**COVID-19 Outbreak Investigation and Management**

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**Policy**

It is the policy of this facility to recognize and contain COVID-19 outbreaks and outbreak measures will be instituted whenever there is evidence of an outbreak as outlined below.

The Infection Preventionist, or designee, will conduct the COVID-19 outbreak investigation and has the authority to implement and/or direct outbreak measures to control possible transmission. These actions will be carried out in coordination with the Medical Director, administration, and medical staff as well as state and local health agencies. In the absence of the Infection Preventionist, the Director of Nursing or the Assistant Director of Nursing or designee will conduct the investigation.

Appropriate notifications to the Medical Director, Administrator, all departments, attending physicians, state and local agencies, and resident representatives will take place as soon as possible after the outbreak has been identified.

Outbreak monitoring and reporting will continue until the outbreak has resolved. The facility will send all appropriate reports to state, local health department agencies and National Healthcare Safety Network (NHSN) in accordance with State and Federal requirements.

Control measures include:

* Identifying space in the facility that will be dedicated to care for residents with confirmed COVID-19
  + This could be a COVID-19 unit with dedicated staff if the number of residents with COVID-19 is high **or**
  + A single-person room with the door shut (if safe) with a dedicated bathroom, ideally
  + Only cohort residents with the same respiratory pathogen
    - If resident has another infection (i.e., multidrug-resistant organism, the infection preventionist will be involved in the room decision process)
  + New admissions: test resident on admission and if negative, again at 48 hours following the first negative test and if negative, once again 48 hours after the second negative test.
    - Resident should be informed to wear source control for 10 days following admission.
  + Residents with confirmed COVID-19 or for residents suspected of having COVID-19 (i.e., symptomatic resident who refuses testing, etc.) will be placed on transmission-based precautions for the duration as recommended in the CDC guidance, “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.
* Residents and staff who have had close contact with someone with COVID-19:
  + If symptoms, even mild, test as soon as possible
  + Asymptomatic residents and staff, regardless of vaccination status should be tested immediately “(but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.”1
* Testing in accordance with testing policy and procedure
* Reporting
* Screening of staff, visitors, vendors
* Resident screening and monitoring
* Management of communal areas for dining and activities consistent with State and Federal guidance
* Physical/Social Distancing
* Personal Protective Equipment
* Source Control
* Hand Hygiene
* Visitation consistent with current guidance
* Cleaning and Disinfection

An interdisciplinary evaluation of the COVID-19 outbreak will be completed, and findings and recommendations will be presented at the quarterly Quality Assurance Committee meeting.

Outbreak Investigation

The Centers for Medicare & Medicaid Services indicates, “An outbreak investigation is initiated when a single new case of COVID-19 occurs among residents or staff to determine if others have been exposed. An outbreak investigation would not be triggered when a resident with known COVID-19 is admitted directly into TBP, or when a resident known to have close contact with someone with COVID-19 is admitted directly into TBP and develops COVID-19 before TBP are discontinued. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission.”2

\*\*Please check with your State specific guidance for COVID-19 Outbreak in Nursing Facilities

**Goal of COVID-19 Outbreak Investigation and Management**

The goal of outbreak investigation and management is to rapidly identify any new cases of COVID-19, prompt resident placement (for confirmed COVID-19 positive cases) in transmission-based precautions in a single-room with dedicated bathroom or on the COVID-19 designated unit/area, begin outbreak testing and follow facility systems to stop any further spread of COVID-19 in the facility.

**COVID-19 Outbreak Prevention:**

All residents and healthcare personnel will be educated on COVID-19 to include:

* COVID-19 and Signs/Symptoms
* Personal Protective Equipment (PPE)
* Resident Placement
* Source Control
  + Healthcare personnel
  + Residents
* Physical/Social Distancing
* Respiratory Hygiene and Cough Etiquette
* Visitation Policies and Procedures
* Communal Dining and Activity Areas
* Hand Hygiene
* Testing
* Reporting
* Screening of Staff, Visitors, Vendors
* Resident Screening and Monitoring
* Cleaning and Disinfection

**COVID-19 Outbreak Prevention Measures for Healthcare Personnel**

1. Healthcare Personnel must be screened upon entrance to the facility. Healthcare Personnel with fever and/or signs or symptoms of COVID-19 or a positive COVID-19 test are restricted from work and will be tested for COVID-19
   * If testing results indicate COVID-19 is confirmed, employee will follow the CDC guidance on “Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 or Exposure to SARS-CoV-2”

**COVID-19 Outbreak Measures for Residents**

In the event of an outbreak or suspected case, the DON, Infection Preventionist, Administrator and Medical Director will be contacted to direct the process:

