

**Bacharach Institute for Rehabilitation**  
**Emerging Infectious Diseases – Outbreak Plan**  
**October 2020**

**AIM:** The purpose of this policy is to provide guidance on how to prepare for new or newly evolved infectious diseases whose incidence in humans has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of infection to patients, families and staff of the facility. An outbreak means any unusual occurrence of disease above endemic levels or a sudden appearance of a number of cases with similar symptoms of infection either in resident/patients or staff.

**GOAL:** To protect our patients, families and staff from harm resulting in exposure to an emergent infectious disease or outbreaks while in our facility.

**RESPONSIBILITY:**

- The hospital, in partnership with local and state health departments and federal agencies, is responsible for developing a hospital specific response plan. Implementation and monitoring of this plan will be incorporated into the implementation and monitoring of the hospitalwide emergency preparedness program.
- Authorization is given to the Infection Control Committee Chairperson or designee to implement prevention and control measures in the event of an outbreak.
- Activation of the hospital emergency management plan.

**1. General Preparedness for Emergent Infectious Diseases (EID)**

- a. Bacharach's Emergency Operation Program will include a response plan for a community-wide infectious disease outbreak such as pandemic influenza. This plan will:
  - i. Build on the workplace practices described in the infection prevention and control policies.
  - ii. Include administrative controls (screening, isolation, visitor policies, and employee absentee plans.
  - iii. Address the environmental controls (isolation rooms, plastic barriers, sanitation stations, and special areas for contaminated wastes).
  - iv. Address human resource issues such as employee leave.
  - v. Be compatible with Bacharach's business continuity plan.
- b. Clinical leadership will be vigilant and stay informed about EID's around the world. They will keep administrative leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and / or immigration, tourism, or other circumstances.
- c. As part of the emergency operations plan, Bacharach will maintain a supply of personal protective equipment (PPE) including moisture barrier gowns, face shields, foot and head coverings, surgical masks, assorted sizes of N95 respirators, and gloves. The amount that is stockpiled will minimally be enough for 2 months of care, but will be determined based on storage, space, and costs.

- d. Bacharach will develop plans with their vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption to normal business including an EID outbreak.
- e. Bacharach will regularly train employees and practice the EID response plan through drills and exercises as part of the emergency preparedness training.

## **2. Local Threat**

- a. Once notified by the public health authorities at either the federal, state on/or local level that the EID is likely or already has spread to Bacharach's community, Bacharach will activate specific surveillance and screening as instructed by the Centers for Disease Control and Prevention (CDC), state agency and/or local public health authorities.
- b. Bacharach's Infection Preventionist (IP) will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for hospital and sub-acute/ LTC facilities as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.
- c. Working with the advice of Bacharach's medical director or ID consultant, safety officer, VP of Human Resources, local and state public health authorities, and others an appropriate, the IP will review and revise internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat. During a suspected or actual outbreak admissions, visitors and activities may be restricted with guidance from NJDOH.
- d. Staff will be educated on the exposure risks, symptoms, and prevention of the EID. Place special emphasis on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing.
- e. If EID is spread through an airborne route, then Bacharach will activate its respiratory protection plan to ensure that employees who may be required to care for a patient with suspected or known case are not put at undue risk of exposure.
- f. Provide patients and families with education about the disease and Bacharach's response strategy at a level appropriate to their interests and need for information.
- g. Brief contactors and other relevant stakeholders on Bacharach's policies and procedures related to minimizing exposure risks to patients.
- h. Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of Bacharach along with the instruction that anyone who is sick must not enter the building.
- i. To ensure that staff, and/or new patients are not at risk of spreading EID into Bacharach, screening for exposure risk and signs and symptoms may be done PRIOR to admission and/or allowing new staff to report to work. Staff will follow social distancing.
- j. Self-screening – Staff will be educated on Bacharach's plan to control exposure to patients. This plan may be developed with the guidance of public health authorities and may include:
  - i. Reporting any suspected exposure to the EID while off duty to their supervisor and public health

- ii. Precautionary removal of employees who report an actual or suspected exposure to the EID.
- iii. Self-screening for symptoms prior to reporting to work.
- iv. Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.
- k. Self-isolation – in the event there are confirmed cases of the EID in the local community, Bacharach may consider closing the facility to new admissions, and limiting the visitors based on the advice of local public health authorities.
- l. Environmental cleaning – Bacharach will follow current CDC guidelines for the environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.
- m. Engineering controls – Bacharach will utilize appropriate physical plant alterations such as use of private rooms for high risk patients, plastic barriers, sanitation stations, and special areas for contaminate wastes as recommended by local, state, and federal public health authorities.

