

## **20. PANDEMIC OUTBREAK**

The primary purpose of the Manor's Pandemic Plans and Procedures is to outline a course of action to follow if a pandemic outbreak occurs either naturally or with intention as in a biological (CBRN) emergency.

The Administrator or designee shall be responsible for monitoring federal and state public health advisories and updating the Infection Preventionist serving as the pandemic response coordinator.

The Administrator will be responsible for notifying Hospital Administration, The state Department of Health, the Monmouth County OEM, Freehold Department of Health and the CDC if mandated. The Pandemic response coordinator will be responsible for completing the line list on a daily basis and submitting to the Freehold Department of health. A timeline will immediately be created marking initial illness and spread which will be used for the line list creation.

The Infection Preventionist serving as the pandemic response coordinator or designee shall be responsible for:

- a. Ensuring communication and education to residents, staff and family members on implication weekly or daily as needed monitoring of illness among residents and staff.
- b. All staff will be educated if they present with symptoms to not come to work until tested. Visitation will be curbed or stopped depending on situation.
- c. Infection Preventionist will communicate and educate residents, staff and family members on implication of and prevention of pandemic outbreak utilizing handouts and other forms of communication.
- d. Education and training will include information on infection control measures to prevent the spread of illness.

The Infection Preventionist serving as the pandemic response coordinator or designee will ensure information materials such as brochures and posters are developed to communicate policies and procedures during the infectious outbreak are posted. Communication will include visitation suspensions or restrictions, instructions on obtaining further information on facility as well as state and federal information will be communicated to family and representatives through email. Social workers will be responsible for ensuring communication and updates to family members and resident representatives on a daily basis.

When a Pandemic outbreak is identified for this area, departments shall implement the following procedures.

Nursing Service/Infection Control:

- a. Isolate contaminated residents to minimize spread of outbreak. Stop all aerosol generating procedures, convert to inhalers where needed.
- b. Contact tracing for residents and staff.
- c. Ensure any supplies including masks, gloves and gowns are available for staff use and protection.
- d. Ensure staff has alcohol based cleansers and disinfectants to use in conjunction with appropriate hand washing techniques.
- e. Ensure staff who can work remotely do so and that ALL staff are aware that they should NOT come to work if they are sick.

Dining Service:

- a. Check and disseminate necessary food supplies (liquid diet, isolation tray supplies).
- b. Ensure supply of water is adequate.

Maintenance Service:

- a. Have plastic sheeting, tape, plywood, lumber, etc., ready and available for immediate use in creating additional quarantined areas. South side rooms 101-110 can be used as quarantine area or entire unit as is has separate HVAC.

Laundry Service:

- a. Have extra supply of linen and blankets available.
- b. Ensure supplies are maintained for increased loads due to infectious materials.

Housekeeping Services:

- a. Ensure all disinfectants and protective equipment is accessible to staff
- a. Be prepared to disinfect all equipment and furnishings.
- b. Assist where needed or assigned.

Administration:

- a. Ensure staff communication and any additional coverage as needed. Ensure any staff able to work remotely is given the opportunity and that all staff is aware NOT to come to work if they are sick.
- b. Make sure needed supplies and equipment are maintained.

