



# Outbreak Response Plan

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## **Policy:**

- To effectively manage and contain an outbreak when identified in Lions Gate.
- To promote an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment
- To help prevent the development and transmission of communicable diseases and infections.
- Outbreak investigations will be organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected.
- Local and state department of health will be apprised as required.

## **SECTION A**

### **Outbreak Investigation**

Outbreak investigation will be organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected.

1. Lions Gate will inform the local and State Department of Health of suspected outbreak as soon as identified.
2. Lions Gate will inform residents and their representatives within 12 hours of a single confirmed infection of COVID-19, influenza or norovirus.
3. Lions Gate will inform residents and their representatives of a potential outbreak when there are three (3) or more residents or staff with new onset of respiratory symptoms and /or gastrointestinal symptoms that occur within 72 hours.
4. Updates to residents and their representatives will be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever there are three (3) or more residents or staff with new onset of respiratory symptoms occurring within 72 hours.
5. Lions Gate's designee will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing center will be altered.
6. Immediate steps will be taken to the best of Lions Gate's ability to isolate symptomatic individuals from those who may be pre-symptomatic or under investigation and residents who do not have any symptoms to dedicated areas with dedicated staff.
7. Testing will be expansive and extensive Center-wide for COVID-19 and influenza.
8. Staff testing will also take place to stop the introduction, limit exposure to, and control the spread of these contagious diseases.

## **SECTION B**

### **Identification and surveillance**

For all infectious diseases, residents will be surveilled as follows:

- Any irregularities of VS or other markers (i.e. for COVID: cough, SOB, body aches, headache, loss of appetite, loss of smell/taste, etc.) will be reported by nursing each shift in the resident's medical record and on the 24 hour report.
- The 24 hour report is shared daily with the Director of Nursing, Administration and Infection Preventionist, among others. The irregularities will be discussed and acted upon immediately if they indicate presence of contagious disease.
- Residents will be monitored at least once/shift for these symptoms, as directed by the NJDOH or other regulatory body. Lions Gate may choose to monitor more frequently.

## COVID-19

Two (2) residents/patients and/or staff in three (3) days become sick with these listed symptoms and at least one (1) of these has a positive test for COVID-19:

1. Confirm the existence of an outbreak:
  - a. (1) COVID-19 positive test
  - b. Symptoms:  
Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea  
Elders may exhibit:
    - i. Increased confusion, worsening chronic conditions of the lungs, loss of appetite, and decreased fluid intake
2. Cohorting of individuals
  - a. Residents will be divided into at least 4 cohort groups if able:
    - i. COVID POSITIVE
    - ii. Symptomatic, had close contact with a positive
    - iii. Asymptomatic, not up to date with all recommended doses of the COVID-19 vaccine, negative, had close contact to a positive
    - iv. Asymptomatic, up to date with all recommended doses of the COVID-19 vaccine or previously positive within the last 90 days, negative, had close contact to a positive
    - v. New or re-admissions, asymptomatic, not up to date with all recommended doses of the COVID-19 vaccine, negative
    - vi. New or re-admissions, asymptomatic, up to date with all recommended doses of the COVID-19 vaccine or previously positive within the last 90 days, negative
3. Lions Gate will implement center-wide testing of residents and all Lions Gate staff as recommended or required by NJ DOH.
4. If resident/patient(s) refuses to undergo COVID-19 testing, those individuals will be treated as a Person Under Investigation (PUI).
  - a. Nursing will document resident/patient's refusal and notify responsible representative of refusal to testing.
  - b. Resident/patient at any point in time may change their mind to testing at which time Lions Gate will proceed with testing this individual.
  - c. PUI:
    - i. Resident/patient will be cohorted accordingly
    - ii. Vital Sign monitoring will continue every shift

- iii. Onset of elevated temperature or other related symptoms consistent with COVID-19 will require immediate cohorting with symptomatic residents.

