HAMMONTON CENTER

OUTBREAK RESPONSE PLAN

The facility will follow the Outbreak Response Plan when a suspected cluster of either respiratory or gastro-intestinal symptoms exist within the facility. An Ad Hoc meeting with department heads will be implemented. The infection preventionist will start a line listing to monitor for signs and symptoms of the illness. The medical director will be informed and determine the course of treatment. Facility staff will be monitored for any signs/ symptoms of the illness. The facility will place the resident(s) on the appropriate precautions as per CDC recommendations. Necessary lab testing will be determined by the medical director. The facility will notify the NJ Department of Health about any outbreaks of communicable diseases within the facility.

An outbreak will be defined as an excess over expected (usual) level of a disease within the Center or according to defined clinical parameters or state regulations.

Case definitions are based on nationally accepted standards. Case definitions may change during an outbreak period based upon the prevalence of symptoms in a particular Center.

Gastroenteritis:
Three or more persons (patients and staff) from a single unit or 3% or more of the entire Center who develop diarrhea or vomiting AND the onset occurs within a seven-day period.

Influenza:
One or more laboratory proven cases (patients and staff) of influenza along with other cases of respiratory infection in a Unit within a seven-day period

Influenza-Like Illness (ILI):
Two or more clinically defined cases (patients and staff) in a Unit within a seven-day period.

Pneumonia:
Two or more patients with nosocomial cases of non-aspiration pneumonia within a seven-day period should be reviewed for outbreak potential.

Scabies:
Two or more persons (patients and staff) within four to six weeks of each other may constitute an outbreak.

Multi-Drug Resistant Organisms (MDROs):
An increase from baseline of healthcare acquired infections requires additional surveillance to determine the source of transmission.

Other reportable diseases per state regulation.
Common examples include tuberculosis, varicella, and hepatitis. Refer to 2012 Nationally Notifiable Diseases and Conditions or state specific list.

PROTOCOL FOR ISOLATING AND/OR COHORTING INFECTED RESIDENTS

The facility will initiate the following procedure(s) for isolating and/ or co-horting residents:

The facility shall make every effort to use the least restrictive approach to managing individuals with potentially communicable infections. Transmission-Based Precautions shall only be used when transmission cannot be reasonably prevented by less restrictive measures.

AIRBORNE ORGANISMS are those which remain infectious when suspended in the air. (Examples: M. tuberculosis, varicella zoster or shingles)

DROPLET transmission occurs with organisms in the respiratory tract. Droplets are generated when the person coughs, sneezes, or talks. Organisms are contained in the droplets and can travel from 3 to 10 feet. (Examples: influenza, MRSA in sputum or nares with coughing or sneezing)

CONTACT transmission occurs through direct contact with the organism and then contact with another person or surface. (Examples: Infected wounds, urine, or feces)

PROCEDURE:

1. All known or suspected infections are reported to the Infection Preventionist or designee.
2. If a resident is identified as being infected with an infectious organism that requires transmission-based precautions, the nurse implements the precautions as soon as possible.
3. Transmission-Based Precautions will be used whenever measures more stringent than Standard Precautions are needed to prevent or control the spread of infection.
4. Precautions are maintained for as long as necessary to prevent the spread of the infection, but no longer than the course of treatment.
5. The infected resident will be placed in a single room whenever possible. He/she may be co-horted with another resident infected with the same organism and as last option in a room with a roommate who is not immunocompromised or at risk, if applicable.
6. Accommodations will be made to provide a commode to the roommate of a patient exhibiting for urinary or gastrointestinal diseases.
7. The least restrictive measures possible are used to prevent social isolation of the resident.
8. Visitors are instructed as to necessary precautions before visiting with a resident on transmission-based precautions. Visitors are also discouraged from visiting if exhibiting symptoms of infection.

9. In the event of an outbreak that requires restricted or suspension of visitation, families will be notified and every reasonable accommodation will be made to allow communication between the patient and family.

