Christian Health

OUTBREAK RESPONSE PLAN
2024
CHRISTIAN HEALTH

Purpose: To provide guidelines, following state, federal, and regulatory standards, to provide a framework to ensure that outbreaks of infection are effectively investigated, brought under control and, where possible, measures taken to prevent similar outbreaks in the future. This plan is in place to ensure that a coordinated approach is taken. It identifies the roles and responsibilities of key individuals and covers management and organizational aspects, communication, investigation and control procedures. The plan covers all infectious diseases, defined as all illnesses caused by microbiological agents including bacteria, viruses, fungi and parasites. Most outbreaks may not impact greatly on routine services. On occasions however, outbreaks may have significant implications for routine services and additional resources may be required. In these circumstances, Emergency Operations Plan within the affected area of the organization will be invoked.

Policy: It is the policy of the Christian Health to prevent and control Health Care-Associated (HAI)/Nosocomial Infections and investigate suspected pandemic/epidemic of nosocomial infections. The Infection Preventionist (IP), or designee, shall have responsibility for investigating and developing policies aimed at the prevention and control of HAI. If an outbreak is suspected, the investigation will be directed by the IP or designee in collaboration with the IP Disease Consultant; V.P. of Medical Affairs; and other CH staff members.
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A. The Infection Preventionist, and other designated staff, has been given the responsibility to initiate appropriate control measures or studies whenever it is reasonable to assume that any patient/resident/client or employee has been or may be placed in danger of exposure to an infectious disease.

B. The Infection Preventionist and designated staff will follow the current CDC (Centers for Disease Control & Epidemiology) Guidelines and other current NJDOH guidelines or literature to develop an appropriate action plan.

C. Any major decision involving a large number of patients/residents/clients or employees, or which involves a considerable expense, such as closing a unit, will be made only after thorough and complete discussion with leadership which may include, but not be limited to, Vice President Medical Affairs, Chief Operations Officer, Chief Nursing Officer, and Administrator.

D. In case of emergency and/or suspected outbreaks after normal working hours or on the weekend, the house supervisor will contact the appropriate program/service Administrator and the Infection Preventionist and/or designee.

E. The Infection Preventionist, or designee, is responsible for contacting local or state resources.

F. The Vice President of Medical Affairs and the Infection Preventionist, or designee, will immediately determine if the suspected outbreak poses a threat to the health of other patients/residents/clients and/or employees warranting immediate investigation/remediation.

G. If nursing, medical or other staff have reason to believe there might be an outbreak occurring, whether or not it is manifesting itself clearly, they should inform the Infection Preventionist as soon as possible. *Laboratory confirmation is not required before taking action.* Some outbreaks may have affected many people before they are recognized. Thus, medical and nursing staff should be vigilant and report any suspicious outbreaks to the Infection Preventionist via reporting process.

Procedure: See Page 3

Definitions:

1) **Cohorting-**means the practice of grouping patients/residents who are or are not disease infected per CDC, NJDOH and Executive Directive guidelines.
2) ***Epidemic (outbreak) level*** **- Outbreak (epidemic)** - the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season. An outbreak may occur in a restricted geographical area, or may extend over several countries. It may last for a few days or weeks, or for several years. A single case of a communicable disease long absent from a population or caused by an agent (e.g. bacterium or virus) not previously recognized in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and should be reported and investigated. *Any incident which may have the potential to develop into an outbreak will be monitored closely by the Infection Preventionist and if necessary, will be discussed with the Vice President of Medical Affairs and/or consulting infectious disease physician. The local and/or state health departments. The difference between an incident and an outbreak is a matter of judgment. Whatever the terminology, either scenario might be handled in a similar way or either might demand significant resources. This plan will refer to outbreaks, but the plans detailed within are equally applicable to significant infectious disease incidents.*
3) **Isolating**-means the process of separating sick, contagious persons from those who are not sick.
4) **Pandemic**- A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no pre-existing immunity against the new virus, it spreads worldwide.

Required Forms:

a. New Jersey Health Department Outbreak report for Long Term Care and Other Facilities and Line Lists. Also other regulatory and licensing agencies such as CMS and CDC.

