Outbreak of Communicable Diseases

Policy Statement

Outbreaks of communicable diseases within the facility will be promptly identified and appropriately handled.

- 1. An outbreak of most communicable diseases can be defined as one of the following:
 - a. One case of an infection that is highly communicable;
 - b. Trends that are ten (10) percent (or more) above the historical rate of infection for the facility; or
 - c. Occurrence of three (3) or more cases of the same infection over a specified period of time and in a defined area.
- 2. 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.
- 3. An outbreak of diarrhea is defined as anything exceeding the endemic rate, or a single case if unusual for the facility.
- 4. 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.
- 5. Contacts will be assessed as appropriate to determine if any actions need to be taken.
- 6. Symptomatic residents and employees are to be considered potentially infected and will be assessed for appropriate actions.
- 7. The Administrator will be responsible for:
 - a. Telephoning a report to the health department;
 - b. Restricting admissions to the facility as indicated or as authorized by the health department/Medical Director:
 - c. Submitting periodic progress reports to the health department, as requested;
 - d. Calling emergency meetings of the Infection Control Committee;
 - e. Discontinuing group activities, as indicated;
 - f. Limiting visitors if indicated (i.e., influenza in the community); and
 - g. Forwarding Communicable Disease Report Cards to the health department, as required.
- 8. The Infection Preventionist and Director of Nursing Services will be responsible for:
 - a. Receiving surveillance information and tabulating data;
 - b. Maintaining a line listing of identified cases on the appropriate Line Listing Report;
 - c. Notifying the Medical Director and the Attending Physicians;
 - d. Assigning nursing personnel, if appropriate, to same residents group for the duration of the outbreak;
 - e. Completing the Infection Treatment/Tracking Report form, if required.
- 9. The nursing staff will be responsible for:
 - a. Notifying the Director of Nursing Services of symptomatic residents;
 - b. Providing infection surveillance data in a timely manner;
 - c. Obtaining laboratory specimens as directed;

Outbreak of Communicable Diseases

- d. Initiating isolation precautions as directed or as necessary; and
- e. Confining symptomatic residents to their rooms as much as feasible, when indicated.

10. All employees should:

- a. Practice good hygiene and handwashing technique; and
- b. Report any symptoms relating to the current disease outbreak to their supervisor.
- c. Employees with symptoms shall be restricted from contact with residents and other employees.

11. The Medical Director is responsible for:

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

12. The Attending Physician will be responsible for:

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

Pandemic/Epidemic Preparedness and Response Plan

Policy Statement

The facility has taken measures to prepare for an influenza or pandemic or epidemic event. A pandemic/epidemic event is defined as the rapid spread of an infectious disease to a large number of people in a given population within a short period of time. The facility has developed a Pandemic/Epidemic Preparedness and Response Plan (Plan) to address the potential risk and exposure of residents, staff and visitors to a pandemic/epidemic event.

- 1. The Plan shall consist of two components a preparedness plan and a response plan.
- 2. The preparedness plan shall include the monitoring of residents, staff, and visitors for signs and symptoms of the pandemic/epidemic illness, the monitoring of medical supplies including personal protective equipment (PPE) and other supplies, the preparation of isolation areas, the selection and training of staff dedicated to the treatment of residents diagnosed with the pandemic/epidemic illness, the notification of the pandemic/epidemic illness to residents, responsible parties, employees, and local and state health officials, and information on the availability of laboratory testing.
- 3. The response plan shall consist of staff training guidelines for the treatment of infected residents, relocating infected residents to isolated areas, monitoring residents conditions, notification and updates to local and state health officials, communication with family members, and visitation protocols, and removing residents from isolation after a resident has been cleared of the infection.
- 4. The Plan shall be modified to address the unique and specific conditions of the pandemic/epidemic illness, and shall be developed based on guidelines or recommendations from local, state and/or federal health officials. The effectiveness of the Plan shall be assessed throughout the pandemic/epidemic event and modified to meet the safety needs of the residents throughout the incident.
- 5. The preparedness component of the Plan shall be implemented upon the outbreak of a pandemic or epidemic illness occurring in the community, state or country. The response component of the Plan shall be implemented when residents have been diagnosed with the pandemic/epidemic illness or have a presumption of contracting the pandemic/epidemic illness.
- 6. Staff members shall receive training pertaining to the facility's Pandemic/Epidemic Preparedness and Response Plan, prior to and during a pandemic/epidemic event.