1. At the point in which the outbreak hits the state of New Jersey certain precautions and procedures will immediately be put into place.
  - Educate Resident's, family and staff on pandemic and facilities plans to move forward.
  - Restrict visitors and non-essential healthcare personnel, except in end of life situations which will be dealt with on a case by case basis. Skype, face time and window and drive by visits will take place to help family and residents stay connected.
  - All communal dining is STOPPED and all group activities which includes internal and external group activities. Social distancing at least 6 feet will be managed with all residents and staff.
  - Active screening of all residents for fever and symptoms including questions related to the specific pandemic (out of country travel, exposure). Resident symptoms will be assessed at each shift but at a minimum, daily. Vital signs should include heart rate, blood pressure, temperature, and pain and pulse oximetry. The staff should have a heightened awareness for any change in baseline of their residents, and should be reeducated to ensure reporting of all changes. Any residents showing signs or symptoms of the pandemic will be treated as a person under investigation (PUI) as will the roommate and any resident exposed through contact with positive staff as identified through contact tracing. Isolation and transmission based precautions will be put in place accordingly.
  - Staff screening will be done for all staff entering the building. All entrances will be closed to staff except for the employee entrance where the staff will have their temperature taken and respond to questions relating to symptoms or exposure. Any staff found to have a temperature or symptoms associated with the pandemic will be immediately sent home.
  - Staff, physicians, essential healthcare personnel should begin wearing masks (surgical) while in the building to prevent source contamination to residents. If PPE is limited follow reuse and conservation guidelines.
  - Create cohort area and treat new admits as persons under investigation (PUI) until allotted period as designated by CDC without showing any signs or symptoms. Designated staff should be in that area only each shift and wear appropriate infection control PPE as needed based on precautions.
  - Create cohorted areas to handle positive residents and residents with symptoms and healthy. The South side of the building is the best place to cohort infections as the area has a separate HVAC to help control cross contamination. The area known as the Dining room can also be utilized as a quarantine area.

- All cohorted areas should have designated staff unless staffing does not allow in which case the staff will work from well to ill.
  - Encourage all residents to remain in their room. Activity staff can utilize “hallway” games or electronic equipment games.
  - Increase internal environmental cleaning protocols to ensure appropriate measures are being taken to clean and disinfect where appropriate including high-touch surfaces and all shared medical equipment (e.g., lifts, blood pressure cuffs, medication carts).
  - Provide education to all environment staff to ensure knowledge of what products to use effective for the specific germ and how to use the products. Ensure staff is trained on appropriate PPE to be worn in contaminated rooms including doffing and donning. Create checklists to outline all areas that are to be cleaned and how often.
  - Provide education to all direct care staff and therapy to ensure knowledge of PPE and donning and doffing as well as infection protection protocols.
  - Depending on the type of global outbreak supplies such as alcohol based sanitizers, masks, gloves, gowns and disinfectant will be available to all staff and rationed based on need and stored in a secure area by the Supply Coordinator or designee.
2. If there comes a point in which an outbreak occurs in the facility certain precautions and procedures will immediately be put into place. An outbreak is defined as having more than two residents and or staff members become infected.
- All residents will be tested and cohorted as identified; if testing is not available all residents will be assessed as person’s under investigation (PUI), except for symptomatic resident’s who will be cohorted as positive. If testing is available:
    - Test all residents if possible, if not those exposed through contact tracing and with symptoms should be tested to establish cohorts and infection control strategies for room planning, those not able to be tested would be cohorted as a PUI and monitored for symptoms for the incubation period.
    - All residents who test positive will be cohorted as such,
    - All residents who test negative will be treated and cohorted as a PUI until retested again and if still negative will follow CDC guidance with weekly testing until the testing no longer reveals any new cases. If there are enough rooms to keep these residents in their own room then private rooms will be the preference, otherwise a separate area for PUI’s will be created.
    - If an asymptomatic resident declines to be tested it will be documented in the chart and the resident will be treated as a PUI. If a resident has symptoms or an asymptomatic resident should begin to present with symptoms the resident will be cohorted as positive.
    - Maintain dedicated staff for each cohort area. If staffing does not allow prioritize rounding from well to ill.