Training Requirements: Emergency Preparedness/infection Prevention and Control

Related Policies & Manuals:

a. P&P: Reporting Communicable Diseases in Patients/Residents/Clients
b. P&P: Communication with Reporters
c. P&P: Bioterrorism
d. Isolation Precautions Policy
e. Surveillance for Infections

Regulatory Mandates:

a. New Jersey Department of Health and Senior Services Licensure Regulations, N.J.A.C. 8:43E
b. N.J.A.C. TITLE 8 HOSPITAL LICENSING STANDARDS; Chapter 43G
c. Reportable Communicable Diseases: N.J.A.C. 8:57-1, 1995.
d. The Joint Commission Infection Control Standards
e. N.J.S.A. 2H-12.87
f. 42 Code of Federal Regulations (CFR) (§483.10 (f)4 and F-tag 563
g. CDC 42 CFR

Procedures:

A. Infection Preventionist or designee is alerted by cell phone and via email.of a suspected/potential outbreak.

B. Nursing Leadership will initiate line list of affected patients/residents/clients with date and time of origin and symptoms.

C. Infection Preventionist will review with appropriate staff (V. P. Medical Affairs, IP Consultant, V.P of MHS-CNE, DONs, ADONs, Administrators), suspected cases and will assess the cases to determine if it meets the criteria for possible outbreak.

D. ***IF OUTBREAK CRITERIA HAS NOT*** been determined, monitoring will continue with Infection Preventionist, nursing leadership, team nurse, or wing nurse.

E. Infection Preventionist determines the next steps based on potential for the spread of the infection.

F. If outbreak criteria has been met, the Infection Preventionist will review with one or all of the following: V. P. Medical Affairs, IP Consultant, and V.P of MHS-CNE, DON, ADONs, and Administrator.

1. Consider implementation of limitation of resident/group activities (i.e. rehab, dining, beauty parlor, worship service, off unit trips, resident visitation to other units).

2. Notify employee health nurse to begin line listing of employees that are ill.

3. Review modifications to staffing patterns to be implemented with Departments leaders.

4. Notify Admissions to avoid patient/resident room transfers off of or onto the affected unit and discuss potential need to consider restriction of admissions.

5. Place appropriate signage on entrance doors of affected areas.

6. Notify leaders at CH via email of possible outbreak and the interventions that have been put in place.

7. Monitor the affected unit(s) daily.

8. Schedule routine meetings with appropriate departments and leaders until the outbreak has been resolved. Additional interventions will be considered for recommendation at these meetings and status of the event will be communicated by Administration and or Infection Preventionist after meeting with CH leaders.

9. Discuss need for additional environmental, and other ancillary services.

10. Schedule education in services as indicated.

11. Notify the local and state health departments per required outbreak protocol.

12. It is the responsibility of DONs and other Nursing Leadership to review with nursing staff the need for wing nurses to document in each patient/resident record the onset of symptoms, current symptoms, and interventions put in place, also rapid testing results, and to update Care Plans.

13. Continue to receive daily updates from each patient/resident unit which is impacted.

G. If Infection Preventionist is unavailable, DONs, ADONs and Wellness Director or designee will assume the responsibilities of the Infection Preventionist during the event.

H. Follow regulatory guidelines/protocols for isolating and cohorting infected and at risk residents in the event of an outbreak of a contagious disease until the end of the outbreak determined by state and federal regulatory agencies.

I. Notification by designated staff to select residents/patients, resident/patient family members or sponsors, and support staff in the event of an outbreak of a contagious disease in the facility via face-to-face conversation, telephone, website, email, or post mail.

J. Information on the availability of laboratory testing via Department of Health (DOH) or approved contracted services, protocols for assessing whether facility visitors are ill, protocols to require ill staff to not come to the facility to work, and processes for implementing evidence based response measures.

K. Routine monitoring of patients/residents/clients per M.D. orders and Human Resources/Employee Health guidelines will determine if staff has identified signs of a contagious disease that could develop into an outbreak.

Reference: CH Surveillance Policy