

# Sample Policy for Emergent Infectious Diseases for Skilled Nursing Care Centers

Compiled and Prepared by

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## PURPOSE OF THIS DOCUMENT

To provide guidance to long term and post-acute care providers 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 skilled nursing care center.



## Sample Policy for Emergent Infectious Diseases for Skilled Nursing Care Centers

### PURPOSE

To provide guidance to long term care providers 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 skilled nursing center.

### ASSUMPTIONS

This document contains general policy elements that are intentionally broad. It is customizable depending the specific care center demographics, location, and current disease threats. It is not comprehensive and does not constitute medical or legal advice.

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.

This document contains recommendations that may not be applicable to all types of long term care facilities. Modifications should be made based upon the regulatory requirements and the structure and staffing for the specific care setting.

### GOAL

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



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

- a. The care center'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 care center'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 care center will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, face shields, foot and head coverings, surgical masks, assorted sizes of disposable N95 respirators, and gloves. The amount that is stockpiled will minimally be enough for several days of center-wide care, but will be determined based on storage space and costs.
- d. The care center 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. The care center will regularly train employees and practice the EID response plan through drills and exercises as part of the centers 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 care center's community, the care center 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 care center'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 care center's medical director or clinical consultant, safety officer, human resource 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 care center 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 care center's response strategy at a level appropriate to their interests and need for information.
- g. Brief contractors and other relevant stakeholders on the care center's policies and procedures related to minimizing exposure risks to residents.
- h. Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the care center 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 care center, 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 care center’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 care center may consider closing the care center to new admissions, and limiting visitors based on the advice of local public health authorities.
  - l. Environmental cleaning - the care center 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 care center will utilize appropriate physical plant 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 the care center**
- 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 care center 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 staff and prepared (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.
- 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 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 care center (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the care center’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 care center;
  - 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 surfaces)

- 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. 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 the disease.

#### Helpful Websites

[https://www.osha.gov/Publications/influenza\\_pandemic.html](https://www.osha.gov/Publications/influenza_pandemic.html)

<http://www.cahfdisasterprep.com/PreparednessTopics/PandemicInfluenza.aspx>

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

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

<http://emergency.cdc.gov/recentincidents/>

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

<https://cdc.train.org/DesktopShell.aspx?tabId=62&goto=browse&browse=learningseries&lookfor=2177>

#### Ebola Online Resources

CDC Ebola Resources for State and Local Public Health Partners

CDC resources include updated personal protective equipment (PPE) guidance for health care personnel (<http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html> & <http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinically-stable-puis.html>) and an Ebola Concept of Operations (ConOps) planning template

(<http://www.cdc.gov/phpr/documents/ebola-concept-of-operations-planning-template-8-20-2015.pdf>

& <http://www.cdc.gov/phpr/coopagreement.htm>).

• Updated Case Counts<<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>> (From WHO Situation Reports) – August 28, 2015

• Frequently Asked Questions for Guidance on Personal Protective Equipment to Be Used by Healthcare Workers During Management of Patients with Confirmed Ebola or Persons Under Investigation (PUI) for Ebola Who are Clinically Unstable or have Bleeding, Vomiting or Diarrhea in U.S. Hospitals, Including Procedures for Donning and

Doffing<<http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/faq.html>> - August 27, 2015