcher, after the resident is on the stretcher, place a clean sheet/blanket over the resident. **Do not use any of the residents contaminated bed linens from the bed.**
- Non-facility transport staff will be required to don new PPE at the entrance door, prior to proceeding to the resident's unit for pick up.
- Upon the resident's return, or new-resident admissions, the same process is to be used.

Residents Leaving the Facility for Necessary Medical Evaluations and Tests.

- During times of high community positivity and transmission rates, resident visits to external providers and ER will be minimized. If telehealth and diagnostic vendors can be used. External visits will not be allowed. This decision will be made on an individual basis by the Infection Prevention & Control Committee in conjunction with the Medical Director.
- Telehealth will be the preferred means of consultant visits.
- When a resident must leave the building, they will be placed in PPE on the Nursing Unit; gown, surgical face mask and perform hand hygiene. The PPE will remain in place during the resident's external visit and removed at the door at the time of return. Gown, gloves and mask are to be removed and placed in a plastic bag and disposed of at the security desk. The resident is to have a new mask placed and perform hand hygiene at the entry door, prior to proceeding to their room.

Residents Discharging from the Facility to Home or Community Setting

- In addition to the Facility Discharge Policy and Procedure, the following handouts will be reviewed and given to resident/caregiver at the time of Discharge;

NJDOH Guidance for Discontinuation of Transmission-Based Precautions and Home Isolation for Patients with Covid-19. (Updated; March 19,2020)

- Additionally, residents and caregivers will be instructed to call their Home Care Provider and/or PCP if they develop any signs or symptoms of illness.

Management of Deceased Residents Positive or Suspected of Outbreak Infection.

- Post Mortem Care will be conducted using Transmission Based Precautions per facility Policy.
- Prior to moving the resident to the morgue for Funeral Home Pick-up, The residents body will be placed on the Morgue Gurney and covered with a clean barrier sheet prior to removal from the Positive or PUI Nursing Unit.
- The Nurse will inform the Funeral Home representative that the resident is positive for an Outbreak Infection when they call to arrange for pick up. The nurse will remind the Funeral Home representative when they arrive to pick up the body.

Communal Dining and Group Activities during Outbreak

- All communal dining will be suspended: Residents will have their meals delivered to their rooms. If they cannot eat in their rooms for safety reasons, they will be seated six feet apart from other residents in a common area with line of sight supervision. One resident to a table.
- Non-nursing staff will be cross trained to assist residents with eating and hydration.
- Group Activities will be discontinued. Resident Activities will include;
 - 1:1 in room visits
 - Utilization of Facetime for family and friend visits
 - Bingo and Games utilizing the overhead paging system

Visitors and Visitation

- During times of Outbreak, it may be necessary to limit, restructure and/or restrict visitation. This decision will be based on the recommendations of the Local, NJDOH and CDC guidelines.
- All visitors must be approved by a member of the Core Infection Prevention Committee.
- Visit exception may be made for "Compassionate Visits" when a resident's end of life is eminent.
- All visitors are screened for contagious disease symptoms or epidemiologic risk, as per the Screening Tool, at the time the request is made, prior to coming to the facility.
- Upon arrival, they are educated on; Quarantine / Enhanced Precautions Procedures, the risks of visitation and the Health Questionnaire Form. Both the Health Questionnaire and the Release of Responsibility must be signed prior to the visit.
- PPE appropriate for the unit to be visited is to be provided and the visitor assisted to don the PPE
- The visitor must go directly to the resident's room and stay in the room.
- At the end of the visit, The nurse is to assist the visitor to remove the PPE in the appropriate place based on the protocol for that unit

