

POLICY/PROCEDURE TITLE: OUTBREAK RESPONSE PLAN STATEMENT				Category: Emergency Preparedness/Response		Total Pages ____ 5 ____	
Issue Date: 5/25/20		Approved by: Director of Nursing; Medical Director Reviewed by: EP Coordinator		Responsibility: ■ Oversight and application – Director of Nursing (in coordination with the Medical Director and Bergen County Public Health Officer and Infectious Disease MD) ■ Implementation - Infection Preventionist, clinical and designated non-clinical staff			
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Associated Policies/Procedures: Infection Treatment/Tracking Report; Isolation – Categories of Transmission-Based Precautions; All Hazard Emergency Response Communications Plan							
Questions/clarifications should be directed to: Director of Nursing							

STANDARD/REFERENCE

CDC - Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
 CMS QSO-20-14-NH, 5/13/20, "Guidance for Infection Control and Prevention of Coronavirus Disease 2019"
 CMS QSO-20-30-NH, 5/18/20, "Nursing Home Reopening Recommendations for State and Local Officials"
 NJDOH Executive Directive #20-013, 5/12/20; Associated FAQ provided by NJDOH
 NJDOH Executive Directive #20-026, 8/10/20, "Resumption of Services in all Long Term Care Facilities" pursuant to licensed facilities under NJAC 8:39, NJAC 8:37, NJAC 8:36
 §483.65(a) Infection Control Program, §483.65(b) Preventing Spread of Infection
 Surveyor: F Tag -441

POLICY/PURPOSE STATEMENT

This policy will provide guidance to BCHCC staff on how to prepare for new or newly evolved infectious diseases whose incidence in humans has increased or threatens to increase in the near future. These diseases have the potential to pose a significant public health threat and danger to the residents, families and staff of BCHCC. The purpose is to protect our residents, families and staff from harm resulting from exposure to an emergent infectious disease while they are present in the BCHCC.

RELEVANT DEFINITIONS/ABBREVIATIONS

BCHCC = Bergen County Health Care Center
 BCDHS = Bergen County Department of Health Services
 EID = Emerging Infectious disease: Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:

- New infections resulting from changes or evolution of existing organisms
- Known infections spreading to new geographic areas or populations
- Previously unrecognized infections appearing in areas undergoing ecologic transformation
- Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures

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IP = Infection Preventionist

HCP= Health Care Professional

Pandemic = A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

PPE = Personal Protective Equipment

Isolation = Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

NJDOH = New Jersey Department of Health

Quarantine = Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease.

PROCEDURE(S)

1. General Preparedness for Emergent(ing) Infectious Diseases (EID)

- a. BCHCC’s emergency operations program will include a response plan for a community-wide infectious disease outbreak such as pandemic influenza. This plan will:
 - i. Build on the workplace practices described in the infection prevention and control policies
 - ii. Include administrative controls (screening, isolation, visitor policies and employee absentee plans/policies)
 - iii. Address environmental controls (isolation rooms, plastic barriers, sanitation stations, and special areas for contaminated wastes)
 - iv. Address human resource issues such as incident-mandated and other employee leaves
 - v. Be compatible with the BCHCC’s business continuity plan
- b. Clinical leadership will be vigilant and stay informed about EIDs around the world. They will keep administrative leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.
- c. As part of the emergency operations program, BCHCC will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, face shields, foot and head coverings, surgical masks, assorted sizes of disposable N95 respirators, and gloves. In addition to the routine supplies of PPE on-hand, the amount that is stockpiled will be two (2) months of PPE held in back-up supply. (**This amount may be adjusted based on required case-based need and availability of certain items.*)
- d. BCHCC will develop plans with their vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption to normal business including an EID outbreak.
- e. BCHCC will regularly train employees and practice the EID response plan through drills and exercises as part of the centers emergency preparedness training.

2. Local Threat

- a. Once notified by the public health authorities at either the federal, state and/or local level that the EID is likely to or already has spread to the care center’s community, BCHCC will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.

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- b. BCHCC’s Infection Preventionist (IP) will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for skilled nursing care centers as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.
- c. Working with advice from the BCHCC medical director, safety officer, human resources coordinator, local and state public health authorities, and others as appropriate, the IP will review and revise internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.
- d. Staff will be educated on the exposure risks, symptoms, and prevention of the EID. Special emphasis will be placed on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing.
- e. If EID is spreading through an airborne route, then BCHCC will activate its respiratory protection plan to ensure that employees who may be required to care for a resident with suspected or known case are not put at undue risk of exposure.
- f. BCHCC will brief contractors and other relevant stakeholders on facility policies and procedures related to minimizing exposure risks to residents.
- g. Signs will be posted regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the care center along with the instruction that anyone who is sick must not enter the building.
- h. To ensure that staff, and/or new residents are not at risk of spreading the EID into the facility, screening for exposure risk and signs and symptoms will be done PRIOR to admission of a new resident and/or allowing new staff persons to report to work.
- i. Screening (Self-screening) – Staff will be educated on the BCHCC plan to control exposure to the residents. This plan is developed with the guidance of public health authorities and includes:
 - i. Reporting any suspected exposure to the EID while off duty to their supervisor and public health practices described in the infection prevention and control policies;
 - ii. Precautionary removal of employees who report an actual or suspected exposure to the EID;
 - iii. Employer screening of all staff prior to the start of work and self-screening for symptoms prior to reporting to work;
 - iv. Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws;
 - v. Staff will immediately report to their supervisor if they become ill during work and will immediately be sent home.
- j. Self-isolation: In the event that confirmed cases of the EID exist in the local community, BCHCC may consider closing to new admissions, and limiting visitors based on the advice of local public health authorities.
- k. Environmental cleaning: BCHCC will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.
- l. Engineering controls: BCHCC will utilize appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.

