

Outbreak Preparedness and Response Plan

Policy Statement

The facility has taken measures to prepare for a pandemic or epidemic event such as an influenza outbreak and other infectious illnesses. A pandemic/epidemic event is defined as the rapid spread of an infectious disease to a large number of people in a given population within a short period of time. The facility has developed an Outbreak Preparedness and Response Plan (Plan) to address the potential risk to and exposure of residents, staff and visitors to a pandemic/epidemic event.

Policy Interpretation and Implementation

1. The Plan shall consist of two components - a preparedness plan and a response plan.
2. The preparedness plan shall include the monitoring of residents, staff, and visitors for signs and symptoms of the pandemic/epidemic illness, the monitoring of medical supplies including personal protective equipment (PPE) and other supplies, the preparation of isolation areas, the selection and training of staff dedicated to the treatment of residents diagnosed with the pandemic/epidemic illness, the notification of the pandemic/epidemic illness to residents, responsible parties, employees, and local and state health officials, and information on the availability of surveillance laboratory testing.
3. The response plan shall consist of staff training guidelines for the treatment of infected residents, relocating infected residents to isolated areas, monitoring residents conditions, notification and updates to local and state health officials, communication with family members, and visitation protocols, and removing residents from isolation after a resident has been cleared of the infection.
4. The Plan shall be modified to address the unique and specific conditions of the pandemic/epidemic illness, and shall be developed based on guidelines or recommendations from local, state and/or federal health officials. The effectiveness of the Plan shall be assessed throughout the pandemic/epidemic event and modified to meet the safety needs of the residents throughout the incident.
5. The preparedness component of the Plan shall be implemented upon the outbreak of a pandemic or epidemic illness occurring in the community, state or country. The response component of the Plan shall be implemented when residents have been diagnosed with the pandemic/epidemic illness or have a presumption of contracting the pandemic/epidemic illness.
6. Staff members shall receive training pertaining to the facility's Pandemic/Epidemic Preparedness and Response Plan, prior to and during a pandemic/epidemic event.

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Preparedness Plan

The following procedures should be utilized to prepare for a Pandemic/Epidemic outbreak.

1. The facility's Administrator shall declare a Pandemic/Epidemic emergency event after consultation with the facility's Director of Nurses and Medical Director, upon the identification of a contagious infection in the general community, or a number of residents, staff or visitors; or in accordance to proclamations issued by governing officials in response to an increase in the human-to-human spread of an infection in the surrounding community, state or country.
2. The Administrator or Director of Nurses shall activate the Incident Command System (ICS) to manage the incident. Department supervisors and other management staff shall be briefed on the pandemic/epidemic situation and instructed to follow the center's protocols for a pandemic/epidemic emergency event.
3. The duration of the emergency event may last several days or weeks. Throughout the event, the Administrator or Director of Nurses shall be the Incident Commander.
4. The Administrator shall form a committee of key personnel that will be responsible for the implementation of the preparedness and response plan, and/or to develop or modify the existing preparedness plan to meet the specific needs of the current pandemic/epidemic. The committee shall be comprised of the following personnel:
 - a. Administrator
 - b. Director of Nursing
 - c. Assistant Director of Nursing
 - d. Infection Preventionist
 - e. Nursing Unit Managers
 - f. Social Service Director
 - g. Environmental Service Director
 - h. Central Supply Coordinator
 - i. Medical Director
 - j. Infectious Disease Medical Director
5. The committee shall be responsible for reviewing the facility's preparedness plan for pandemic/epidemic events. The committee shall revise the plan to meet the current situation presented by the pandemic/epidemic event. At minimum the plan shall address the following:
 - a. Monitoring of residents, staff, and visitors for signs and symptoms or conditions of the pandemic/epidemic illness.