TRANSMISSION BASED PRECAUTIONS:

1. All linen is considered as contaminated and is handled accordingly; linen is bagged inside the room prior to placing in soiled linen containers. No other special precautions are necessary except in cases of airborne precautions (see procedure).
2. Food trays are all considered contaminated and are handled accordingly; therefore, no special precautions are required for food trays.
3. The infection preventionist will monitor all residents on transmission-based precautions and monitor for compliance with appropriate precautions.
4. Obtain and use disposable blood pressure cuff, stethoscope, and thermometer for resident. Any other equipment needed for the resident (IV pole, IV pump, wound vac, etc.) must remain in the resident's room during the period when precautions are being maintained or cleaned with the appropriate disinfectant before being removed from the room. Consult with the infection preventionist for the appropriate disinfect and insure that it is available on the unit. Blood glucose meters will be wiped with provided disinfectant wipes. **If the resident has c-diff clean equipment with bleach wipes or an acceptable substitute rated for c-diff.**
5. Negative air-flow rooms are not available in the facility. Any resident suspected / diagnosed to have an airborne infection will be placed in a single room until transfer to an appropriate facility. No one with a known airborne infection will be admitted to the facility until the infection has been verified as no longer infectious
6. Staff receives training on standard and transmission-based precautions during orientation and annually. Additional training is provided during outbreaks or for special circumstances as identified by the infection preventionist
7. When a resident has been moved or discharged after being in transmission-based precautions, the room will be terminally cleaned according to Housekeeping procedures.

CONTACT PRECAUTIONS:

1. Implement Contact Precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. The decision on whether precautions are necessary will be evaluated on a case by case basis.

2. Resident Placement:
    a. Place the individual in a private room if possible
    b. If a private room is not available, the Infection Preventionist / Designee will assess various risks associated with other resident placement options (e.g., co-horting, placing with a low risk roommate).
3. Place "isolation" sign at door of resident's room directing staff and visitors to see the nurse prior to entering the room. The nurse will follow HIPPA protocol identifying the type of precautions required.
4. Wear gloves when handling infective material.
5. Wear a gown if body/clothing contact with infective material is likely.
6. Bag linen inside of room prior to placing in soiled linen containers.
7. Wash hands before entering room and after removing gloves. **If the resident has c-diff, soap and water must be used.**
8. Cover any potentially infected areas with a secure dressing before the resident leaves the room.
9. If the resident is transported to another unit within the facility or to another facility, the Licensed Staff will notify the unit or facility of the type of precautions the resident is on and the resident's suspected or confirmed type of infection. The facility is also responsible for notifying transport staff of residents that require special care due to infectious conditions
10. When possible, dedicate the use of non-critical resident-care equipment items such as a stethoscope, sphygmomanometer, bedside commode, or electronic thermometer to a single resident (or cohort of residents) to avoid sharing between residents.
11. If use of common items is unavoidable, then adequately clean and disinfect them before use for another resident. Provide use of resident on precautions last.

DROPLET PRECAUTIONS:

1. Implement Droplet Precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than 5 microns in size] that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning).
2. Resident placement:
    a. Place the resident in a private room if possible.
    b. When a private room is not available, residents with the same infection with the same microorganism but with no other infection may be co-horted.
    c. When a private room is not available and co-horting is not achievable, use a curtain and maintain at least 3 feet of space between the infected resident and other residents and visitors.
    d. Special air handling and ventilation are unnecessary and the door to the room may remain open

3. Place “isolation” sign at door of resident’s room directing staff and visitors to see the nurse prior to entering the room. The nurse will follow HIPPA protocol identifying the type of precautions required.
4. Wear mask when entering room or providing care of the resident
5. Wear goggles or a mask with eye shield when within 3 feet of resident or when providing direct care if there is potential for coughing or sneezing
6. Bag linen inside room prior to putting in soiled linen containers
7. Wash hands before entering room and after removing PPE
8. Wipe any equipment with the appropriate disinfectant before removing from the room
9. Limit movement of resident from the room to essential purposes only. If transport or movement from the room is necessary, place a mask on the infected individual and encourage the resident to follow respiratory hygiene/cough etiquette to minimize dispersal of droplets
10. If the resident is transported to another unit within the facility or to another facility, the Licensed Staff will notify the unit or facility of the type of precautions the resident is on and the resident’s suspected or confirmed type of infection. The facility is also responsible for notifying transport staff of residents that require special care due to infectious conditions
11. If the resident can tolerate a mask and control respiratory secretions, some activities outside the room may be acceptable
12. When possible, dedicate the use of non-critical resident-care equipment items such as a stethoscope, sphygmomanometer, bedside commode, or electronic thermometer to a single resident (or cohort of residents) to avoid sharing between residents
13. If use of common items is unavoidable, then adequately clean and disinfect them before use for another resident. Provide use of resident on precautions last