### **3. Suspected case in the facility**

- a. Place patient or on duty staff who exhibits symptoms of the EID in isolation room and notify local public health authorities.
- b. Under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute care hospital via emergency medical services as soon as possible.
- c. If the suspected infectious person requires care while awaiting transfer, follow hospital policies for isolation procedures, including all recommended PPE for staff at risk of exposure.
- d. Keep the number of staff assigned to enter the room of the isolated person to a minimum. Ideally, only specialty trained staff and prepared
- e. i.e. vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional “just in time” training and supervision in the mode of transmission of this EID, and the use of the appropriate PPE.
- f. If feasible, ask the isolated person to wear a facemask while staff in in the room. Provide care at the level necessary to address essential needs of the isolated individual unless it is advised otherwise by public health authorities.
- g. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance for the CDC.
- h. Implement the isolation protocol in the facility as described in the infection prevention and control plan and/or recommended by local, state, or federal public health authorities.
- i. Activate quarantine interventions for patients and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.

### **4. Employer Considerations**

- a. Management will consider its requirements under OSHA, (center for Medicare and Medicaid (CMS), state licensure, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA) and other state and federal laws in determining the precautions it will take to protect its patients. Protecting the patients and employees shall be of paramount concern. Management shall take into account:
  - i. The degree of frailty of the patient in the facility.
  - ii. The likelihood of the infectious disease from being transmitted to the patients and employee
  - iii. The method of spread of the disease
  - iv. The precautions which can be taken to prevent the spread of the infectious disease.
  - v. Other relevant factors
- b. Once these factors are considered, management will weigh its options and determine the extent to which exposed employees, or those who are showing signs of the infectious disease, must be precluded from contact with patients or other employees.
- c. Apply whatever action is taken uniformly to all staff in like circumstances.
- d. Do not consider race, gender, marital status, country of origin, and other protected characteristics unless they are documented as relevant to the spread of the disease.
- e. Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.
- f. Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed by an employee.
- g. Permit employees to use sick leave, vacation time, and FMLA where appropriate while they are out of work.
- h. Permit employees to return to work when cleared by a licensed independent practitioner, i.e., MD APN.
- i. Employees who refuse at any time to take the precautions set out in this and other sections of this policy may be subject to discipline.
- j. Leadership will engage union/labor leaders in discussions regarding staff responsibilities and hours to meet the demands of an outbreak.
- k. Staffing levels will be maintained to ensure standard of clinical care are followed.
- l. The policy, Staffing for Continuity of Operations will be followed.

## 5. Definitions

**Emerging Infectious Disease** – Infectious disease whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as “emerging”. These diseases, which respect no national boundaries, include:

- i. New infections resulting from changes or evolution of existing organisms
- ii. Known infections spreading to new geographic areas or populations
- iii. Previously unrecognized infections appearing in areas undergoing ecologic transformation.
- iv. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures.

**Pandemic** – A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

**Isolation** – Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

**Quarantine** - Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been exposed to prevent the spread of the disease.

Helpful Websites:

[https://www.osha.gov/Publications/Influenza\\_pandemic.html](https://www.osha.gov/Publications/Influenza_pandemic.html)

<http://www.emergency.cdc.gov.coca/index.asp>

<http://emergency.cdc.gov/health-professionals.asp>

<http://www.nebraskaamed.com/biocontainment-unit/ebola>

## Community Resources

- **Galloway Township Office of Emergency Preparedness** 609-652-3705
- **Atlantic County Office of Emergency Preparedness** 609 407 6742
- **Atlantic County Department of Health** 609-645-5935 or 609-645-5933
- **New Jersey Department of Health and Human Services Communicable Disease Service**  
Monday –Friday 8:00am to 5:00 pm – 609-588-7500 or 609-588-3121
- **Off hours and weekends and holidays** - 609-392-2020
- **NJ State Epidemiologist** - 609-588-7463
- **Atlanticare Regional Medical Center** - 609-652-1000
- **Atlanticare Infection Control** - 609-748-4082
- **Shore Memorial Hospital** - 609-653-3500
- **Shore Memorial Infection Control** 609-653-3595

## **Appendix A-1 Communication Plan**

**Aim:** The purpose of this policy is to document communication processes to inform patients, families, and staff of the status of our facility during infectious disease outbreaks.

**Goal:** To protect our patients, families and staff from harm resulting in exposure to an emergent infectious disease while in our facility by communicating confirmed cases or new onset of symptoms as outlined below, and information on mitigating actions taken by the facility to prevent or reduce the risk of transmission.

### **RESPONSIBILITY:**

- The hospital, in partnership with local and state health departments and federal agencies, is responsible for developing a hospital specific response plan. Implementation and monitoring of this plan will be incorporated into the implementation and monitoring of the hospital-wide emergency preparedness program.
- Authorization is given to the Infection Control Committee Chairperson or designee to implement prevention and control measures in the event of an outbreak.
- Activation of the hospital emergency management plan.