#### **INFLUENZA:**

1. Three (3) or more clinically-defined cases or one (1) or more laboratory Identified results for Influenza in a Center within a 10-day period from October through May, should be viewed as an outbreak.

### **SECTION C**

#### **Organization and monitoring**

1. Create line listing and search for additional causes and cases
  - a. Review surveillance and lab reports
  - b. Obtain appropriate lab specimens as directed by the physician or state/local health department
2. Use appropriate line listing forms when symptoms are identified for both resident and staff:
  - a. Respiratory Line Listing, Gastroenteritis Line Listing
3. Organize data according to time, place, and person
  - a. Time: duration of the outbreak and pattern of occurrence
  - b. Place: develop location and onset of dates of cases
  - c. Person: evaluate characteristics that influence susceptibility such as age, sex, underlying disease, immunization history
  - d. Exposure by nursing staff, or other infected residents
    - i. CONTACT TRACING
      1. Identify staff and/or other residents who may have had contact with positive residents or positive staff.
      2. Notify those as identified above to follow NJDOH/CDC guidelines for isolation and/or testing if recommended.

#### **Notify**

- Administrator
- Director of Nursing
- Medical Director
- Attending physician/Medical Director
- Staff and department directors
- Family of the affected resident(s)
- Local/state health department, according to regulations
- Nursing will inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of influenza, COVID-19, or norovirus. Three (3) or more residents or staff with new onset of respiratory symptoms and /or gastrointestinal symptoms that occur within 72 hours. Resident(s) and their responsible representatives will be informed of possible outbreak within Lions Gate.
- Social Services and nursing will notify all residents' responsible representatives of outbreak either by phone, email and/or written letter weekly or more frequently as needed.

## SECTION D

### Control measures

1. Implement control measures based on sign, symptoms, diagnosis, mode of transmission, and location in Lions Gate.

Measures may include:

- a. Transmission-based precautions
    - Employees will be issued appropriate PPE to keep them safe from contagion
  - b. Restricting visitors
    - Visitors will be banned except in case of end-of-life situations
    - All visitors will be screened for signs/symptoms of contagion before going to visit.
    - If applicable, PPE will be given to the visitor, with instructions for use.
  - c. Employees will also be screened for signs/symptoms of the contagion
    - Only one entrance will be available for employees
    - Each employee entering may not go to his or her work station without being screened
    - Employees found to have symptoms or other questionable signs will be excluded from work and will see their physician.
    - Employee will be advised to seek testing for communicable disease if applicable.
  - d. Restriction of affected residents from group activities
  - e. Suspending communal dining
  - f. Suspending admissions to affected unit
  - g. Suspending admissions to Center if deemed necessary
  - h. Increased housekeeping, intensive environmental cleaning with frequent cleaning of high touch areas
  - i. Staff Coordinator will implement staffing contingency plan for possible change in staffing levels – staff will be allocated to COVID (or other contagion) vs. non-COVID units.
2. Staff education
    - a. Conduct mandatory staff education
      - I. Hand hygiene
      - II. Outbreak disease symptoms
      - III. Reporting the occurrence of symptoms of resident and staff.
      - IV. Transmission-based precautions and use of PPE
    - b. PPE will be made available in preparation for an outbreak
    - c. Advise staff who are exhibiting symptoms will be excluded from work
3. Monitor for effectiveness of investigation and control measures until cases cease to occur or return to normal level

Resources:

NJDOH, Guidance for COVID-19 and/or exposed healthcare personnel and residents

<https://www.nj.gov/health/cd/documents/topics/NCOV/Cohorting-PAC.pdf>

[https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance COVID Diagnosed andor Exposed HCP.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_COVID_Diagnosed_andor_Exposed_HCP.pdf)

CDC, Testing for Coronavirus (COVID-19) in nursing homes

<https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Updated COVID-19 Reporting Requirements

[https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID Reporting Guidance.pdf](https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID_Reporting_Guidance.pdf)