Environmental Cleaning Enhancement

- When Confirmed or Suspected cases of Infection occur in Atlantic county, the following enhancement measures will be enacted
 - Increase disinfection of all high touch surfaces and handrails throughout the building with Facility anti-viral approved cleaner or 1:10 solution of bleach a minimum of two times on day shift and once on evening shift.
 - Daily cleaning of residents room
- When there are Suspected or Confirmed cases in the FACILITY
 - One Environmental Service worker will be dedicated to each resident area
 - All surface areas in each resident hallway will be cleaned with facility approved antiviral disinfectant or 1:10 bleach solution a minimum of two times per day
- When a resident is transferred to another room or discharged the following process will be followed;
 - **If discharge to home**, nursing staff will pack residents clothing and belongings prior to discharge time.
 - **If room Transfer**, EVS staff will pack all clothing and belongings for transport to new room.
 - **If resident is being moved to PUI or Positive Unit**, their belongings are to be left in the room. Only what is absolutely needed to be moved to the new room. The rest is to remain in the original room (unless the room is needed)
 - All Quarantine room doors will be shut and remain shut for one hour after resident moves or leaves the building
 - If available; place HEPA unit in room for one hour.
 - Nursing Staff will discard any **supplies** left in room. Nothing else.
 - EVS will remove bedding, residents clothing and belongings, clean all reusable medical equipment, clean the room, remove curtains and drapes and replace them. EVS will then advise nursing and admissions that the room is ready for occupancy.

Bed Management – Designation of Beds during an Outbreak

- A designated area will be assigned for Positive Residents and known as **POSITIVE UNIT**. These residents have a confirmed diagnosis either by testing or symptom based.
- A designated area will be established for Persons Under Investigation and known as the **PUI Unit**. These residents have symptoms, but are not diagnosed as Positive.
- A unit will be designated as a Quarantine Unit for newly admitted or returning residents and will be known as the **Quarantine Unit**. These residents may have been exposed through community contact, but are not having symptoms. After a fourteen day quarantine, residents that have no symptoms and a negative Nasal Swab may be transferred to a negative resident unit.

Pre-Admission Screening of New and Returning Residents

- Pre-Admission Screening will be performed according to facility Policy
- All residents anticipating admission or readmission to the facility must have two consecutive negative PCR Nasal Swabs reported tested within 72 hrs. of admission
- The Intent to Admit Notice will be posted on the Home Page of PCC along with any Enhanced Precautions required.
- The resident's medical record will be scanned into PCC when the admission notice is posted and located under the MISC. tab.

Infection Prevention and Control Responsibilities

- The Infection Prevention and Control Coordinator, with direction from the Administrator, Director OF Nursing, and Medical Director will ensure implementation of appropriate infection control measures.
- The IPC, or designee, will be the facility resource person providing regular communication to Administration, Department Heads and staff. IPC or designee will report all cases to the appropriate health officials.
- The IPC will coordinate staff, Resident and family Education

The Infection Control Committee will serve as the Pandemic Response Committee and meet at least weekly and as needed

- Core Members
 - Administrator
 - EVS
 - Infection Preventionist Nursing-Admin
 - Medical Director
 - Nursing Administration; DON, ADONs
- Ad Hoc
 - Dietary
 - Social Services
 - Therapy Department

References:

CDC, Interim Guidance for Infection Control within Healthcare Settings when Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation with Novel Influenza, and Viruses Associated with Severe Disease. <https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>, Jan23,2014
CDC, Public Health Guidance for Community-Level Preparedness and Response to SARS, version-2/3, Supplement 1: Infection Control in Healthcare and Community Settings, <https://cdc.gov/sars/guidance/i-infection/index.html>, May 3, 2005

CDC, Interim Healthcare Infection and Control Recommendations for Patients under Investigation for 2019 Novel Coronavirus, <http://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>, Feb. 10, 2020

NJDOH, Guidance for COVID-19 Diagnosed/or Exposed Healthcare Personnel, available at [https://www.nj.gov/health/cd/documents/topics/NCOV | Guidance for COVID 19 Diagnosed and or Exposed HCP.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV%20Guidance%20for%20COVID%2019%20Diagnosed%20and%20Exposed%20HCP.pdf)

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