### **PROCEDURE:**

A. The facility tracks and reports all infections as required by the CDC, Federal, State agencies and local Health Departments.

B. . **Occurrence Reporting**- The President/CEO or designee informs patients, their representatives, families, and staff by 17:00 (5:00 PM) the next calendar day following the occurrence of either:

- a. A single confirmed infection of COVID-19, or
  - b. Three or more patients or staff with new-onset of respiratory symptoms occurring within 72 hours of each other.
1. We communicate information that includes:
    - a. No personally identifiable information
    - b. Information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered
  2. The Director of Nursing or designees will give letters to patients.
    - a. The President/CEO will coordinate mailing letters to patient representatives and families.
    - b. The President/CEO will inform staff via email and by the patient room in the cohort area if a patient is PUI or COVID+.
    - c. Department heads will communicate the information to staff that do not have email.

C. **Communication when in-person visits are not permitted**

1. We follow CMS recommendations at <https://www.cms.gov/files/document/gso-20-28-nh->

[revised.pdf](#), for communication when in-person visits are not permitted:

- a. Patients use alternative means independently to communicate with people who would otherwise visit with the hospital phone in their room or their cell phone.
  - b. Nurses will assist patients who need assistance or do not have available technology to communicate with people who would have visited, via phone or ipad to accommodate their available technology.
  - c. Case managers, therapists, and other staff may facilitate communication between the patient, support people, and themselves for family training, education, and other information or decisions.
  - d. Staff will respect how the absence of visitors impacts the patient, and how visitors support the rehab process. When assisting patients to communicate with family and support people, staff will document these efforts in the medical record.
  - e. If the patient or family does not have technology to video-chat, Renaissance staff can arrange for the family to use an ipad to “visit” with the patient who can also use an ipad.
2. A patient who is not COVID+ or under investigation may schedule a “window visit” with his/her family at any time during his/her admission.
- a. “Window visits” are defined as the patient will be in the therapy gym supervised by Renaissance staff, and the “visitor” will be on the patio outside of the inpatient therapy gym. The patient will wear a mask for the time they are out of their room, and staff will wear PPE (mask, gown, gloves, and faceshield), and respect safe distancing as much as possible.
  - b. After the first 14 days of admission, if not under investigation or COVID+, a Renaissance patient can schedule a window visit in the therapy gym.
  - c. Visits will be scheduled daily between 10:00 to 16:30 for 15 minutes when patients are available (not in therapy or receiving nursing care), except for special functions that need to be accommodated, and based on staff availability.
  - d. The patient will coordinate available days and times their family/friends are available, and ask their Nurse or Nursing Assistant to have the Nursing Supervisor to coordinate the visit.
  - e. The Nursing Supervisor and Director of Occupational Therapy will coordinate the scheduled “window visit” during the week- Monday through Friday. The Nursing Supervisor/Charge Nurse will coordinate visits on the weekends (Saturday and Sunday).
    - 1) The Director of OT will follow established patient limits for the gym to allow safe proper distancing, and separate Renaissance patients from Acute Rehab cohort groups in the OT & PT gym areas.
  - f. The person assigned to assist with the “window visit” will transport the patient to the appropriate Therapy Gym for their cohort, and back to the patient’s room after the visit, with a proper handoff to the patient’s nurse or designee.
    - 1) The patient will wear a mask. If the patient is not able to tolerate a mask, the window visit cannot occur.
    - 2) The Director of Occupational Therapy or Nursing Supervisor/Charge Nurse will wear the appropriate personal protective equipment (PPE) according to the COVID protocol.
  - g. The Bacharach staff member who facilitates the call/virtual visit as needed will document in the EMR that the visit occurred.

2. The Administrator and Director of Nursing will consider a visit for a patient with a compassionate care or end of life situation (ex. death of a family member), if the support cannot be provided via phone or FaceTime or a window visit mentioned above, and such a visit can be accommodated with appropriate PPE for the visitor.
  3. **Cumulative Update:** The President/CEO/designee will provide a cumulative update when visitation is curtailed for patients, representatives, and families weekly which will report
    - a. The number of patients under investigation for COVID-19
    - b. The number of patients who have tested positive
    - c. The number of employees who have tested positive
    - d. Whether our PPE supply is adequate or low.
    - e. Cumulative data will be reported weekly a – d above when visitation is curtailed.
- D. **Reporting Direct Care Staffing Levels (Long Term Care)**- Nurse staffing information is communicated in the front lobby and posted on the front door daily.
- E. **Resident Communication with the Ombudsman**- We cooperate with the Long Term Care Ombudsman for any request of communication or coordination of information. We will facilitate resident communication via phone or use of other technology with the ombudsman.

Resources:

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/outbreaks.html>  
<https://www.cms.gov/files/document/qso-20-28-nh-revised.pdf>  
<https://www.cms.gov/files/document/qso-20-29-nh.pdf>