Pandemic/Epidemic Preparedness and Response Plan

Preparedness Plan

The following procedures should be utilized to prepare for a Pandemic/Epidemic outbreak.

- 1. The facility's Administrator shall declare a Pandemic/Epidemic emergency event after consultation with the facility's Director of Nurses and Medical Director, upon the identification of a novel virus infection in a number of residents, staff or visitors; or in accordance to proclamations issued by governing officials in response to an increase in the human-to-human spread of an infection in the surrounding community, state or country.
- 2. The Administrator or Director of Nurses shall activate the Incident Command System (ICS) to manage the incident. Department supervisors and other management staff should report to the Incident Command Post for briefing and instruction on the facility's response to the pandemic/epidemic emergency event.
- 3. The duration of the emergency event may last several days or weeks. Throughout the event, the Administrator or Director of Nurses shall be the Incident Commander.
- 4. The Administrator shall form a committee of key personnel that will be responsible for the development of a preparedness and response plan to prevent and/or address a pandemic/epidemic break out in the facility. The committee shall be comprised of the following personnel:
 - a. Administrator
 - b. Director of Nursing and Assistant Director of Nursing
 - Nursing Unit Managers
 - d. Social Service Director
 - e. Environmental Service Director
 - f. Central Supply Coordinator
- 5. The committee shall be responsible for reviewing the facility's preparedness plan for pandemic/epidemic events. The committee shall revise the plan to meet the current situation presented by the pandemic/epidemic event. At minimum the plan shall address the following:
 - a. Monitoring of residents, staff, and visitors for signs and symptoms or conditions of the pandemic/epidemic illness.
 - b. Inventory levels for medical supplies, personal protective equipment (PPE), cleaning supplies, dietary supplies, and linens
 - c. The identification and preparation of isolation rooms used for infected residents.
 - d. Identifying and training staff to care for infected residents, including the use of PPE, infection control techniques, and clinical guidance for the management of the residents' symptoms.

Pandemic/Epidemic Preparedness and Response Plan

- e. Educating staff on the prevention and control of infectious diseases, practicing good infection control, hand washing, and the recognition of signs and symptoms of the pandemic/epidemic illness.
- f. Providing updated communication with residents, family members and staff regarding the facility's preparedness plan, visitor restrictions, and reporting information to government health agencies.
- g. Monitoring governmental health agencies web sites and social media outlets for up-to-date information pertaining to the pandemic/epidemic.
- h. Determining the availability of laboratory testing and providing in-service training to nurses on the proper specimen collection and transmission to the labs.
- i. The committee shall meet weekly at minimum, and more frequently depending upon the situation. The committee shall record and document their actions and retain for evaluation and review following the conclusion of the pandemic/epidemic event.

Response Plan

The following procedures should be utilized in the event of a Pandemic/Epidemic outbreak in facility.

- 1. Residents identified to be infected or are suspected of infection shall be relocated to the isolation areas identified in the facility's preparedness plan. Staff shall practice proper infection control techniques including the use of PPE during the relocation.
- 2. Only the staff identified in the facility's preparedness plan shall render care to the resident and have access to the isolation areas. No other staff shall enter the isolation rooms, except other healthcare professionals such as diagnostic testing technicians, physicians, physician assistants, nurse practitioners, first responders, and medical transport personnel. The delivery of meals and medical supplies, housekeeping services, and general cleaning shall be provided by the staff assigned to the infected residents.
- 3. Staff and other individuals providing care to infected residents shall practice appropriate infection control and the use of PPE.
- 4. Additional training shall be provided to the staff caring for infected residents specific to the pandemic/epidemic as well as the individual needs of the residents.
- 5. The facility will initiate an investigation to determine the source of contamination and to determine the risk of spread to other residents. The investigation will include the review of the infected resident's movement throughout the facility, any visitors seen by the resident, and staff assigned to the resident. Staff assigned to the resident will be assessed for any signs or symptoms of the illness. Visitors will be contacted and advised of the potential of exposure. Surrounding residents and residents whom may have socialized with the infected resident shall also be assessed for signs and symptoms of the illness.