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- b. Inventory levels for medical supplies, personal protective equipment (PPE), cleaning supplies, dietary supplies, and linens
- c. The identification and preparation of isolation rooms used for infected residents.
- d. Identifying and training staff to care for infected residents, including the use of PPE, infection control techniques, and clinical guidance for the management of the residents' symptoms.
- e. Educating staff on the prevention and control of infectious diseases, practicing good infection control, hand washing, and the recognition of signs and symptoms of the pandemic/epidemic illness.
- f. Providing updated communication with residents, family members and staff regarding the facility's preparedness plan, visitor restrictions, and reporting information to government health agencies.
- g. Monitoring governmental health agencies web sites and social media outlets for up-to-date information pertaining to the pandemic/epidemic.
- h. Determining the availability of surveillance laboratory testing and providing in-service training to nurses on the proper specimen collection and transmission to the labs.
- i. The committee shall meet weekly at minimum, and more frequently depending upon the situation. The committee shall record and document their actions and retain for evaluation and review following the conclusion of the pandemic/epidemic event.

Response Plan

The following procedures should be utilized in the event of a Pandemic/Epidemic outbreak in facility.

1. Residents identified to be infected or are suspected of infection shall be relocated to the isolation areas identified in the facility's preparedness plan. Staff shall practice proper infection control techniques including the use of PPE during the relocation.
2. Only the staff identified in the facility's preparedness plan shall render care to the resident and have access to the isolation areas. No other staff shall enter the isolation rooms, except other healthcare professionals such as diagnostic testing technicians, physicians, physician assistants, nurse practitioners, first responders, and medical transport personnel. The delivery of meals and medical supplies, housekeeping services, and general cleaning shall be provided by the staff assigned to the infected residents.
3. Staff and other individuals providing care to infected residents shall practice appropriate infection control and the use of PPE.
4. Additional training shall be provided to the staff caring for infected residents specific to the pandemic/epidemic as well as the individual needs of the residents.

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5. The facility will initiate an investigation to determine the source of contamination and to determine the risk of spread to other residents. The investigation will include the review of the infected resident's movement throughout the facility, any visitors seen by the resident, and staff assigned to the resident. Staff assigned to the resident will be assessed for any signs or symptoms of the illness. Visitors will be contacted and advised of the potential of exposure. Surrounding residents and residents whom may have socialized with the infected resident shall also be assessed for signs and symptoms of the illness.
6. The facility shall develop mitigation efforts to prevent the spread of the illness. Mitigation steps shall include restricting visitors, confining residents to their rooms or units, isolating residents with similar conditions, isolating residents that had direct contact with the infected resident, discontinue dining room services and group recreational activities. The facility shall also continue with the monitoring of residents and staff and identify individuals that may have a high risk for infection.
7. Infected staff or staff suspected to be infected will be dismissed from work, and referred to their primary care provider for evaluation. Returning staff must present medical certification that they are cleared to return to work and are free from any infectious diseases.
8. The facility shall contract with a CLIA approved laboratory for the purpose of surveillance testing of residents and staff. The facility shall perform frequent and consistent testing of residents and staff in order to identify possible infections.
9. The facility shall implement their communication plan, and notify all residents, responsible parties, and staff of the confirmed infection, in accordance with federal and state guidelines. Communication may consist of letters, telephone calls, email notices, etc. At no time will the facility identify or provide anyone with the infected resident's identity.
10. The facility will follow all federal, state, and local guidelines for reporting a contagious infection within the facility. The facility's Administrator shall be responsible for all communication with government health agencies.
11. The facility shall continue to monitor inventory levels of necessary medical supplies. Quantities of essential food, materials, medical supplies, and equipment shall be adjusted to meet the number of infected residents and their needs.
12. The facility will continue to evaluate staffing needs and develop a contingency staffing plan based on the number of residents infected and their individual needs. If necessary, the staffing plan shall include collaboration with other healthcare facilities and local government health agencies to address widespread healthcare staffing shortages during a crisis. The center shall contract with a local temporary nursing staff company to alleviate any shortages of direct care staff.
13. The facility's pandemic/epidemic plan shall include strategies to help increase bed capacity in order to provide support to surrounding hospitals.
 - a. The facility shall accept patients from area hospitals for admission of non-infected patients to facilitate utilization of acute care resources of more seriously ill patients.
 - b. Facility space has been identified that could be adapted for use as expanded inpatient beds and information has been provided to local and regional planning contacts.
 - c. The facility shall limit admissions and occupancy based on availability of staff and supplies.