

D-10: INFECTIOUS DISEASE OUTBREAK

INTRODUCTION: An infectious disease is transmitted by particles of respiratory secretions from the nose or mouth. Some diseases that are transmitted may or may not manifest primarily with respiratory symptoms. Although there are many infectious diseases that may be transmitted by respiratory aerosols, this is meant to address diseases that cause significant morbidity and mortality and represent a significant threat to the health of the community.

For disease emergencies that are suspected to be due to terrorist event, responders should consult both this and the Terrorism annex.

PURPOSE AND OBJECTIVES:

OUTBREAK WITHIN THE FACILITY:

A horizontal isolation shall be implemented and activated. This isolation should prevent the spread of the disease to other units, or wings, for this matter. Preventing residents from accessing other units should ensure containment of the disease in one particular area and should enable medical personnel to concentrate in eliminating the infection more specifically.

Isolation:

Affected residents should be horizontally evacuated to a quarantine unit assigned to contain infected and residents showing symptoms and the like.

Restrictions:

Affected residents should be restricted from roaming or wandering into other units, mingling with other residents in Dining Rooms or Dayrooms or any common areas.

OUTBREAK OUTSIDE THE FACILITY:

A community outbreak resulting to an emergency pronouncement from the local authorities of an epidemic outbreak should isolate residents from going out to the community, thereby protecting and isolating the residents from becoming infected. A total lockdown of the facility shall be implemented. No visitation shall be allowed, thus an alternative method of communication between the family members and the residents shall be made available such as social media and virtual communications. Phone lines shall be made available for the residents to use to communicate with the family members.

Supply deliveries and vendors are to drop items outside the building and staff will be collecting for proper disinfection before being delivered to staff or residents. Repairs, unless critical and urgent are to be implemented with the discretion of the Maintenance Director. Outside contractors, if necessarily urgent, shall be escorted into the building by maintenance personnel and endorsed to the front desk for verifications and symptom check. When in the building, technician shall wear the PPE at all times and obey facility protocol at all times.

Staff are discouraged from leaving the facility once clocked in until the end of the shift. Proper guidelines shall be implemented by the Infection Control Officer for use of PPE and other protection.

Staff, upon entry to the building shall use the available PPE stationed before entry to the building.

RESIDENTS LEAVING THE BUILDING FOR APPOINTMENTS AND HOSPITALIZATION:

When resident leaves the building for appointments and hospitalization, a complete disinfection of the room shall be implemented as precautionary measure especially in the quarantine unit. Once resident leaves building, an assumption that the resident is getting exposed to the disease and should be quarantine upon return. Once received in the facility upon coming back, a temperature roundup and recording is done and resident is to be brought to the assigned quarantine unit. A fourteen-day quarantine shall take effect upon return. If resident leaves again for another appointment, the quarantine shall reset and restart upon arrival.

If resident has been tested to be infected after coming back to the building, a complete isolation shall be implemented together with the proper hygiene expected from staff treating the resident and everyone in contact with the resident.

A continuous lockdown shall be implemented and restrict residents from wandering into other units especially to the quarantine unit.

SCREENING FOR SYMPTOMS:

Every resident shall be checked at least once daily, and as needed, for fever, cough, or other symptoms related to the disease.

Temperatures can be taken by using thermal scanners, non-contact thermometers, and contact thermometers whichever available and perfectly calibrated for use.

Residents showing symptoms related to the disease shall immediately seek medical attention. Emergency warning signs shall be made available by the local authorities for reference. Any severe signs displayed by resident shall be disclosed with the EMS provider upon arrival.

All staff must also undergo symptom checking at the start of each shift, and every 12 hours thereafter, while on duty.

Any staff with display of symptoms must be sent home immediately and in accordance to the NYSDOH guidelines.

ISOLATION AND QUARANTINE

“Isolation” is when an individual who is sick is separated from others, to avoid spreading the disease. They shall remain in isolation until they are no longer infectious. Isolation may be voluntary or on legal orders from the local health department.

Residents suspected or confirmed infected shall be isolated in a room by themselves.

Residents confirmed to be infected may share a room , if a private room is not available.

Resident suspected to have been infected should not share a room with a resident confirmed infected.

Resident suspected to have been infected should not share a room with another resident suspected to have been infected, if possible, in case one of them has been and the other hasn't been.

All residents in isolation shall be given a surgical face mask and wear it at all times especially when staff are in the room to prevent further spread.

Staff entering an isolation room should wear a mask, gloves, gown and eye protection.

“Quarantine” is when a person is unwell and is separated from the others for a certain period of time, to prevent spread of disease. This may be voluntary or on legal orders from the local health department.

Anyone in close contact with an infected person shall be quarantined for 14 days

Close contact shall mean the following criteria:

- Living in the same household
- Direct physical contact
- Direct contact with infectious secretions
- Being in the same small enclosed area with an infected person

Any staff meeting the criteria mentioned above must be quarantined at home for 14 days.

