

**INFECTIOUS DISEASE/PANDEMIC EMERGENCY
POLICY AND PROCEDURE MANUAL**

SUBJECT: REPORTING OF SUSPECTED OR CONFIRMED COMMUNICABLE DISEASE

POLICY: Gurwin will report any suspected or confirmed communicable diseases as mandated under New York Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.

PROCEDURE:

1. The facility conducts surveillance data to identify background rates to detect significant increases above those rates.
2. The ICP/Designee will report any outbreak or significant increase in nosocomial infections above the norm or baseline in the nursing home residents or employees at the facility to the NYSDOH.
3. If a reportable communicable disease is suspected or confirmed to be acquired at the facility, it will be reported to the NYSDOH electronically via NORA or by faxing Infection Control Nosocomial Report Form (DOH 4018).
4. Reports made to the local health department will be made within 24 hours of diagnosis.
5. The Categories and examples of reportable healthcare-associated infections include:
 - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or persons working in the facility;
 - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus;
 - Foodborne outbreaks;
 - Infections associated with contaminated medications, replacement fluids, or commercial products;
 - A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin);
 - Single case of healthcare-associated infection due to any of the diseases on the Communicable Reporting list (See attached list of reportable health-care associated infections);
 - A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin;

- Clusters of tuberculin skin test conversions;
 - A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee;
 - Increased or unexpected morbidity or mortality associated with medical devices, practices, or procedures resulting in significant infections and/or hospital admissions;
 - Closure of a unit or service due to infections.
6. Reporting will be done electronically via the Nosocomial Outbreak Reporting Application (NORA) on the NYSDOH Health Commerce System Application.
 7. If unable to report electronically, the facility will fax an Infection Control Nosocomial Report Form (DAH 4018) to the DOH public website.