1. All facility residents
   * Screening (identify facility policy, for fever and signs/symptoms of COVID-19 and potential exposure)
2. New Admissions/Readmissions-testing at admission, if negative again at 48-hours after the first test and if negative, again at 48 hours after the second test. Resident should wear source control for 10 days.
   * If community transmission levels are low, testing will be determined at the discretion of the facility
   * New residents with confirmed COVID-19 who have not yet met the criteria for discontinuation of transmission-based precautions will be placed in a single room with a dedicated bathroom or on the COVID-19 unit.
   * A resident who is admitted to the facility with COVID-19 will not be considered as a facility outbreak.
3. Rapid identification that an outbreak exists.
   * Symptomatic resident
   * Testing consistent with CDC and CMS guidance
4. To implement immediate response:
   * Symptomatic Resident:
     + Prompt testing
       - POC Antigen
       - RT-PCR (with lab able to provide results in less than 48 hours)
     + Place resident in a private room in separate observation area awaiting results
       - Full PPE
         1. Gloves
         2. Gown
         3. Eye Protection
         4. N95 or higher respirator
   * Resident Confirmed COVID-19 Positive:
     + Place on transmission-based precautions in a single room or on a dedicated COVID-19 wing/unit
     + Full Personal Protective Equipment (PPE) to prevent the spread of the COVID-19 outbreak:
       - Gloves
       - Gown
       - Eye Protection
       - N95 or higher respirator
     + Implement dedicated, essential staffing on COVID-19 wing/unit
   * Roommate and others who have close contact will be tested in accordance with
   * All Residents:
     + During a facility outbreak, full PPE for the care of all residents:
       - Gloves
       - Gown
       - Eye Protection
       - N95 or higher respirator
     + Outbreak testing per facility testing policy and procedure
   * Decisions on communal dining and activities during an outbreak on units with outbreaks will be determined by the Infection Preventionist and the interdisciplinary leadership team
   * Physical/Social distancing will be practiced by all staff and residents whenever possible
   * Source control
     + Residents
     + Employees
   * Visitation consistent with current guidance

## Dedicated and Essential Staffing on COVID-19 unit(s)

## Education: Orientation of new employees and routine education should include:

## COVID-19 signs and symptoms, description of what a COVID-19 “outbreak” is, their role in an outbreak and methods of prevention

* + Hand hygiene
  + COVID-19 Screening
    1. Employees
    2. Residents
    3. Visitors
    4. Others
  + Personal Protective Equipment
    1. All residents
    2. Residents on transmission-based precautions
    3. On COVID-19 designated unit/wing
  + COVID-19 testing, monitoring and source control for new admissions, readmissions, residents who leave the facility for 24 or more hours, and residents exposed to COVID-19
  + Placement of residents with confirmed COVID-19
    1. Assessment for change of condition related to COVID-19
  + Reporting symptoms of COVID-19 to the Infection Preventionist or Nurse Manager promptly.
    1. Residents
    2. Employees (will need to leave facility immediately upon identification of symptoms and testing directions)
  + Cleaning and Disinfection

## Monitoring/Surveillance

* Routine daily screening and ongoing monitoring of resident condition with cares for signs and symptoms of COVID-19 will be done by the frontline staff with cares.
* Surveillance, logging, and mapping by the Infection Preventionist or member of the Infection Control team to determine any trends for action and for future analysis.
* A system for the Infection Preventionist to monitor the facility’s community transmission ([CDC COVID Data Tracker](https://covid.cdc.gov/covid-data-tracker/#county-view) ) and communicate with public health agencies for pertinent information regarding infections or outbreaks identified in the community or any other significant findings.

### Enforce Compliance

* + It is the responsibility of all employees to comply with facility infection prevention and control policies and procedures:
    1. Hand Hygiene
    2. Standard and Transmission-based Precautions
    3. PPE
    4. Respiratory Hygiene and Cough Etiquette
    5. Equipment and Environment
       1. Disinfection and appropriate product use
  + The Infection Preventionist, Supervisors and managers will be accountable for assuring staff, resident, and visitor compliance.
  + If non-compliance is identified through process surveillance, further actions may be taken by the Infection Preventionist or administration.

**Notify State and Local Health Officials**

* + As required by State Law, Public Health Codes or Ordinances, report COVID-19 cases to public health agencies as soon as possible.
    1. CLIA Reporting
    2. State Requirements
    3. NHSN Reporting
  + Report measures the facility has taken to prevent further spread within the facility and to (or from) the community.
  + Seek assistance from public health if needed.

### Continue to Monitor

### Identify any new signs, symptoms and/or cases of COVID-19.

### Determine if there are additional lab results or new information that would assist to identify common causes.

### Re-evaluate and Modify

### The Infection Preventionist and facility leadership will identify any additional necessary modifications, or any measures as needed, for example:

### Possible closure of a unit or the facility to new admissions or transfers out (except in a medical emergency)

### Resolve

### When there have been no new cases as a result of testing employees and residents as a response to an outbreak for at least 14 days, discuss with the Medical Director and Public Health to determine if the outbreak resolved.

* + Employees will not return to work until employee meets CDC Guidance on “Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2” [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

### Report resolution to appropriate public health agencies.

### Analyze Data and Plan for the Future

* + The Infection Preventionist will compile data gathered during the COVID-19 outbreak and examine for possible improvement opportunities in identification and management of the outbreak.
  + The Infection Preventionist will develop a written report of the COVID-19 outbreak details. The report will identify possible strategies that could be implemented to prevent future outbreaks or improve the process.

### Report

### The Infection Preventionist will outline the report to the Quality Assurance Committee and determine actions to take that may assist prevent or control in the future.

### Develop a plan to implement process improvement activities.

### Report the findings to all department managers and employees. Feedback is a critical factor in staff satisfaction and performance improvement.

**References and Resources**

1Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, Updated Sept. 23, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

2Centers for Medicare & Medicaid Services: QSO-20-38-NH, Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements. Revised 09/23/2022: <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

Centers for Disease Control and Prevention. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. Updated Sept. 23, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Centers for Disease Control and Prevention. Clinical Questions about COVID-19: Questions and Answers. Updated Sept. 26, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes>