



## Outbreak Response Plan

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Our facility has developed an outbreak response plan that has been customized to the facility based on state and federal guidance, the recommendations of the CDC, and in consultation with the facility's infection preventionist.

1. Our facility has implemented policies for isolating and cohorting infected and at-risk patients in the event of an outbreak of an infectious disease.
  - a. Our facility has identified resident care areas to cohort residents who are positive for COVID-19 and areas to cohort those who are under investigation for COVID-19.
  - b. Transmission-based precautions are initiated when a resident exhibits signs and symptoms of a transmissible infection, is admitted with symptoms of a transmissible infection, has been exposed to and is at-risk for a transmissible infection, or has a laboratory confirmed infection and is at risk for transmitting the infection to others. Transmission-based precautions are lifted when the evidence-based criteria to end isolation are met.
  
2. Our facility has implemented policies for the notification of residents, their representatives, visitors, and staff in the event of an infectious disease outbreak at the facility.
  - a. Our facility communicates with residents, their representatives, visitors, and staff regarding infectious disease outbreaks through various media formats. Information is provided in person and through postings for residents, staff, and visitors. Resident representatives are made aware of infectious disease outbreaks through notification via telephone, Voice Friend, email, postings, and/or other application as appropriate.
  
3. Our facility's policies restrict ill staff from working at the facility, utilizing evidence-based outbreak response measures.
  - a. Staff are screened for signs and symptoms of infectious disease prior to reporting for duty.
  - b. Staff with signs and/or symptoms are restricted from working at the facility and undergo testing for infectious disease when such testing is available.
  - c. Staff who have been exposed to a confirmed case of an infectious disease are tested in accordance with CDC recommendations and are restricted from work if they develop symptoms and when otherwise recommended.
  - d. Staff who have been restricted from work may return to work when the CDC's evidence-based criteria to return to work have been met.

4. Our facility has implemented policies and procedures for screening visitors for signs and symptoms of infectious disease.
  - a. Visitors who screen positive for signs and symptoms of infectious disease, exposure to someone with infectious disease, or presence of infectious disease, are not permitted to visit.
5. Our facility has implemented policies and procedures to conduct routine monitoring of residents and staff to rapidly identify signs of a communicable disease that may result in an outbreak.
  - a. Residents are evaluated at least daily for fever and other signs and symptoms of COVID-19 or acute respiratory infection.
  - b. During an outbreak or increase in community transmission levels of infectious disease, the frequency of monitoring may be increased.
  - c. Residents who experience a change in condition are promptly identified and managed in consultation with the physician.
  - d. Staff and residents are tested for COVID-19 in accordance with current state and federal guidance and CDC recommendations.
6. Our facility reports communicable diseases and outbreaks to public health officials in accordance with applicable laws and regulations and facility policy.
  - a. Reportable diseases and outbreaks of communicable diseases are reported to the local health department and additional agencies as appropriate to the specific situation.
7. Our facility has identified strategies to mitigate personnel staffing shortages in the event of an infectious disease outbreak or other situation affecting staffing levels. Such strategies address the maintaining of staffing, training and facility demands during an infectious disease outbreak and include:
  - a. The facility may choose to adjust staff schedules, utilize off-duty staff, and request that staff postpone elective time off during emergency operations.
  - b. The facility attempts to address factors that might prevent staff from reporting for work (e.g., lack of transportation).
  - c. The facility has identified agencies that can provide additional staff to support our staffing patterns.
  - d. The facility has identified other healthcare facilities that may support our facility with the provision of staff and resident care.
  - e. Staff roles may be shifted to support priority care activities.
  - f. All staff are provided orientation and training appropriate to their roles and responsibilities.
8. Our facility has a documented communication plan and informs residents, their representatives, and families following identification of a single confirmed infection of COVID-19 or when three or more residents or staff present with new-onset of respiratory symptoms occurring within 72 hours of each other.
  - a. Notification is provided no later than 5 p.m. of the calendar day following the occurrence.
  - b. Notices are distributed through telephone recordings or other means as appropriate.
  - c. Cumulative updates are reported at least weekly.

- d. Notifications are completed in accordance with privacy regulations and do not include personally identifiable information.
9. Our facility provides and encourages virtual communication and visitation in the event of an outbreak, visitation restriction, and at the preference of the resident.
- a. Virtual visitation may be facilitated using phones, tablets, and other electronic devices using applications such as Zoom, Skype, FaceTime, etc.
  - b. Virtual visitation may be requested through any facility team member. A member of the Social Service or Activity Department/designee will coordinate the virtual visit.