

Infection Control, Pandemic – Emerging Infectious Disease Response

Highlights

Policy Statement

It shall be the policy of the Livingston County Center for Nursing and Rehabilitation to monitor 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”.

Policy Interpretation and Implementation

Definitions

Emerging Infectious Disease (EIDs)

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.

Pandemic

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

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.

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 exposed to prevent the spread of the disease.

General actions applicable to ALL STAFF

Healthcare must always be prepared to protect people within our buildings and to protect our residents, families, and staff from harm resulting from exposure to an emerging infectious disease while they are in the facility.

Every disease is different. The local, state, and federal health authorities will be the source of the latest information and most up to date guidance on prevention, case definition, surveillance, treatment, and skilled nursing response related to a specific disease threat.

The procedures outlined are designed to help protect our residents, families, and staff from harm resulting from exposure to an emerging infectious disease

Incidents involving an emerging infectious disease, or suspected case, require the consultation of the facility Medical Director and/or other physician in addition to referring to the facility Infection Control Plan.

General Preparedness for Emerging Infectious Diseases (EIDs)

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- a. The facility’s Infection Prevention and Control Policy will include a response plan for a community-wide infectious disease outbreak such as pandemic influenza.
- b. This plan will:
 - i. Include designation of an infection lead staff person to implement infection control based on federal and state public health advisories, guidelines and rules.

**ADMINISTRATION/
CLINICAL
LEADERSHIP
“CONSIDERATIONS”**

- ii. Include administrative controls (screening, isolation, visitor policies and employee absentee plans)
- iii. Address environmental controls (isolation areas/rooms, plastic barriers, sanitation stations, and special areas for contaminated waste).
- iv. Address human resource issues such as employee leave.
- c. 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 community and region.
- d. As part of the Emergency Preparedness Program (EPP), the facility will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, face shields, surgical masks, assorted sizes of disposable N95 respirators, and nitrile exam gloves. The amount that is stockpiled will minimally be enough for several days of facility-wide care but will be determined based on storage space and costs.
- e. The facility 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.
- f. The facility will train all staff annually on the Emerging Infectious Diseases response plan and test staff knowledge and competency of the plan annually through various drills and/or exercises.
- g. The Infection Control Preventionist or Designee will maintain a record of incidences related to infections and report at Monthly QAPI including corrective action plans.

ADMINISTRATION/CLINICAL LEADERSHIP “CONSIDERATIONS”

The Leadership Team will consider its requirements under OSHA, PESH, 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 other employees shall be of paramount concern.

The Leadership Team shall take into account:

- The degree of frailty of the residents in the facility
- The likelihood of the infectious disease being transmitted to the residents and employees.
- The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces).
- The precautions which can be taken to prevent the spread of the infectious disease and other relevant factors.
- Once these factors are considered, the Leadership Team will weigh its 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.
- Apply whatever action is taken uniformly to all staff in like circumstances.
- Do not consider race, gender, marital status, country of origin, or other protected characteristics unless they are documented as relevant to the spread of the disease.
- Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.
- Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed by an employee.
- Permit employees to return to work when cleared by a licensed physician; however, additional precautions may be taken to protect the residents.
- Employees who refuse at any time to take the precautions set out in this and other sections of this policy may be subject to discipline.

ADMINISTRATOR/INCIDENT COMMANDER

- Assess impact on facility operations and resident care. Develop an action plan and determine need to activate Incident Command to manage the incident.
- Work with Director of Nursing and/or Medical Director to review incident considerations, determine level of service and rescheduling necessities.
- Consider activating the Command Center (follow Activation Plan) to ensure

procedures are in place.

Communications

- Provide staff with incident updates, as necessary.
- Prepare media statements, as necessary.
- Ensure appropriate external and internal notifications have taken place. Reviewed on a daily basis. A memo will be posted if an active infection is present in the facility.
- Determine need to contact the following.
 - Local/State Department of Health
 - CDC
 - Department of Health and Human Services
- Develop a communications plan for residents and their families.
- Develop a communications plan to interact with other external entities (local responders, other healthcare facilities, etc.) during regional incident.

Assessment

- Request an assessment of critical supplies throughout the facility using the Department Rapid Assessment form. Direct departments to conduct assessments of food, water, medical and other supplies.
- Review agreements with vendors and other healthcare facilities. Request vendor support to ensure sufficient supplies are on hand including:
 - PPE
 - Medications
 - Medical Supplies/Equipment
 - Food/Water
- Ensure vendor support is available for medical waste disposal.
- Assess the need to order a building lockdown.
- Following the building lockdown procedure.
- Consider the following extra security precautions:
 - Facility is in building lockdown
 - Professional Visitors: No one allowed in facility without Command Center clearance.
 - Resident Visitors: No one allowed in facility. Relative and responsible parties will be given appropriate information and location to wait as directed by the Command Center.

Staffing

- Determine need for further staff education efforts, as necessary, relative to the current threat or infectious disease.
- Review staffing levels and scheduling. Ensure sufficient staff resources for sustaining operation for the duration of the event.
- Consider contracting staff to supplement current staffing.
- Determine if shift changes will be possible. IF not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements.