AIRBORNE PRECAUTIONS:

1. Implement Airborne Precautions for anyone who is documented or suspected to be infected with microorganisms transmitted by airborne droplet that remain suspended in the air and can be widely dispersed by air currents within a room or over a long distance).

2. Resident health activities related to infection control include tuberculosis (TB) screening and management of active cases, consistent with State requirements. Management of some airborne infections such as active TB requires a single- resident airborne infection isolation room (AIIR) that is equipped with special air handling and ventilation capacity.
3. Place “isolation” sign at door of resident’s room, identifying type of infection, location of infection and type of precautions required
4. Personnel caring for residents on airborne precautions should wear a mask prior to room entry (or may need to wear an N 95 respirator depending on the disease-specific recommendations) In some cases, depending on the condition, staff can wear masks if N95 respirators are not available.
5. Resident Placement

a. Keep the room door closed and the resident in the room

b. If there is not a room in the facility that meets these criteria, then cohort the individual with someone else who is infected with the same microorganism.
c. If isolation in a negative pressure room is essential to prevent transmission of the illness (for example, with active TB), transfer the individual to a setting that can provide the appropriate kind of isolation room.
d. If facility does not have a negative air pressure room and if a resident has positively been confirmed as having TB, the resident will be masked and placed in a room with the door closed until the resident can be transferred to acute care setting.

6. Anyone who is pregnant or anyone susceptible (i.e., not immune) to measles (rubeola) or varicella (chickenpox) may not enter the room of someone who has, or is suspected of having, these infections
7. The resident should only leave an isolation room when absolutely essential
8. Someone who is on Airborne Precautions, should wear a mask when leaving the room or coming into contact with others. Depending on the organism, a special filtration mask may be necessary
9. If the resident is transported to another unit within the facility or to another facility, the Licensed Staff will notify the unit or facility of the type of precautions the resident is on and the resident's suspected or confirmed type of infection. The facility is also responsible for notifying transport staff of residents that require special care due to infectious conditions
10. When possible, dedicate the use of non-critical resident-care equipment items such as a stethoscope, sphygmomanometer, bedside commode, or electronic thermometer to a single resident (or cohort of residents) to avoid sharing between residents
11. If use of common items is unavoidable, then adequately clean and disinfect them before use for another resident. Provide use of resident on precautions last

DISCONTINUING:

1. Residents will remain on appropriate precautions until the Attending Physician or the Infection Preventionist orders them discontinued.
2. The Infection Preventionist has the authority to order and discontinue Isolation Precautions when necessary. The Infection Preventionist shall consult the Attending Physician and/or Medical Director and the Infection Control Committee regarding such decisions
3. The nursing staff will inform the Infection Preventionist (or designee) when an order for discontinuing isolation has been received from the Attending Physician
4. When isolation has been terminated, the Charge Nurse will:
    a. Remove notices that were posted to alert persons of the restrictions;

b. Return the resident to his/her original room if moved; and
c. Inform environmental services to clean and disinfect the room

5. When a resident die while still under Isolation Precautions, the Charge Nurse or supervisor shall inform the mortician that isolation precautions were implemented.

LABORATORY TESTING:

The MD will order all necessary microbiological and/or molecular testing necessary to determine the microorganism responsible for an active infection. Laboratory testing is available daily. In the event a test cannot be completed in a reasonable amount of time and/or a resident's clinical status declines, the MD and/or medical director may issue a directive to send the resident to the ER.

