



# **The Elms of Cranbury**

## **Policy for Emergent Infectious Diseases**

### **PURPOSE OF THIS DOCUMENT**

To provide guidance on how to prepare for infectious diseases that have the potential to pose a significant public health threat to the residents, families, and staff of The Elms of Cranbury.



## The Elms of Cranbury

### Emergent Infectious Diseases Policy

#### PURPOSE

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 the residents, families, and staff of The Elms of Cranbury.

#### ASSUMPTIONS

Every disease is different. The local, state, and federal health authorities will be the source of the latest information and most up to date guidance on prevention, case definition, surveillance, treatment, and skilled nursing center response related to a specific disease threat.

#### GOAL

To protect our residents, families, and staff from harm resulting from exposure to an emergent infectious disease while they are in our facility.

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

- a. The Elms of Cranbury'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 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 The Elms of Cranbury's business continuity plan
- b. Clinical leadership will be vigilant and stay informed about EIDs 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, The Elms of Cranbury will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, face shields, foot and head coverings, surgical masks, disposable N95 respirators, and gloves. The amount that is stockpiled will minimally be enough for several days of facility-wide care, but will be determined based on storage space and costs.
- d. The Elms of Cranbury has developed plans with our vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption to normal business including EID outbreak.
- e. The Elms of Cranbury will regularly train employees and practice the EID response plan through drills and exercises as part of the facility's emergency preparedness training.

## **2. Local Threat**

- a. Once notified by the public health authorities at either the federal, state and/or local level that the EID is likely to or already has spread to the facility's community, The Elms of Cranbury will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.
- b. The Elms of Cranbury's Infection Preventionist (IP) will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for skilled nursing care centers as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.

- c. Working with advice from The Elms of Cranbury's medical director or clinical consultant, safety officer, human resources director, local and state public health authorities, and others as 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.
- 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 spreading through an airborne route, then The Elms of Cranbury will activate its respiratory protection plan to ensure that employees who may be required to care for a resident with suspected or known case are not put at undue risk of exposure.
- f. Provide residents and families with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information.
- g. Brief contractors and other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents.
- h. Post signs regarding hand sanitization and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the facility along with the instruction that anyone who is sick must not enter the building.
- i. To ensure that staff, and/or new residents are not at risk of spreading the EID into the facility, screening for exposure risk and signs and symptoms may be done PRIOR to admission of a new resident and/or allowing new staff persons to report to work.
- j. Self-screening – Staff will be educated on the facility's plan to control exposure to the residents. This plan will 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, the facility may consider closing the facility to new admissions, and limiting visitors based on the advice of local public health authorities.
- l. Environmental cleaning – the facility will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.

- m. Engineering controls – The Elms of Cranbury will utilize appropriate physical plan alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.

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

- a. Place a resident or on-duty staff who exhibits symptoms of the EID in an 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 center via emergency medical services as soon as possible.
- c. If the suspected infectious person requires care while awaiting transfer, follow facility 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 specially trained and prepared staff (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 the EID, and the use of appropriate PPE.
- e. If feasible, ask the isolated person to wear a facemask while staff is 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.
- f. 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 from the CDC.
- g. Implement the isolation protocol in the facility (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the facility’s infection prevention and control plan and/or recommended by local, state, or federal public health authorities.
- h. Activate quarantine interventions for residents 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 or federal laws in determining the precautions it will take to protect its residents. Protecting the residents and other employees shall be of paramount concern. Management shall take into account:

- i. The degree of frailty of the residents in the facility.
  - ii. The likelihood of the infectious disease being transmitted to the residents and employees;
  - iii. The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated services)
  - iv. The precautions which can be taken to prevent the spread of the infectious disease and
  - 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 residents 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 physician, however, additional precautions may be taken to protect the residents.
  - 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.

## **5. Communication Plan**

Our communication plan supports *rapid* and *accurate* communication both internally and externally. This section describes the elements of a basic communication plan incorporated into this EOP which is updated annually and whenever needed due to changes in contact information

Relative to internal communications, the facility maintains a contact list of all staff, including telephone numbers and email addresses. This contact information may be used whenever it is necessary to notify staff of a threat or emergency that may impact or involve them. We have a regular schedule to update staff on critical information related to the emergency. Additionally, we maintain contact lists for entities providing services under arrangement, residents' physicians, other in-kind facilities, the Office of the Long-Term Care Ombudsman, and our current Vendor List.

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident will immediately notify their supervisor or the senior manager on site.

Our internal communication equipment includes:

- Overhead paging system
- Hand-held radios
- Cell phones with texting
- Message board
- 21Public Information Officer
- Runner

It is also important to communicate with relevant external partners to: 1) gather information relevant to the incident, and 2) share information regarding the facility's status, activities and needs. Our facility will report incidents as required to jurisdictional authorities, e.g., report a fire to the local fire department. We also share relevant situational information with local response authorities and the State Survey agency. Our external communication equipment includes:

**Primary Communication:**

- Land lines
- Cell phones with texting

**Alternate Communication:**

- Hand-held radios
- Internet
- Our "When To Work" Employee Communications Portal

In the event of an emergency, family members/representatives will be notified and briefed on the status of the facility and the condition of their loved one as soon as it is feasible to do so. In case of an emergent situation, where time and conditions do not allow us to communicate with our resident's families in a timely manner, we may utilize the Ombudsman, the Department of Public Health staff, the American Red Cross "Safe and Well" website, our website, and other methods as available to provide information on our status.

**Public Information Officer (PIO)**

Our facility has identified a responsible staff person to release information to the public during and after a disaster. Unless otherwise specified, it will be the facility's Incident Commander (IC).

**Method of Sharing Information About Residents' Condition**

It is the policy of this facility to release of resident information as allowed under 45 CFR 164.510(b)(1)(ii). This is handled through the PIO and various forms that summarize critical care information.

## **Providing Information Regarding Facility Needs and Occupancy**

This facility follows the local response protocols when responding to requests for facility status and bed availability. AMERILERT is the method used by our facility to communicate with the MIDDLESEX COUNTY OFFICE OF EMERGENCY MANAGEMENT. Through this system, our facility responds to bed polls, reports facility status, and receives or gives other information (see Section 3: Emergency Operations Plan - Coordination with Local Response Authorities).

## **Sharing Information on the Emergency Operation Plan with Families or Representatives**

Our facility provides information to all residents and family or representatives regarding our EOP. This is done during emergencies via an information email portal and website postings. We also periodically review our plan at Resident Council and family meetings.

## **6. Definitions**

Emerging Infectious disease – Infectious diseases 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 so exposed to prevent the spread of disease.