



LUTHERAN SOCIAL MINISTRIES OF NEW JERSEY

ORIGINAL DATE: 11/4/15 **LAST REVISION DATE:** 10/9/2020 **REVISION NUMBER:** 4

POLICY NUMBER: NSG-IC-3

POLICY TITLE: **Management of an Emerging Infectious Disease Outbreak**

SCOPE: **Skilled Nursing, Assisted Living, PACE, and Journey Hospice**

PURPOSE: To identify the process to manage an infectious disease outbreak such as Influenza, Coronavirus (COVID-19), Ebola, Measles or Zika.

POLICY: LSMNJ communities will ensure the management of an infectious disease outbreak.

Definitions

Emerging Infectious Disease: an infectious disease whose incidence has increased in the past 20 years and could increase in the near future. Examples of emerging infectious disease include:

- Ebola Virus Disease
- Flu Viruses
- Coronavirus (COVID-19)
- Measles
- Zika

Disease Outbreak: the occurrence of disease cases in excess of normal expectancy. The number of cases varies according to the disease-causing agent, and the size and type of previous and existing exposure to the agent. Examples include:

- **Influenza outbreak:** two or more residents/participants/patients who have laboratory confirmed cases of Influenza in a 7 day period or determined by state and federal guidelines.
- **Coronavirus outbreak:** One (1) definitively diagnosed case of Coronavirus (COVID-19) is considered an outbreak
- **Zika outbreak:** One (1) definitively diagnosed case of Zika is considered an outbreak
- **Ebola outbreak:** One (1) definitively diagnosed case of Ebola is considered an outbreak
- **Measles:** the occurrence of three or more confirmed measles cases (at least two of which should be laboratory-confirmed; IgM positive) in a health facility.

Outbreak Management

1. The Administrator/Executive Director or designee will notify the Medical Director and community staff of the outbreak.
2. Local/State Health Departments will be notified based upon regulations.
 - As an arboviral disease, Zika virus is a nationally notifiable condition. Healthcare providers are to report suspected cases to their state or local health departments to facilitate diagnosis and mitigate the risk of local transmission.
 - If Ebola is suspected, contact the local or state health department **immediately** for consultation and to assess if testing is indicated and the need for initiating identification of contacts.
 - Healthcare providers should notify the local and state health department in the event of a person under investigation (PUI) for COVID-19 as per regulation.
3. The Administrator/Executive Director will ensure completion of all required

- reporting as per the state of New Jersey, CMS or other federal agencies as directed.
- a. For the Covid-19 outbreak this facility has registered[FC1] and ~~[FC2]~~ authorized NJDOH to access data. Information is entered into the NHSN Covid-19 module twice weekly.
 - b. Other reports such as those required by or for the New Jersey Department of Health and New Jersey Hospital Association[FC3][FC4][CT5] for Covid-19 reporting, will be completed per instructions by the Administrator/Executive Director or designee.
4. If it has been determined there is an outbreak, a line listing will be started by the Director of Nursing or designee to monitor the infectious activity.
 5. Staff will implement control measures based upon signs, symptoms, mode of transmission, location in the community and as advised by the local/state health departments. Measures may include:
 - a. Standard Precautions;
 - b. Restriction of symptomatic residents/ participants from group activities or entrance to the PACE day programs;
 - c. Encourage symptomatic resident to stay in their rooms;
 - d. Visitor precautions or limitation;
 - e. Cohort residents and staff;
 - f. Suspension of all group activities;
 - g. Limit admission to symptomatic units/areas;
 - h. Environmental cleaning utilizing approved cleaning agents for the disinfecting of the infectious agent
 - i. In some cases where protection is needed for a pandemic, masks may be required of all staff. [FC6] For those working directly with actual or suspected infectious agents that are believed to be airborne, full PPE (mask, gloves, gown, and face shield/goggles will be utilized..
 6. The inter-disciplinary team along with the Medical Director will determine if the use of Antiviral Chemoprophylaxis agents are required for residents/participants.
 7. Posting will be utilized throughout communities to encourage visitors to help protect residents/ participants from the spread of infections. Posting will also be utilized to encourage proper cough techniques for residents/participants, staff, and visitors.
 8. Staff education will be provided for outbreak management, which will include hand hygiene.
 9. A determination will be made regarding the need to contract with an Infection Control Practitioner to provide guidance regarding regulatory requirements and best practices.
 - a. The facility maintains a contract with APIC for assessment of practices and processes and for consultation on outbreaks and prevention. .
 - b. This facility has an Infection Control Director to manage day to day infection control needs including PPE use, surveillance and ongoing education.
 - c. Staff have been trained on infection control practices and procedures.
 10. Staff will notify their supervisor if they have been diagnosed with an infectious disease to determine the next steps to protect residents/participants and other staff members from the spread of the infection.