Pandemic/Epidemic Preparedness and Response Plan

- 6. The facility shall develop mitigation efforts to prevent the spread of the illness. Mitigation steps shall include restricting visitors, confining residents to their rooms or units, isolating residents with similar conditions, isolating residents that had direct contact with the infected resident, discontinue dining room services and group recreational activities. The facility shall also continue with the monitoring of residents and staff and identify individuals that may have a high risk for infection.
- 7. The facility shall implement their communication plan, and notify all residents, responsible parties, and staff of the confirmed infection. Communication may be of letters, telephone calls, email notices, etc. At no time will the facility identify or provide anyone with the infected resident's identity.
- 8. The facility will follow all federal, state, and local guidelines for reporting a contagious infection within the facility. The facility's Administrator shall be responsible for all communication with government health agencies.
- The facility shall continue to monitor inventory levels of necessary medical supplies. Quantities of
 essential food, materials, medical supplies, and equipment shall be adjusted to meet the number of
 infected residents and their needs.
- 10. The facility will continue to evaluate staffing needs and develop a contingency staffing plan based on the number of residents infected and their individual needs. If necessary, the staffing plan shall include collaboration with other healthcare facilities and local government health agencies to address widespread healthcare staffing shortages during a crisis.
- 11. The facility's pandemic/epidemic plan shall include strategies to help increase bed capacity in order to provide support to surrounding hospitals.
 - a. The facility shall accept patients from area hospitals for admission of non-influenza patients to facilitate utilization of acute care resources of more seriously ill patients.
 - b. Facility space has been identified that could be adapted for use as expanded inpatient beds and information has been provided to local and regional planning contacts.
 - c. The facility shall limit admissions and occupancy based on availability of staff and supplies.
- 12. Capacity for deceased residents has been determined, including a space to serve as a temporary morgue.

Pandemic/Epidemic Planning for Infected and At-Risk Patients

Policy Statement

As part of the pandemic/epidemic preparedness plan, the facility has developed a plan for the care and treatment of infected and at-risk residents. The plan includes the identification of areas within the facility to care for infected and at-risk patients, staffing needs, supplies, and infection prevention. The facility's priority is to provide for the care needs of its current residents. However the plan can be used to address any surge or increase in bed demand by the community or local hospitals. At no time will the facility accept patients during a pandemic/epidemic event without the necessary staffing needs, critical services, and essential operations to care for patients.

- 1. The facility's pandemic/epidemic committee shall identify rooms within the facility for the use of infected and at-risk patients. Criteria shall include the availability of rooms, the location of the rooms, and the potential needs of the infected and at-risks patients and the staff attending to their care. Preferred room selection shall be vacant rooms on the facility's 5th floor, isolated at the end of corridors. Rooms shall be cleaned and sanitized by the Environmental Services department, and inspected by the Environmental Service Director and Administrator prior to the placement of residents. Semi-private rooms shall be converted to private rooms depending on the unique conditions or characterization of the pandemic/epidemic illness
- 2. The facility's Director of Nursing (DON) shall identify the special equipment needs for these isolation rooms depending upon the pandemic/epidemic illness. At minimum, in addition to the room furniture, equipment needs shall include clean linen cart, soiled linen cart, covered medical waste disposal containers, personal protective equipment (PPE), medication cart, and telecommunication system. Equipment to meet the individual needs of the patients include oxygen concentrators, suction machines, nebulizers, wheel-chairs, lifts, and specialized mattresses, shall be available and stored in the isolation area. Staff assigned to care for the patients shall be responsible for cleaning and disinfecting the equipment and communicating to the DON the need for any additional equipment, repairs or replacement.
- 3. The DON has been designated as the staff person responsible for planning, assessing and coordinating the staffing needs for a potential pandemic/epidemic outbreak in the facility. As part of this responsibility, the DON shall:
 - a. Estimate the minimum number and type of staff needed to care for infected and at-risk patients based on different volume levels of patients.
 - b. Develop strategies for reducing the gap between available staff and staffing needs as the number of infected and at-risks increases and staff members become ill or unavailable to work. Strategies may include:
 - (1) Assigning non-nursing care responsibilities for non-infected residents to administrative staff;
 - (2) Recruiting retired healthcare workers;
 - (3) Utilizing nursing and medical students; and/or
 - (4) Using resident family members in an ancillary capacity for non-infected residents.
- 2. The DON shall be responsible for the training of staff assigned to care for the infected and at-risk patients in isolation. Training shall include the donning and doffing of PPE, proper infection control techniques, and the specific care needs of the patients and their conditions, including monitoring patients for any psycho/social issues that may arise.