NOTIFICATION OF RESIDENTS, RESIDENT VISITORS AND/ OR FAMILIES:

A sign will be placed at the front desk to notify visitors of an outbreak within the facility. Visitors will be discouraged to visit if they exhibit any symptoms. In the event of a widespread community outbreak, a screening tool will be developed to check for symptoms of visitors, vendors, and staff.

The DON or designee will be notified of anyone trying to enter the facility exhibiting symptoms. The DON/ designee will determine if visitation is appropriate at that time.

Social Work will notify families by either phone or letter of any active outbreaks that require alteration of visiting hours and/or facility services.

The nursing staff will notify families/ designee of their family member that has developed symptoms of a communicable disease. The family/ designee will be notified of treatment ordered and any change of condition. The family will be notified of any precautions initiated. The nursing team will notify family / designee regularly on the status of the resident.

MONITORING STAFF:

Any staff member calling in sick will be asked to disclose if they have any symptoms consistent with an active outbreak within the facility. The staff member will be asked to not return to work until symptoms subside and/ or a clearance note is obtained from their personal physician. The infectious preventionist will be notified of the staff member exhibiting symptoms and a line listing will be kept and updated as any staff member reports symptoms.

During an active community public health crisis, a questionnaire and/ or screen may be initiated by the facility to monitor staff arriving to work from the community. Each time a staff

member arrives to work, a screen will be completed to ensure that an active infectious agent is not brought into the facility. If any symptoms on the screen exist, the DON/ designee will be notified to evaluate the staff member and to potentially disqualify the staff member from entering the facility.

MONITORING RESIDENTS:

The nursing staff will discuss resident's status during morning report and at shift to shift report. Any resident exhibiting symptoms of an infectious disease will be reported to the infection preventionist. The infection preventionist will monitor for any other resident exhibiting symptoms.

The following procedure will be implemented:

1. The medical director will be notified of a potential outbreak and order any testing required.
2. Vital sign monitoring for all residents on a unit or within the facility may be implemented but will be determined on a case by case basis.
3. Additional testing may be implemented for the newly infected residents' roommate(s) or other residents on the unit.

STAFF EDUCATION:

In the event of an outbreak, the inservice coordinator will implement education specifically focusing on the infectious agent and precautious required to reduce the spread of the infectious organism. Additional inservices and/ or competencies may be initiated on hand washing and/ or the use of personal protective equipment.

ENVIRONMENTAL SERVICES:

Environmental services will make every effort to ensure that all surfaces are cleaned and sanitized regularly to minimize contamination with infectious agents.

- **Influenza and gastrointestinal outbreaks** require use of the **sodium hypochlorite product s** (i.e., Clorox Dispatch) to clean and disinfect.
- Environmental Services Department (ESD)will make sure housekeepers wipe down the following "high touch" items twice a day with the appropriate solution (not all inclusive):
  - ➢ Door knobs
  - ➢ Over-bed tables
  - ➢ Soap dispensers
  - ➢ Elevator push buttons
  - ➢ Chairs
  - ➢ Light switches
  - ➢ Faucet handles
  - ➢ Toilet handles
  - ➢ Grab bars
  - ➢ Around toilet paper dispensers
  - ➢ Call bells
  - ➢ Television remotes
  - ➢ Handrails
  - ➢ Door push plates
  - ➢ Soiled linen container lids (both inside and outside)
  - ➢ Bed rails
  - ➢ All telephones
  - ➢ Vending machines
  - ➢ Microwaves/Refrigerator
- Use an antimicrobial wipe to clean computers on wheels (COWs) and PointClickCare (PCC) computer keyboards, and follow the appropriate procedures for cleaning the time clock case and readers.
- Wipe down housekeeping carts and other equipment with appropriate solution at the end of each day.

- ESD must commit to using microfiber floor mopping system and follow procedures without exception.
- No buffing or use of blowers during an outbreak. Consolidate all other cleaning activities per policy.

REPORTING TO PUBLIC HEALTH OFFICIALS:

The Facility will make every effort to ensure that timely reporting to the health department meets county and New Jersey State requirements.