Local Threat Procedures

- 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 facility's community, the facility will activate specific surveillance and screening as instructed by the Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.
- The facility's Infection Control Practitioner will research the specific signs, symptoms, incubation period, route of infection, the risks of exposure, and the recommendation for skilled nursing facilities as provided by the DCD, Occupational Health and Safety Administration (OSHA)/or Public Employees Safety and Health (PESH) and other relevant local, state and federal public health agencies.
- Work with advice from the facility's Medical Director or clinical consultant, local and state public health authorities, and others as appropriate. The infection Control Practitioner 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.

- Staff will be educated on the exposure risks, symptoms, and prevention of the EID. Place special emphasis on reviewing the basic infection prevention strategies such as hand washing.
- If EID is spreading through an airborne route, then the facility will activate its respiratory protection plan to ensure that employees who may be required to care for a resident with suspected or known cases are not put at undue risk of exposure.
- Provide residents and families with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information.
- Brief contractors and other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents.
- Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the facility along with the instruction that anyone who is sick must not enter the building.
- 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 may be done PRIOR to admission of a new resident and/or allowing new staff persons to report to work.
- Self-screening: Staff will be educated on the facility's plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:
 - Reporting any suspected exposure to the EID while off duty to their supervisor and public health.
- Precautionary removal of employees who report to an actual or suspected exposure to the EID.
 - Self-screening for symptoms prior to reporting to work.
 - 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.
- Self-isolation: In the event there are confirmed cases of the EID in the local community, the facility may consider closing the facility to new admissions and limiting visitors based on the advice of local public health authorities.
- Environmental cleaning: The facility will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.
- Engineering Controls: The facility will utilize appropriate physical plant alterations such as use 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.

Plan to investigate control and take action to prevent infections:

Suspected Case within the Facility

- Place a resident or on duty staff who exhibits symptoms of the EID in an isolation room and notify local and/or county/state public health authorities.
- Under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute facility via emergency medical services as soon as possible.
- If the suspected infectious person requires care while awaiting transfer, follow facility policies for isolation procedures, including all recommended PPE for staff at risk of exposure.
- Keep the number of staff assigned to enter the room of the isolated person to a minimum. Ideally, only specially trained and prepared staff (ie: vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional "just in time" training and supervision in the mode of transmission of this EID, and the use of appropriate PPE.
- If feasible, ask the isolated person to wear a facemask while staff is in the room. Provide care at the level necessary to address essential needs of the isolated individual unless it is advised otherwise by public health authorities.
- Conduct control activities such as the management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposed individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC. Maintain a record of incidences

Department Specific Actions:

and corrective actions related to infections.

- Implement the isolation protocol in the facility (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the facility's infection prevention and control plan and/or recommended by local, state, or federal public health authorities.
- Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.

NURSING STAFF

- Work with Incident Commander to prepare announcements for families of residents and staff.
- Consider the following to address staff concerns:
 - Provide education, including frank discussions about potential risks and plans for protecting healthcare providers.
- Participate in lockdown of facility to control people coming into the facility.

General Guidelines for Infection Control Practices for Resident Management.

- Contact state and local Health Departments, DCD and/or the Department of Health and Human Service for updated information and protocols to follow.
- Any symptomatic staff or residents with suspected or confirmed illness should, at a minimum, be managed utilizing Standard Precautions for certain diseases or syndromes (e.g. small pox and pneumonic plague). Additional precautions may be needed to reduce the likelihood for transmission.

General Guidelines for Contaminated Resident Placement

- IF the situation is small-scale, follow routine resident placement and established infection control practices.
- If a large number of staff or residents are presenting with similar syndromes, group affected individuals into a designated area of the facility. Before grouping, consult with the Health Department and the facility Infection Control personnel regarding adequate isolation (i.e. ventilation).
- A separate location should be considered with the Health Department.
- Control entry into this area.
- Areas available for gathering residents could include:
 - Activity Rooms
 - Dining Rooms
 - Chapel/Meditation Rooms
 - Other large rooms/areas within the facility

General Guidelines for Resident Transport

- Limit movement to that which is to provide proper resident care.
- Only the resident and transporter should be in an elevator
- Mask resident if airborne or droplet organism is suspected, or resident is coughing.

General Guidelines for Discharge Management

- Refrain from discharge until resident is deemed non-infectious, if possible.
- Ensure those discharged have education and follow-up material.

General Guidelines for Post-Mortem Care

- Keep tracking records of all residents.

PSYCHOLOGICAL

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Fear and panic can be expected from both residents and healthcare providers.

Psychological responses may include anger, panic, unrealistic concerns about infection or fear of contagion.

To address resident and general public fears:

- Minimize panic by clearly explaining risks, offering careful but rapid medical evaluation/treatment, and avoiding unnecessary isolation or quarantine.
- Treat anxiety in unexposed persons who are experiencing somatic symptoms.

PRECAUTIONS

Resident Care

Only direct care providers in resident room:

- No person enters room without mandatory training and demonstrated competency.
- Autonomous practice (supported by experts).
- Physical and Occupational Therapy
- Environmental decontamination.

The care team train and validate competency in the following areas:

- Donning and doffing of PPE
- Utilization of the “Buddy System”
- Waste management protocols
- Decontamination and containment protocols
- Specimen handling for diagnostic testing.

Refer to Infection Control; Transmission-Based Precautions.

Policy/Procedures Reviewed/Revised	
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