Pandemic/Epidemic Planning for Infected and At-Risk Patients

- 3. The facility's pandemic/epidemic committee shall address and procure the essential supplies needed to deliver care and services to the infected and at-risk patients. Essential supplies include medical supplies, PPE, cleaning and disinfectant agents, clean linens, food and dietary supplies, and recreational supplies such as books, puzzles, etc. The committee shall review supply inventories throughout the pandemic/epidemic and be responsible for maintaining adequate supply levels for all patients.
- 4. The facility's Administrator upon consultation with committee members shall collaborate with local emergency management agencies, other healthcare providers, and equipment suppliers in an attempt to maximize shared resources during a pandemic/epidemic outbreak.

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Pandemic/Epidemic Communications Plan

Policy Statement

The facility has established a communication plan to address the communication needs that may arise during a pandemic/epidemic event. The communication plan includes the contact information for local, state, and federal health officials, resident responsible parties, vendors, employees and physicians.

- The facility shall communicate with the various points of contacts prior to and during a pandemic/epidemic event. The facility shall review the communication plan as part its preparedness plan for a pandemic/epidemic event.
- 2. The facility shall communicate to staff the issues concerning the pandemic/epidemic event during the planning phase and response phase. Staff shall receive appropriate education training for the monitoring and treatment of residents, measures to protect their health and the health of their family members, and measures to prevent the spread of the infection. Communication may be through staff meetings, notices posted in employee gathering areas, emails, letters, and individual meetings. The facility shall confirm and notify staff when a resident or residents or other staff have contracted the illness, however, the facility at all times shall protect the identity and personal health information of the infected party(ies).
- 3. The facility shall communicate with the residents and family members during a pandemic/epidemic event. The facility shall provide information to residents and family members as part of the planning phase and response phase including possible visitor restrictions, preventive safety measures, and contact information for administrative staff. Residents and family members will be notified in the event that residents and/or staff contract the infection and the facility will provide appropriate instructions for their protection. The identity and personal health information of infected residents and/or staff shall be protected by the facility. Notification may be through letters, emails, telephone or postings.
- 4. The facility shall communicate with the appropriate local, state, and federal health officials/agencies during the planning and response phase of the pandemic/epidemic event. The contact information for the different agencies shall be located in the facility's Emergency Plan Manual, in Section 2. Information provided to the health officials shall comply with requirements established by the agencies. The facility's Administrator or Director of Nurses shall be responsible for all communications with health officials. In addition, the facility's Administrator and Director of Nurses shall review frequently the websites of the various government agencies for updated postings, advisories, and recommendations pertaining to the pandemic/epidemic event.
- 2. The facility shall notify attending physicians during the planning and response phases of a pandemic/epidemic event. Physician notifications shall be in person meetings with the Director of Nurses or Medical Director. The contact information for the attending physicians shall be located in the facility's **Emergency Plan Manual**, Section 2.
- 5. Various communication methods shall be utilized to rapidly disseminate information regarding the current or changing status of the pandemic/epidemic event influenza in the facility. Communication methods shall include signs, phone calls, emails letters, video/audio conferences, group and individual meetings, website postings, etc. Communications shall be in English and in Spanish to meet the needs of most residents, family members, and staff.

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Restriction of Visitation - Pandemic/Epidemic Incident

Policy Statement

In order to protect and continue to provide for the health and safety of the residents and staff, the facility shall initiate visitor restrictions during incidents of pandemic/epidemic events; or as instructed by government officials to initiate visitor restrictions due to a pandemic/epidemic incident occurring in the community, state, or country.

- During a pandemic/epidemic event, the facility shall initiate visitation restrictions to protect and provide for
 the health and safety of the residents and staff. Visitation restrictions shall be based on the severity of the
 event as determined by the Administrator or Director of Nurses and consultation of the Medical Director; or
 as determined by government officials responding to a pandemic/epidemic emergency.
- 2. The facility has established a Visitor Restriction Protocol consisting of different levels of restrictions to limit visitation based on the severity of the event.
 - LEVEL 1 Children under the age of 18 and individuals with signs and symptoms of respiratory illness such as coughing and sneezing, fever, etc., shall be restricted from visiting residents in the facility. Level 1 restrictions shall be declared during seasonal outbreaks of influenza and/or other outbreaks of contagious illnesses whether in the community or the facility. In addition to the restrictions, notices of the restrictions and hand washing for visitors shall be posted at the entry, with hand sanitizer ports available for use by visitors.
 - LEVEL 2 In addition to the restrictions listed above, the facility shall initiate visitor screenings for all visitors and vendors entering the center. Visitors are expected to complete a Visitor Form found at the security desk, indicating that they are free from any flu-like symptoms. A separate form must be completed for each visitor and for each visit prior to visiting with a resident. The Visitor Form must also be completed by vendors, technicians, transport drivers and attendants, physicians, and any individual that desires or requires access to either the 3rd, 4th, or 5th floor levels.
 - LEVEL 3 In addition to the restrictions described in level 1 and Level 2, Level 3 restrictions will limit resident visitors to the **resident's primary responsible party only**. The primary responsible party shall be the individual identified in the resident's medical record. Only that individual shall be allowed to visit the resident during routine visiting hours. Other visitors who are not the primary responsible party shall be prohibited from visiting. In addition, Level 3 restrictions shall limit the primary responsible party's visit to one visit per day and no more than an hour per visit.
 - LEVEL 4 Level 4 restrictions shall restrict all resident visitations. No visitors will be allowed to visit with residents.
- Visitor restrictions at any level will remain in place until removed or reduced by the Administrator. The Administrator may increase or reduce the level of restriction based upon the situation that first caused the placement of restrictions.
- 4. The facility will provide as much advanced notice as possible or as practical to residents and responsible parties prior to the initiation of Level 2, Level 3, or Level 4. Prior notice may be in the form of meetings, mailings, emails, postings of notices, or telephone messages.
- 5. The facility shall make exception to the Visitor Restriction Protocol for those residents on palliative care or hospice care, or in the event that the resident's health condition has deteriorated to the point that death may

Restriction of Visitation - Pandemic/Epidemic Incident

be imminent. Exceptions to the Visitor Restriction Protocol shall be determined on an individual basis after consultation with the resident, resident's responsible party and the facility's medical team. The Administrator or Director of Nurses may approve of such exceptions.

6. In the event of a Level 3 or Level 4 restriction, the facility shall, if requested by the resident or responsible party, accommodate a virtual visitation through the use of social media real time face to face meetings using visual and audio applications that are readily available.

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Pandemic/Epidemic Resident & Staff Monitoring and Detection

Policy Statement

The facility has established a program for the monitoring and detection of potential pandemic/epidemic illnesses in residents and staff, and actively monitors local, state, and federal health agencies for possible pandemic/epidemic data and advisories.

- The facility's Administrator, Director of Nurses, or Assistant Director of Nurses shall monitor the various government health agencies for indications of any potential pandemic/epidemic conditions. Monitoring shall be initiated at the commencement of seasonal conditions such as influenza, or at the time of other pandemic/epidemic conditions as announced by government health agencies.
- 2. During seasonal influenza or pandemic/epidemic events, the facility shall monitor staff for possible signs or symptoms of influenza or pandemic/epidemic illnesses. Monitoring staff shall include an assessment of the staff's current health conditions and obtaining vital signs. Staff with symptoms of infections or illness, shall be dismissed from work, and instructed to see their individual healthcare practitioner. Staff shall be excused member is free from any contagious illness and is fit to return to work.
- 3. Staff shall also receive training and instruction during seasonal influenza and during a pandemic/epidemic event regarding signs and symptoms and other conditions that may be related to the influenza or pandemic/epidemic illness. Staff is instructed to self-report their conditions to their immediate supervisor, so that they can be assessed by the nursing administration, and removed from the schedule if conditions warrant.
- 4. The facility shall initiate the evaluation and diagnosis of residents with influenza-like illness or signs and symptoms of the pandemic/epidemic illness. The facility shall follow current CDC Guidelines for evaluation of symptoms and laboratory diagnostic procedures. Residents diagnosed with influenza or the pandemic/epidemic illness shall be isolated to their rooms until their symptoms improve.
- 5. Enhanced surveillance of residents and staff with influenza-like or pandemic/epidemic illnesses will be considered on a case-by case basis in collaboration with the local public health department. Determination of enhanced surveillance will be based on the clinical presentation of symptoms, risk factors for exposure to contagious diseases, and current CDC recommendations.
- 6. The facility shall conduct daily monitoring of influenza-like or pandemic/epidemic like illnesses and confirmed cases in residents and staff. Results of the monitoring shall be reviewed by the facility's Administrator and Director of Nurses. The facility shall provide monitoring updates to the appropriate government agencies as instructed and maintain a record of its monitoring activities.

FOREST HILL HEALTHCARE CENTER Coronavirus (COVID-19) Preparedness Plan

Policy Statement

A Coronavirus (COVID-19) Preparedness Plan has been incorporated into the facility's overall disaster preparedness plan. The plan is based on the facility's pandemic/epidemic protocols, and was established to address the recent COVID-19 outbreak. The facility's plan includes recommendations established by the state health officials and the federal government's Center for Disease Control and Prevention (CDC).

- The facility has identified similarities of COVID-19 to seasonal influenza. Therefore, based on the facility's
 review of its Pandemic/Epidemic Preparedness and Response Plan, the facility has determine to implement
 its preparedness and response plan and modify it to address the COVID-19 outbreak. The plan shall be
 reviewed and continuously updated as the outbreak continues and additional information becomes available
 from government health agencies.
- A multidisciplinary COVID-19 Preparedness and Response Committee has been established to develop and
 oversee the facility's COVID-19 preparedness and response planning. The committee shall review the facility's existing plan and make modifications to address the specific condition of COVID-19.
- 3. The COVID-19 Committee shall meet every Monday, Wednesday, and Friday to review the facility's preparedness efforts, modify it for potential weaknesses, and continue to monitor the plan to ascertain its effectiveness. The committee's efforts shall be guided by the facility's Administrator and Director of Nurses.
- 4. The Administrator shall monitor daily the websites of the various government health agencies for updated advisories and recommendations. Recommendations shall be reviewed by the committee and incorporated into the facility's preparedness and response plan if and when needed.
- 5. Components of the COVID-19 preparedness plan include the following:
 - a. A protocol for monitoring COVID-19 symptoms in staff and residents and visitors, including new admissions;
 - b. A facility communications plan;
 - c. Education and training programs for staff, residents, families and visitors;
 - d. An infection control plan for managing residents and visitors with symptoms of COVID-19;
 - e. Isolating infected and at-risks residents within the facility;
 - f. Visitor restrictions and notification;
 - g. Monitoring inventory levels for supplies and equipment;
 - h. Information on the availability of laboratory testing;
 - i. Treatment guidelines for residents infected with COVID-19;
 - i. Identifying staff to care and treat residents with COVID-19.