

## BOONTON CARE CENTER

DEPARTMENT: NURSING/INFECTION PREVENTION

POLICY: FACILITY OUTBREAK PLAN

IMPLEMENTED: March 1, 2018 REVIEWED:

REVISED: August 10, 2020

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**OBJECTIVE:** Outbreak investigation will be organized by the Infection Control Preventionist or designee when disease outbreak is suspected.

### **PURPOSE:**

To manage and contain disease outbreak when identified in the Center

### **PROCEDURE:**

1. Confirm existence of an outbreak
  - a. Defined as an excess over expected (usual) level of a disease within the Center
  - b. According to defined clinical parameters or state regulations
    - **Gastroenteritis:**
      - Three or more persons (residents and staff) from a single unit or 3% or more of the entire Center who develops diarrhea or vomiting AND the onset occurs within a seven-day period.
    - **Influenza:**
      - One or more clinically defined cases or one or more laboratory proven cases of influenza in a Center within a 10-day period from October through May.
    - **Pneumonia:**
      - Two or more residents with nosocomial cases of **non-aspiration** pneumonia within a 10-day period should be reviewed for outbreak potential.
    - **Scabies:**
      - One or more persons may constitute an outbreak
    - **Vancomycin Resistant Enterococci (VRE):**
      - Three or more residents identified with nosocomial VRE within a six-month period. This does **NOT** include newly admitted residents who have VRE or re-admission of a resident who has VRE.
    - **Novel Coronavirus (Covid-19)**
      - One or more residents with Novel Coronavirus (Covid-19) cases within a 14-day period should be reviewed for outbreak in facility.

- Other reportable diseases per state regulation. Common examples include tuberculosis, Candida Auris, vermicelli, and hepatitis.
2. Develop a case definition based on symptoms. Characterize disease cases by:
    - a. What: the pathogen, site, and/or clinical sign/symptom
    - b. Who: the population in which cases are occurring
    - c. Where: the geographic location of cases
    - d. When: how long cases have been occurring
  3. Create Line Listing and search for additional causes and cases
    - a. Review surveillance and lab reports
    - b. Obtain appropriate lab specimens as directed by physician or state/local health departments
    - c. Use appropriate Line Listing forms when symptoms are identified for both residents and staff:
      - Influenza
      - Gastroenteritis
      - Novel Coronavirus (Covid-19)
      - Other as needed
  4. Organize data according to time, place, and person. Create epidemiology curve, if required by the state.
    - a. Time: Duration of the outbreak and pattern of occurrences
    - b. Place: Develop demographic floor plan indicating location and onset dates of cases
      - Evaluate geographic clustering by unit, service, and exposure to others.
    - c. Person: Evaluate characteristics that influence susceptibility such as age, sex, underlying disease, and immunization history.
      - Exposures such as nursing and medical staff or other infected residents
      - Therapeutic measures such as invasive procedures, medications, and antibiotics.
  5. Formulate a hypothesis.
    - a. Refine the initial case definition by identifying the likely agent (organism) source and mode of transmission.
    - b. Continue data collection with frequent re-evaluation of the hypothesis.
  6. Notify:
    - a. Administrator
    - b. Regional Director of Operations
    - c. Director of Nursing (DON), Clinical Operations Manager, Area clinical resources
    - d. Medical Director

- e. Attending physician for each case
  - f. Staff and ancillary departments
  - g. Families of affected residents
  - h. Local/State Health Department, according to regulations
7. Implement control measures based on signs, symptoms, diagnosis, mode of transmission, and location in the Center. Measures may include:
- a. Transmission base Precautions
  - b. Restriction of affected residents from group activities
  - c. Suspension of admissions to Center, if required by Department of Health
  - d. Suspension of admissions to affected unit only
  - e. Visitor precaution/limitation
  - f. Cohort residents and staff
  - g. Suspension of all group activities
  - h. Intensive environmental cleaning
    - Preferred cleaning solution for gastroenteritis and *C. difficile* outbreaks should be used.
    - EPA list and disinfectants for use against SAR-COV-2 (Covid-19) cleaning solutions should be utilized for all Novel Coronavirus Outbreaks.
8. Conduct mandatory staff education regarding disease outbreak. Include:
- a. Hand hygiene/ Personal hygiene
  - b. Outbreak disease symptoms
  - c. Mode of transmission of outbreak disease
  - d. Transmission Precautions
  - e. Reporting the occurrence of symptoms in resident or staff
9. Monitor for effectiveness of investigation and control measures until cases cease to occur or return to usual levels.
- a. Compare group of uninfected residents with infected residents.
  - b. Perform selective culturing **IF** hypothesis implies a person or environmental factor is the carrier.
  - c. Conduct care practice observation **IF** hypothesis implies a breakdown in resident care practices.
10. Complete the Outbreak Investigation Summary and submit a copy to the DON, Administrator, Medical Director, and Health Department per state, city, and county regulations.
- a. Summarize data/information collected. Include case definition, hypothesis, and final evaluation of outbreak
  - b. Include epidemiology curve, if required by state

**PROCEDURES FOR NOTIFICATION OF STAFF, RESIDENTS, FAMILIES AND/OR GUARDIANS:**

- A. Staff are notified of current total amount of COVID-19 positive cases in the facility via a COVID-19 Census communication board.
  
- B. Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—
  - a. (i) Not include personally identifiable information.
  - b. (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and
  - c. (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.
  
- C. Family members have been provided access to a HIPPA compliant messaging system. Notification is being posted on this site at least once weekly to provide updated information.
  
- D. During a period of visitation restriction due to an outbreak of infectious disease or in the event of an emergency, families will be contacted and/or may directly contact the activity/concierge staff to schedule in room virtual facetime calls.