

Harrogate Outbreak Response Plan

A. INFLUENZA

The primary purpose of Harrogate's Pandemic Influenza Plans and Procedures is to outline a course of action to follow if a pandemic influenza outbreak occurs.

The Administrator or designee shall be responsible for monitoring federal and state public health advisories and updating the Director of Nursing.

In the event of an influenza outbreak at Harrogate, the Administrator will be responsible for notifying the State and Ocean County Departments of Health. The Administrator will be responsible for completing the line list on a daily basis and submitting to the Ocean County 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/ADON or designee, shall be responsible for regular monitoring of seasonal influenza-like illness among residents and staff.

- a. Infection Preventionist/ADON will communicate and educate residents, staff, and family members on infection control and prevention techniques regarding influenza.
- b. Supplies such as alcohol-based sanitizers, masks, gloves and disinfectant will be available to all staff and rationed based on need by the Medical Secretary or designee.

The Infection Preventionist/ADON, or designee, will ensure informational materials such as brochures and posters are accessible to communicate Harrogate's policies and procedures during infectious outbreak. Communication will include visitation suspensions or restrictions, instructions on obtaining further information on the community, as well as state and federal information being posted on Harrogate's website.

- a. The Administrator and DON will be responsible for distributing information to staff regarding the implementation of these policies and procedures in the face of an influenza outbreak.

Areas for equipment storage shall be designated for use when pandemic influenza alerts occur within our area.

Vaccines and antibiotics will be secured based on public demand. Flu vaccines will be offered to all staff during the flu season.

Should a pandemic influenza outbreak occur that results in needed hospitalizations, local hospitals shall be notified of such.

During a pandemic influenza outbreak, visitation shall be restricted based on severity of outbreak and ability to contain infectious persons, as well as guidance from the Ocean County Department of Health.

B. PANDEMIC OTHER

The Administrator or designee shall be responsible for monitoring federal and state public health advisories and updating the Director of Nursing.

The Administrator will be responsible for notifying the NJ Department of Health, the Ocean County Department of Health, and the CDC if mandated. The Administrator will be responsible for completing the line list on a daily basis and submitting to the Ocean County Department of Health. A timeline will immediately be created using the line listing. This information will be used for cohorting of residents as deemed appropriate.

The Director of Nursing, or designee shall be responsible for:

- a. Ensuring the Infection Preventionist/ADON communicates and educates residents, staff and, family members. This also includes feedback on any implications associated with the routine monitoring of illness among residents and staff.
- b. Staff will be educated on signs and symptoms of influenza. In the event symptoms are developed, the staff will be expected to stay home until symptoms resolve in accordance to the CDC and Ocean County Department of Health .
- c. DON and ADON will utilize handouts to communicate and educate residents, staff, and family members on implication of and prevention of pandemic outbreak.
- d. Education and training will include information on infection control measures to prevent the spread of illness.

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

Nursing Service:

- a. Isolate infected residents to minimize spread of outbreak.

- b. Ensure any supplies including masks, gloves, gowns, and protective eye wear are available for staff use and protection.
- c. Ensure staff has alcohol-based cleansers and disinfectants to use in conjunction with appropriate hand washing techniques.

Housekeeping Services:

- a. Ensure all disinfectants and protective equipment are 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.
 - b. Make sure needed supplies and equipment are maintained.
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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 residents, families and staff on pandemic and community's 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. Virtual visitation and window visits will take place to help family and residents stay connected.
 - All communal dining and all group activities, which includes internal and external group activities, is stopped. 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 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.
 - 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.

- Staff, physicians, and 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.
 - New admissions will be treated 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. Staff should wear appropriate infection control PPE as needed based on precautions.
 - Create cohorted areas to handle positive residents.
 - All cohorted areas will have designated staff.
 - 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 and medication carts).
 - Provide education to all environmental services staff to ensure knowledge of what products to use for the specific germ and how to use the products. Ensure staff is trained on appropriate PPE to be worn in contaminated rooms including donning and doffing.
 - Provide education to all direct care staff and therapy to ensure knowledge of PPE and donning and doffing as well as general 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 Medical Secretary, 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:
 - All residents who test positive will be cohorted as such.
 - All residents who test negative, will follow CDC guidance for follow up testing, and as guided by State guidelines.
 - Maintain dedicated staff for each cohort area. If staffing does not allow, prioritize rounding from well to ill.
 - All staff should be tested per CDC, State, and local guidelines. Continue required masking of all staff while in the building. Continue to take all staff temperatures 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 test positive they will follow the guidance from their PCP and employee health based on CDC guidance for returning to work.
- 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 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 and re-educate all staff on infection control practices. Educate specific to PPE needs including proper donning and doffing; this includes environmental staff, laundry, maintenance, therapy, activities and kitchen.
 - Communication to all residents, resident representatives and staff regarding the outbreak should be occurring on a regular basis outlining any changes in residents or staff positive cases and any deaths.
 - Any residents needing hospitalization will be masked and transported. The transport team and hospital will be notified of if he/she is a positive patient.
 - Nurses must notify mortician of any positive resident deaths.

3. Recovery

- Current CDC guidelines will be used to determine Recovery status.
- Visitation will be determined by County, State and Federal health department guidelines.
- Admissions can be continued. If taking infected admissions, the unit will remain open and control measures will remain for that area. If an admission is asymptomatic with no test done, the resident should be in a private room to monitor for signs or symptoms. 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).

- 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 and window and drive by visits will continue.

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 Director of Nursing.

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.

Should a pandemic outbreak occur that results in needed hospitalizations, local hospitals shall be notified.