HYGIENE:

All residents and staff shall implement proper hygiene by washing hands frequently for at least 20 seconds. Practice sneezing, coughing etiquette and after using the bathroom.

Use available hand sanitizers and disinfecting wipes for hard surfaces and frequently-touched parts of the building, such as the rails, walls, door knobs and desks.

Avoid touching face, eyes, mouth, and nose with unwashed hands.

ENVIRONMENTAL CLEANING:

“Cleaning” means removing dirt from a surface or object, regardless visible or not.

“Disinfecting” means killing germs on a hard surface.

Clean and disinfect highly-touched areas such as desks, walls of hallways, hand rails, doorknobs, remote controls, countertops, optical mouse for computers, tablets, cellphones, touchscreens, keypads and bedside tables.

INFORMATION GATHERING:

Watch newscasts and daily information scripts from state and local authorities for proper guidelines and updates about severity or control of outbreak. Continued cooperation with local Emergency Management Office shall strengthen the assistance during a supply runout.

Local Emergency Management Office shall be available for assistance and is listed in the Emergency Management Phone List (page 80)

INFORMATION AND COMMUNICATION:

A record of all authorized family members are safely kept in the ADMISSIONS OFFICE for easy retrieval with the following information:

NAME OF PRIMARY AUTHORIZED CONTACT PERSON

RELATIONSHIP TO RESIDENT

ADDRESS AND CONTACT NUMBER

PREFERRED MEANS OF CONTACT

If by e-mail, PROVIDE E-MAIL ADDRESS

NAME OF SECONDARY CONTACT PERSON

RELATIONSHIP OF SECONDARY CONTACT PERSON

ADDRESS AND CONTACT NUMBER OF SECONDARY CONTACT PERSON

PREFERRED MEANS OF CONTACT OF SECONDARY CONTACT PERSON

If by e-mail, PROVIDE E-MAIL ADDRESS

Copy/sample of the facility's EMERGENCY CONTACT PERSON INFORMATION SHEET - next page

**EMERGENCY CONTACT PERSON
INFORMATION SHEET**

COMMUNICATION:

- I. If resident has a pandemic-related infection and symptoms, resident's authorized contact person shall be notified by phone call **DAILY** with the following details:

RESIDENT'S CHANGES IN CONDITION

RESIDENT'S LOCATION (if resident has been transferred for isolation and/or have been transferred to another facility for further observation and treatment

DETAILS OF RESIDENT'S STATUS, including but not limited to:

Date of testing and detection

Possible treatment the resident is receiving to combat infection

UPDATE IN THE FACILITY'S DECREASE/INCREASE OF CASES AND DEATHS.

- II. Non-infected residents' AUTHORIZED CONTACT PERSON/S shall be informed every week about the following information:

RESIDENT'S STATUS

RESIDENT'S LOCATION (if resident has been transferred for isolation

RESIDENT'S LATEST TESTING RESULTS if tests have been done recently and if a known date was scheduled

UPDATE IN THE FACILITY'S DECREASE/INCREASE OF CASES AND DEATHS.

- III. These updates must be provided to AUTHORIZED CONTACT PERSON/S through their preferred contact means and will be posted daily in the Facility's website with secured access solely for AUTHORIZED CONTACT PERSON/S

INFECTION CONTROL:

60-DAY SUPPLY BUFFER:

On top of the current supply for daily use of The Grand Rehabilitation and Nursing at Guilderland in normal operation, a 60-day supply of Personal Protective Equipment shall be stored and secured in the basement in a secured room only to be accessed by authorized personnel.

The buffer supply shall consist of the following items:

| | |
|----------------------------------------------------|------------|
| N95 FACE MASKS | 1,200 pcs |
| REGULAR FACE MASKS | 8,400 pcs |
| FACE SHIELDS | 1,200 pcs |
| GOGGLES | 60 pcs |
| GOWNS | 2,800 pcs |
| GLOVES OF VARIOUS SIZES | 32,300 prs |
| HAND SANITIZERS | 12 gals |
| DISINFECTING SUPPLIES | |
| And other supplies deemed necessary for a pandemic | |

These supplies shall be inspected every month and rotated every quarter with the most current deliveries to avoid expiration and spoilage and such record to keep an updated list should be signed off in a clipboard stored in that storage room by the SAFETY OFFICER of The Grand Rehabilitation and Nursing at Guilderland.

RESIDENT RESERVATION:

When resident goes out for hospitalization, dialysis, or regular physical check-up, and returns to the facility, regardless of being tested infected or not, exposed or not, resident goes into the assigned STEP-DOWN UNIT, in this case is the C-WING. Once the step-down unit is full, the facility may allow to accommodate returning residents for quarantine to the PRIMARY ASSIGNED STEP DOWN UNIT shall be the upper half of B-WING, then the SECONDARY ASSIGNED STEP-DOWN UNIT shall be the upper half of the A-WING.

This page deliberately left blank for notes: