

Out Break Response Plan

Policy:

- 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.
- Outbreak investigations will be organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected.
- The team listed below will meet daily to monitor the outbreak and initiate any needed changes. Local and state department of health will be apprised as required.

Procedure:

SECTION A

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

- 1. The Facility will inform residents and their representatives within 12 hours of a single confirmed infection of COVID-19, influenza or norovirus.
- 2. The Facility will inform residents and their representatives of a potential outbreak when there are three (3) or more residents or staff with new onset of respiratory symptoms and /or gastrointestinal symptoms that occur within 72 hours.
- 3. Updates to residents and their representatives will be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever there are three (3) or more residents or staff with new onset of respiratory symptoms occurring within 72 hours.
- 4. The Facility's designee will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing Facility will be altered.
- 5. 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.
- 6. Testing will be expansive and extensive Facility-wide for COVID-19 and influenza.
- 7. Staff testing will also take place to stop the introduction, limit exposure to, and control the spread of these contagious diseases.



SECTION B

According to defined clinical parameters or state regulations:

COVID-19

Two (2) residents/patients and/or staff in three (3) days become sick with these listed symptoms and at least one (1) of these has a positive test for COVID-19:

- 1. Confirm the existence of an outbreak:
 - a. Defined as one (1) LabID SARS-CoV-2 positive, that is an excess over expected (usual) level within the Facility (i.e., normal rate is 0% and is now (1) positive LabID result).
 - b. Symptoms:

Fever, dry cough, shortness of breath, fatigue Elders may exhibit:

- i. Increased confusion, worsening chronic conditions of the lungs, loss of appetite, and decreased fluid intake
- ii. Less common: sore throat, headache
- 2. This Facility will implement Facility-wide testing of residents and all Facility staff.
- 3. If resident/patient(s) refuses to undergo COVID-19 testing, those individuals will be treated as a Person Under Investigation (PUI).
 - a. Nursing will document resident/patient's refusal and notify responsible representative of refusal to testing.
 - b. Resident/patient at any point in time may change their mind to testing at which time the Facility will proceed with testing this individual.
 - c. PUI:
 - i. Resident/patient will be cohorted accordingly
 - ii. Temperature monitoring will continue every shift
 - iii. Onset of elevated temperature or other related symptoms consistent with COVID-19 will require immediate cohorting with symptomatic residents.

INFLUENZA:

1. Three (3) or more clinically-defined cases or one (1) or more laboratory Identified results for Influenza in a Facility within a 10-day period from October through May, should be viewed as an outbreak.



PNEUMONIA:

2. Two (2) or more with nosocomial (facility-acquired) cases of non-aspiration pneumonia within a 10-day period should be reviewed for outbreak potential.

SECTION C

- 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. Where: the unit location of cases
 - d. 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

SECTION D

- 1. Notify the following persons/agencies:
 - a. Administrator
 - b. Director of Nursing
 - c. Medical Director
 - d. Attending physicians
 - e. Staff and department directors
 - f. Family of the affected resident(s)
 - g. Local/state health department, according to regulations



- 2. Nursing will inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of influenza, COVID-19, or norovirus. Three (3) or more residents or staff with new onset of respiratory symptoms and /or gastrointestinal symptoms that occur within 72 hours. Resident(s) and their responsible representatives will be informed of possible outbreak within the Facility.
- Social Services and nursing will notify all residents' responsible representatives of outbreak either by phone, email and/or written letter weekly or more frequently as needed.

SECTION E

1. Implement control measures based on sign, symptoms, diagnosis, mode of transmission, and location in the Facility.

Measures may include:

- a. Transmission-based precautions
- b. Restricting visitors
- c. Screening all employees for elevated temperatures and signs/symptoms
- d. Restriction of affected residents from group activities
- e. Suspending communal dining
- f. Suspending admissions to affected unit
- g. Suspending admissions to Facility if deemed necessary
- h. Increased housekeeping, intensive environmental cleaning with frequent cleaning of high touch areas
- i. Staff Coordinator will implement staffing contingency plan for possible change in staffing levels
- 2. Once all has been reviewed with administrator, Infection Preventionist, Medical Director and Nursing:
 - a. Conduct mandatory staff education
 - I. Hand hygiene
 - II. Outbreak disease symptoms
 - III. Reporting the occurrence of symptoms of resident and staff.
 - IV. Transmission-based precautions
 - b. PPE will be made available in preparation for an outbreak
 - c. 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. Medical Director

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 Diagnososed and/or exposed HCP.pdf.

CDC, Testing for Coronavirus (COVID-19) in nursing homes

https://www.cdc.gov/coronovirus/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