Communication Plan:

In the event of an outbreak of infectious disease, or any emergency that limits visitation, this facility will implement various methods to ensure residents remain able to communicate to family, friends, representatives and all others in the external community at large. These interventions include some or all of the actions listed below depending on the specific changes to day to day activity resulting from the mitigating activity implemented.

1. In the absence of in-person visitation, virtual communication (e.g. phone, video-communication, Face Time, etc.) with residents, families, and resident representatives, will be initiated.
2. Staff members will be assigned as the primary contact for residents and families (e.g., they will be a “virtual visitation coordinator”); facilitating voice calls and “FaceTime” visits upon resident or family request and at their desired frequency,

with a minimum of one call per week.

3. The community staff will Host conference calls, webinars, or virtual “office hours” at set times, but at minimum on a weekly basis, when families can call in, or log on to a conference line, and staff can share the status of activities or happenings in the facility and family members can ask questions or make suggestions.
4. Depending on the length of the outbreak or emergency and rapidity of changes, the facility staff may implement a phone line with a voice recording updated at set times (e.g., daily) which will provide information on the facility’s general operating status, such as when it is safe to resume visits;
5. In accordance with CMS rule 42 CFR §483.80(g);the facility will notify residents, their representatives, and the families of the residents by 5 p.m. the next calendar day following the subsequent occurrence of either:
 - a. Identification of a single confirmed infection of COVID-19.
 - b. Whenever three or more residents or staff with new-onset of respiratory symptoms occur within 72 hours of each other.
6. Staff will update the facility’s website, at minimum on a weekly basis, to share the status of the facility and include information that helps families know what is happening in their loved one’s environment, such as food menus and any scheduled activities. If a password is utilized, family members will be provided with the password.
 - a. The Outbreak Plan will be posted on the facility website and/or social media platforms and included in communications to families, guardians and the public, a phone number or method of communication for urgent calls or complaints

Ensuring Sufficient Staffing:

The facility will develop a strategy for securing additional staff in the event of an outbreak of an infectious disease or other emergency which might impact the ability of staff to work. The strategy may include the following and other interventions:

1. The facility will implement active contracts with local and national staffing agencies with the ability to provide nurses, aides and other necessary staff members within a very short period of time.
2. The facility may develop internal interventions such as a plan to describe the abilities of non-clinical staff and may assign them to appropriate tasks for the duration of time needed.
3. Both the staffing agencies and internal staff assignments were utilized during the Covid-19 crisis in the spring of 2020 and proved successful.

Testing of Residents and Staff;

In the event of an outbreak of infectious disease, the facility will execute a contract or enter into an agreement, with a laboratory or other vendor for prioritization of test results and to ensure testing capacity for repeat facility-wide testing.

Depending on the outbreak or emergency, the facility may use on-site laboratories or other arrangements for testing, provided testing requirements herein are met.

For the covid-19 outbreak the facility currently tests residents and staff as follows:

Residents:

- a. Repeat weekly testing of all residents until no new facility-onset cases* of COVID-19 are identified among residents and positive cases in staff **and** at least 14 days have elapsed since the most recent positive result **and** during this 14-day period at least two weekly tests have been conducted with all individuals having tested negative.
- b. Retesting of residents who have been confirmed positive whenever

required according to CDS and CDC guidance.

Staff:

- a. Ongoing weekly testing of all staff until guidance from the NJDOH changes based on epidemiology and data about the circulation of virus in the community.
- b. Retesting staff who have previously tested positive according to CDC and NJDOH guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html>.

Personal Protection Equipment:

The facility will use the CDC PPE Burn Rate Calculator to determine Personal Protection Equipment needs in the event of an outbreak of infectious disease.

The Burn Rate Calculator has been used during the Covid-19 outbreak to determine the quantity of PPE needed for a two month period. That quantity was then obtained and remains in a secure location in the event of future need.

Respiratory Protection Plan:

The facility is in the process of developing a respiratory protection program that complies with the OSHA respiratory protection standard for employees.

***More information on specific infectious diseases may be found on the CDC Website**

PREPARED BY:
Name/Title:

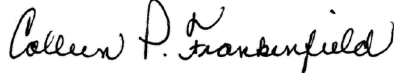


Tracey Cavacino, VP Clinical Services

10-9-2020

DATE

APPROVED BY:
Name/Title:



Colleen P. Frankenfield, President & CEO

10-9-2020

DATE