

## OUTBREAK RESPONSE PLAN

### **IT IS THE POLICY OF THIS FACILITY:**

- To effectively manage and contain an outbreak when identified in the facility.
- To promote an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment.
- To help prevent the development and transmission of communicable diseases and infections.
- To conduct and organize and investigation by the Infection Control Nurse (Infection Preventionist) or its designee when an outbreak is suspected within the facility.

**COMMUNICATION AND NOTIFICATION:** This facility has policies in place to inform residents, their representatives and families and staff when there is an outbreak in the facility and provide cumulative updates on a minimum of a weekly basis. Notification is distributed through: Email, Website posting, Telephone recordings, Zoom Meetings, Skype or via other available communication mediums.

The facility will inform residents, their representatives and families of the residents by 5 PM the next calendar day following the subsequent occurrence of either: each time a single confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.

Such notification will include: Information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the facility will be altered.

**MITIGATION EFFORTS:** Immediate steps will be taken to the best of the facility's ability to isolate symptomatic individuals from those who may be pre-symptomatic or under investigation and residents who do not have any symptoms to dedicated areas with dedicated staff.

**MONITORING OF SYMPTOMS:** The facility will monitor its residents and employees for the following symptoms as determined by the CDC:

- Fever
- Cough
- Shortness of breath/difficulty breathing
- Chills
- Shaking with chills
- Muscle or body aches/pain
- Headache
- Sore throat
- New loss of taste or smell
- Diarrhea
- Nausea or vomiting
- Congestion or runny nose
- Elders may exhibit Increased confusion, worsening chronic condition of the lungs, loss of appetite, and decreased fluid intake

**TESTING:** In accordance with current CDC, CMS, Federal and State Regulations, the Facility will conduct be expansive and extensive facility wide testing for COVID-19 and influenza for its residents and staff to stop the introduction, limit exposure to, and control the spread of COVID-19.

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**REFUSAL TO TEST:** A resident who refuses to undergo COVID-19 testing, will be treated as a Person Under Investigation (PUI) and will be:

- Cohorted accordingly; and
- Have their temperature monitored every shift.

In addition, Nursing will document the resident's refusal and notify the responsible representative of refusal to testing.

In the event that a PUI has an onset of elevated temperature or other related symptoms consistent with COVID-19 the PUI will require immediate cohorting with symptomatic residents.

A PUI resident may at any point change their mind to testing at which time the facility will proceed with testing the individual.

**MITIGATION FACTORS:** in the event of a suspected or confirmed outbreak, the facility will implement control measures based on signs, symptoms, diagnosis, mode of transmission, and location in the facility which may include:

- Transmission-based precautions
- Restricting visitors
- Screening all employees for elevated temperature and signs/ symptoms
- Restriction of affected residents from group activities
- Suspending communal dining
- Suspending admissions to affected unit
- Suspending admission to the facility if deemed necessary.
- Increased housekeeping, intensive environment cleaning with frequent cleaning of high touch areas.
- Staff Coordinator will implement staffing contingency plan for possible change in staffing levels.

The facility will monitor for effectiveness of investigation and control measures until cases cease to occur to return to normal level,

- Compare group of uninfected resident with infected residents.
- Conduct care practice observation IF cause implies a breakdown in resident care practices.
- Summarize data/information collected, include case definition, contact tracing, cause and final evaluation of outbreak.

An Investigative Summary should be completed and a copy submitted to:

- Director of Nursing
- Administrator
- Medical Director

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### INFECTION CONTROL/MITIGATING MEASURES IN PLACE

The facility has the following infection control and mitigating measures in place to limit the spread of infection within the facility and utilizes standard precautions when caring for our residents.

**MANDATORY STAFF EDUCATION:** facility will conduct mandatory staff education which will include:

- Hand hygiene
- Outbreak disease symptoms
- Reporting the occurrence of symptoms of resident and staff
- Transmission-based precautions
- Advise staff who are exhibiting symptoms to stay at home
- In-service training for staff on infection control with surveillance monitoring for compliance.

**SCREENING:** Anyone entering our facility will be actively screened for fever and symptoms of COVID-19 and be required to wear a mask.

- Screening will include a questionnaire whether in the last 14 days, the visitor had an identified exposure to someone with a confirmed diagnosis of COVID-19, someone under investigation for COVID-19, or someone suffering from a respiratory illness.
- Whether in the last 14 days, the visitor has returned from a state on the designated list of states under a quarantine travel advisory.

**PPE:** The facility maintains an adequate supply of PPE in the facility according to the Burn Rate Calculator and will be made available in preparation for an outbreak

**CLEANING:** The Housekeeping Department will regularly clean and/or sanitize High Touch areas and equipment.

**STAFFING:** Our facility has developed contingency capacity strategy policies to ensure staffing needs are met. Contingency staffing strategies are adopted when staffing shortages are anticipated. Contingency strategies are based on current guidelines from the CDC and CMS and include:

- Cancellation of all non-essential procedures and visits.
- Shift Health Care Personnel in other areas to support resident care activities in the facility.
- Ensure that our Health Care Personnel have received appropriate cross-training to work in areas that are new to them.

**The Members of the Infection Prevention Team include:**

- Administrator
- Dietary Director
- Director of Nursing
- Housekeeping Director
- Infection Preventionist
- Maintenance Director
- Social Services
- Unit Nurses

## OUTBREAK RESPONSE PLAN

### LESSONS LEARNED

We have faced many challenges with the new and unknown pandemic and have learned valuable lessons in our experience with the evolving information available concerning COVID-19:

*Our facility has learned how important it is to communicate with the local and state departments of health so everyone receives the same information concerning the updates on the COVID-19.*

*The importance of the screening process.*

*Ensuring enough Personal Protective Equipment is certainly a priority to ensure our residents and staff are safe.*

*Importance in testing the residents and staff often and according to regulations to stop the spread of infection.*

*The importance of frequent staff education regarding the virus, PPE, etc. when updates available.*

*The importance of notifying residents, families and staff when there are updates regarding COVID-19.*

*Most important, working as a team with all the daily challenges to take care of our residents.*

*We could not have done this effectively if we did not all work together.*

*Please note: Regulations and guidance from CMS, CDC and Local and state agencies are constantly changing. This facility intends to comply with all such regulations and guidance and will comply with all such regulations and guidance.*