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3. Suspected Cases

- a. Any resident who exhibits symptoms of the EID will be placed in an isolation room and local public health authorities will be notified.
- b. BCHCC will follow policies for isolation procedures when interacting with any resident suspected to be infectious, including adopting the use of all recommended PPE for staff at risk of exposure.
- c. The number of staff assigned to enter the room of the isolated resident will be kept to a minimum. Ideally, only specially trained and fully prepared staff (e.g. vaccinated, medically cleared and fit tested-when available-for respiratory protection) will enter the isolation room. All assigned staff will receive additional “just in time” training in the mode of transmission of this EID, the use of the appropriate PPE, and work under proper supervision.
- d. If feasible, the isolated resident will be asked to wear a facemask while staff are in the room. If the isolated resident is unable to wear a facemask, they will be provided with a tissue or alternate material to cover their mouth. Care will be provided at the level necessary to address essential needs of the isolated resident unless it advised otherwise by public health authorities.
- e. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC and other state/local public health authorities as may be appropriate.
- f. Standard isolation protocol in the facility (isolation rooms, cohorting, cancelation of group activities and social dining) shall be implemented as described in the facility’s infection prevention and control plan and/or recommended by local, state, or federal public health authorities.
- g. Quarantine interventions for residents and staff with suspected exposure will be activated as directed by local and state public health authorities, and in keeping with guidance from the CDC.

4. Employer Considerations

- a. Administration will consider its requirements under OSHA, (Center for Medicare and Medicaid (CMS), state licensure, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA) and other state or federal laws in determining the precautions it will take to protect its residents. Protecting the residents and employees shall be of paramount concern. Management shall take into account:
 - i. The degree of frailty of the residents in BCHCC;
 - ii. The likelihood of the infectious disease being transmitted to the residents and employees;
 - iii. The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces); and
 - iv. The precautions which can be taken to prevent the spread of the infectious disease and other relevant factors.
- b. Once these factors are considered, Administration will weigh reasonable options and determine the extent to which exposed employees, or those who are showing signs of the infectious disease, must be precluded from contact with residents or other employees.
- c. Race, gender, marital status, country of origin, or other protected characteristics shall not be considered in any work activity decision unless they are documented as relevant to the spread of the disease.
- d. BCHCC will follow the guidance from Bergen County Division of Personnel when making reasonable accommodations for employees, such as allowing employees to work from home if their job description and work responsibilities permit.

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- e. Facility and community risk assessments, in conjunction with statistical or other data available through BCDHS, NJDOH or other designated entity, will be used to determine the level of risk posed to and by any individual employee.
- f. Employees will be permitted to use sick leave, vacation time, and FMLA, or other incident based option while they are not able to report to the facility. This determination will be based on guidance and approval of Bergen County Division of Personnel.
- g. Employees will be permitted to return to work when cleared by a licensed physician, however, additional precautions may be taken to protect the residents.
- h. Employees who refuse at any time to take the precautions outlined herein, or those expressed in other related policies, may be subject to discipline.

5. Communication

- a. In accordance with the requirements established by NJDOH, CMS and our COVID-19/All Hazard Emergency Response Management Plan, BCHCC will provide ongoing communication regarding the operational status of the facility during any outbreak to all relevant stakeholders. Due to the critical nature of a COVID-19 outbreak, the timeline, manner and content of communication will align with established guidance and include all relevant stakeholders, including those responsible for direct care delivery, as well as family members and the general public. All notifications and communications will be maintained electronically and in hard copy with other COVID-19 response documents for compliance validation and reference.
- b. At least weekly residents, families or guardians and staff will be informed by email, letter or telephone about any infectious disease outbreaks including strategies and methods for communication. Weekly virtual communication in the case of visitation restrictions will be provided through WebEx, Skype and face time.

6. Contingency Staffing Plan

- a. When staffing shortages are anticipated, BCHCC will take any or all of the following actions to mitigate the impact on facility operations
 - a. Identify additional HCP to work in the facility with consideration for NJ specific emergency waivers or changes to licensure requirements or renewals for select categories of HCP;
 - b. communication with local healthcare coalitions, federal, state, and local public health partners to identify additional HCP (e.g. agency, retired, local medical reserve corps [MRC], community emergency response teams [CERT]) for additional clinical and support personnel;
 - c. adjust staff schedules, hire additional HCP, rotate clinical and other positions in order to support resident care activities;
 - d. work with response partners to address/mitigate social factors that might prevent HCP from reporting work such as transportation or housing issues;
 - e. postpone elective time off from work.

Key Point:

This policy is open for revision at any time as the pandemic protocols change and new requirements are identified by NJDOH, CMS, CDC, and local public health authorities.