

Alaris Health at _____

POLICY AND PROCEDURE

Subject:	Protocol for an Outbreak
Discipline	Infection Control
Effective date	October 1991
Revised	March 6, 2020; March 20, 2020; May 14, 2020; May 19, 2020; June 3, 2020; September 30, 2020; November 24, 2020; May 20, 2021; June 29, 2021; September 30, 2021; November 25, 2021, February 4, 2022, September 6, 2022
Approved	

“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: To identify ways to interrupt further transmission of disease causing agent.

Steps:

1. **Notification** that a problem might exist by the nursing care unit, the laboratory or thru surveillance activities. Notification will occur via morning meeting to clinical team. Off hours and weekend communication will commence via 24 hour report.
2. **Verification:**
 - a. Infection Control Nurse or designee enters the information on the surveillance form. Surveillance form will be updated during outbreak.
 - b. Infection Control Nurse investigates; looks for commonalty among suspected cases.
 - c. Confers with the attending Physician who establish and/or verify the diagnosis of suspected cases.
 - d. A case definition is written describing symptoms and other indicators (i.e. lab tests).
 - e. Appropriate lab specimens are obtained to try to identify specific agent responsible.
3. **Medical and Nursing Intervention** (not necessarily stated at this step can happen at any point in the outbreak).
4. **Reported to:**
 - a. Administration
 - b. Medical Director and Infectious Disease Doctor
 - c. Nursing Administration
 - d. New Jersey State Department of Health and Local Department of Health
 - e. Social Service
 - f. Ancillary Services
 - g. Other services as indicated by the type of outbreak
5. **Control Measures:**
 - a. All staff, visitors, and ancillary services screened upon entry into facility with daily temperature and symptom monitoring.

- b. Instruct staff exhibiting signs and symptoms of COVID-19 to inform the facility prior to coming to work and follow DOH guidelines for return to work.
- c. Daily or every shift vitals and symptom monitoring for all residents, depending on facilities current outbreak status.
- d. On resident onset of symptoms, determine type of precautions necessary
- e. Implement testing as per CMS and DOH guidelines.
- f. Assess roommate or former roommate for exposure risk, monitor vitals and signs and symptoms and implement the necessary precautions.
- g. Maintain consistent staff whenever possible.
- h. Review 48 hour history of resident's under investigation/presumed and begin contact tracing
- i. If symptoms are GI related, identify food consumption in the last 24 hours
- j. Communal activities and dining may occur while adhering to the core principles of COVID-19 infection prevention.
- k. Communicate outbreak measures and positive staff and residents to staff, medical team and ancillary services (i.e. lab, dialysis, pharmacy) while maintaining HIPAA compliance.
- l. Communicate outbreak measures and positive staff and residents to families and/or responsible parties while maintaining HIPAA compliance. Secure website created for families.
- m. Educate staff on infection control measures specific to the case and re-educate on routine handwashing technique and use of PPE.
- n. Verify daily supplies on hand for PPE. Obtain additional supplies as needed.
- o. Continue routine cleaning and disinfection procedures and increase cleaning/disinfection of high touch areas.

6. Institution of Control Measures:

- a. Staff are notified of updates and positive and presumed cases during daily morning meeting
- b. Residents are cohorted based on signs and symptoms, tests and lab results and exposure risk. Cohorting is based on CDC/DOH guidance- decisions are based on facility layout, staffing capabilities, testing availability, Exposure Risk Assessment etc.
- c. Staff are routinely observed and assessed on proper handwashing and use of PPE

7. Communication

- a) Phone calls and/or letters sent out to families/responsible parties to notify them of outbreak measures in the facility
- b) Phone calls and FaceTime arranged for residents and their loved ones.
- c) Visitation permitted following Core Principles of COVID-19 Infection Prevention.
- d) Daily communication with the Local Department of Health
- e) Daily monitoring of new guidelines/updates from CMS, DOH and CDC and follow recommendations given by the Local Department of Health

- f) Families are notified of new cases by 5pm the next day via secured website. Includes mitigation actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered.
- g) Outbreak Plan is posted to www.alarishealth.com
- h) Alert residents are notified of new cases by facility staff- residents may also access secure website
- i) Staff are notified of new cases / facility covid updates at the morning meeting. Department heads disseminate information to staff in their departments accordingly.

8. Evaluate efficacy of Control Measures:

Cases cease to occur and confirmed by Local Department of Health that we can cease.

9. Testing

- i. Symptomatic individual identified: Staff- vaccinated and unvaccinated with signs and symptoms must be tested. Residents- vaccinated and unvaccinated with signs and symptoms must be tested.
- ii. Testing in response to a newly identified COVID-19 positive staff or resident will be completed as per CMS and DOH guidance. Facility will consult applicable CMS/CDC and NJDOH guidance related to outbreaks, including NJ DOH's 'Outbreak Management Checklist for COVID-19 in Nursing Homes and other Post-Acute Care Settings'
https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Outbreak_Management_Checklist.pdf.
- iii. Routine Staff Testing- Staff who are not up to date with recommended COVID-19 vaccine doses (primary series and the first booster dose for which they are eligible) as per CDC recommendations are tested at a frequency determined by the County COVID-19 Level of Community Transmission.
<https://covid.cdc.gov/covid-data-tracker/#county-view> and included in the DOH's weekly COVID-19 Surveillance Report
<https://www.nj.gov/health/cd/statistics/covid/>

Low (blue) & Moderate (yellow) - once a week; Substantial (orange) & High (red) - twice a week.
Routine Resident Testing- not recommended for routine testing.
- iv. Refer to current CDC guidance for consideration of ongoing testing recommendations.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
- v. Residents who have signs and symptoms of COVID-19 and refusing testing are placed on TBP until the criteria for discontinuing TBP have been met. Reeducation and encouragement will be offered regularly. If outbreak testing has

been triggered and an asymptomatic patient refuses testing, the facility will be vigilant thru additional monitoring to encourage resident to wear a face covering and practice effective hand hygiene until the procedures for outbreak testing have been completed.

- vi. Staff who are tested outside of the facility (urgent care, personal healthcare provider etc.) must provide results when received to facility administration.
- vii. Staff who refuse to be tested or do not provide results will not be allowed to work.
- viii. Staff who test positive will be excluded from work following current CDC/DOH guidelines.
- ix. Return to work will follow current CDC/DOH guidelines.
- x. To address staffing and facility demands- follow “Emergency Staffing Plan During a Pandemic” policy.

10. Follow up:

- a. If the cause of the outbreak is determined-education, where and when appropriate, to prevent recurrence.

Policy, procedure (changes or revisions if needed).

11. Lessons Learned

- a. Mass testing of residents and staff, with quick turnaround time- that was not available at the height of the pandemic- is critical to controlling the spread by cohorting.
- b. Community spread and transmission rates in which the facility is located are indicative of the facility outbreak risk.
- c. Need for continuous reinforcement of education surrounding infection control.