- All staff should be tested if testing is available. If it is not track staff calling out and create exposure lists for resident's cared for, work with employee health. Continue required masking of all staff while in the building. Continue to take all staff temps before starting work and continue screening questions regarding symptoms or exposures. If testing is available:
  - Plan and schedule all staff for testing while managing shift coverage.
  - Ensure authorizations for release of information are signed by staff to inform facility of status for prevention strategies.
  - If staff refuses to be tested or refuses to authorize release of the test results, they may not work until such time that they are tested or authorize release.
  - If staff tests positive contact tracing will immediately be done and residents potentially affected by the staff exposure will be treated as a PUI and put on transmission based precautions.
  - If staff test positive and do not have symptoms follow recommendations from CDC as outlined by Employee Health.
  - If staff test negative they should be retested again within 3 -7 days and if still negative will follow CDC guidance with weekly testing until the testing no longer reveals any new cases.
  - When staff return to work they should be restricted from taking their mask off even to eat around others and should be restricted from caring for residents who are severely immunocompromised until at least 14 days from the illness onset or positive test, whichever is longer.
  
- If staffing issues occur due to positive testing results, the following strategies may help:
  - Stop all PTO during the period of outbreak.
  - Utilize all state waivers for staffing allowances and call lists to fill in gaps where needed.
  - Schedule nurses to work as aides if needed, look at agency help as well.
  - Utilize the ACNA training program where staff are cross trained and can fill in as CNA's in an emergency.
  - Utilize all staff to fill in for environmental and or laundry needs, train accordingly.
  - Utilize all administrative positions to fill in where needed.
  
- Implement infection control precautions for all resident's assuming those not tested have all been exposed. Re-educate all staff on infection control practices and PPE needs including proper donning and doffing; this includes environmental staff, laundry, maintenance, therapy, activities and kitchen.
  
- Residents who are positive can be managed in facility if able to cohort, if not send to hospital. Any residents on an aerosol based procedure such as bipap or nebulizer will be stopped and physician called and requested to switch to a puffer so as not to create infectious particles in the air without negative pressure.
  
- Admissions should be stopped with staffing constraints.

- Communication to all resident's, resident representatives and staff regarding the outbreak should be happening on a regular basis outlining any changes in residents or staff positive cases and any deaths.
- Mask all residents (who can tolerate masks) with or without symptoms when providing **direct care**; if masks are limited or not tolerated using cloth face covering or a tissue to cover the nose and mouth is appropriate.
- Should a pandemic outbreak occur that results in needed hospitalizations, local hospitals shall be notified of such, with estimate of number being transported to their facility. Any resident's needing hospitalization will be masked and both transport and hospital notified of positive patient.
- Nurses must notify mortician of any positive resident deaths utilizing.

### 3. Recovery

- An individual is considered recovered if symptoms have resolved for the period of time as recommended by CDC guidance.
- A recovered resident can be moved off the infected unit.
- Masks will continue to protect the residents from any staff exposure until County and State numbers are in safe zones and Health departments feel it is safe to stop all measures.
- Visitation will remain banned until County, State and Federal health departments allow.
  - Admissions can be continued, if taking infected admissions the unit will remain open and control measures will remain for that area. If admission is asymptomatic with no test or negative, the resident should be kept in a private room on unit with recovered and monitored for signs or symptoms for at least 14 days. The resident could be transferred back into a semi-private accommodation in the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission).
  - You can cohort together a resident who is asymptomatic positive and symptomatic positive.
- All normal operations such as visitation, group activities and communal dining will continue to cease until County, State and Federal health departments direct otherwise. Skype, face time, outdoor, window and drive by visits can continue.
- If a vaccine or antibiotics should come out The Manor and its sister facilities will be covered under the Hospital agreement as a CLOSED POD able to distribute medication to our staff and resident's. Safety concerns regarding public demand of antibiotics could

result in increased security measures depending on intensity of outbreak (internally and public), symptoms and public demand.

The Administrator will be responsible for disseminating information to staff regarding the implementation of these policies and procedures in the face of a pandemic outbreak.

The internet will be continually monitored by the Administrator at <http://www.cdc.gov/> for updates and nationwide outbreak activity, reporting updates as necessary to the Infection Preventionist.

Protected areas for equipment storage shall be designated for use when pandemic outbreak alerts occur within our area so as to manage and maintain needed PPE supplies. The emergency trailer has nursing supplies stored should there be backorders or lack of PPE.