INFECTION DISEASE/ PANDEMIC EMERGENCY

SUBJECT: INFECTION DISEASE/ PANDEMIC SURVEILLANCE

POLICY: This facility will implement heightened surveillance activities during periods of identification of infectious disease transmission in the community and/or during a declared public health emergency pandemic.

Policy Explanation and Compliance Guidelines:

1. The Infection Preventionist will monitor the status of infectious disease through the CDC website, and will monitor for changes in prevention, treatment, isolation, or other recommendations.

2. Heightened surveillance activities will be implemented to limit the transmission of infectious agent. These include, but are not limited to, screening visitors, staff, and residents.

3. Screening for visitors and staff:
   a. Signs or symptoms of the infectious agent, such as fever, cough, shortness of breath, or sore throat (i.e. chills, muscle pain, headache, new loss of taste or smell).
   b. Any contact with someone with a confirmed diagnosis of infection or suspected to have infectious disease.
   c. Travel to geographic areas identified with sustained community transmission.
   d. Residing in a community where community-based spread of infectious disease is occurring.

4. Visitors will be denied entry into the facility if they exhibit any of the criteria listed above. They may be directed to the Infection Preventionist, Director of Nursing, or nurse manager on duty if they have any questions.

5. Staff who have signs and symptoms of infectious disease shall not report to work. Any staff that develop signs and symptoms while on-the-job shall:
   a. Immediately stop work, put on a facemask, and self-isolate at home.
   b. Inform the Infection Preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
   c. Contact and follow the local health department recommendations for next steps such as testing and locations for treatment.

6. The facility will refer to current CDC guidance for exposures that might warrant restricting asymptomatic staff from reporting to work.

7. Residents will be monitored for signs and symptoms of infectious disease: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, etc. The physician will be notified immediately, if evident.
8. The Infection Preventionist, or designee, will track and complete surveillance on the following information:
   a. The number of residents infected.
   b. The number of residents and staff who have been infected and when the first case was confirmed.
   c. The number of residents and staff who have been tested for infectious agent (testing in accordance with current CDC guidelines and priorities).
   d. Employee compliance with hand hygiene.
   e. Employee compliance with standard and transmission-based precautions.
   f. Employee compliance with cleaning and disinfection policies and procedures.
   g. Supply of personal protective equipment, cleaning/disinfection supplies, alcohol-based hand rub, and other relevant supplies.

9. Surveillance data will be used for reporting to local health departments, CDC, staff, residents, and resident representatives as per facility policy and NYSDOH/CDC guidelines.
   a. The local health department will be notified of resident or staff with suspected or confirmed infectious disease, residents with infectious disease expirations.
   b. The Infection Preventionist will report data to the CDC through the CDC’s National Safety Health Network (NHSN) system in accordance with NHSN instructions.
   c. Residents and representatives will be kept up to date on the conditions inside the facility related to infectious disease. Minimum information to be reported:
      i. Within 24 hours and subsequently: the occurrence of a single confirmed infection of infectious disease or 3 or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours.
      ii. Family members or representative for all residents will be notified if any resident tests positive for infectious diseases or if any resident suffers a infectious agent related death, or 3 or more residents or staff with a new onset of respiratory symptoms which occurred within 72 hours by 5 p.m. the next calendar day.
      iii. Weekly: Update on conditions, such as current numbers of cases or suspected cases, mitigation actions implemented to prevent or reduce the risk of transmission, and any changes in normal operations of the nursing home.

Reference:
Centers for Medicare & Medicaid Services. COVID-19 Focused Survey for Nursing Homes. (March 20, 2020)
# Example COVID-19 Surveillance Action Plan*

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Needed</th>
<th>Responsibility</th>
<th>Documentation</th>
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<tbody>
<tr>
<td>100% compliance with hand hygiene</td>
<td>10 hand hygiene audits weekly</td>
<td>Each department/unit manager</td>
<td>Hand hygiene checklist</td>
</tr>
<tr>
<td>100% compliance with transmission-based precautions</td>
<td>10 observations weekly (if any in use) or 1 simulation each shift</td>
<td>Each unit manager</td>
<td>Observation log</td>
</tr>
<tr>
<td>100% compliance with standard precautions</td>
<td>10 observations weekly each shift</td>
<td>Each department/unit manager</td>
<td>Observation log</td>
</tr>
<tr>
<td>100% resident symptoms monitoring</td>
<td>10 Resident monitoring logs. Record fever and positive symptoms on symptom log.</td>
<td>Nursing Care Coordinator</td>
<td>Observation log</td>
</tr>
<tr>
<td>100% staff screening</td>
<td>Check temperature and perform symptom screen at beginning of shift, prior to arrival to unit.</td>
<td>Infection Preventionist/Entrance Screeners</td>
<td>Screening log</td>
</tr>
<tr>
<td>Oversight of COVID-19 testing</td>
<td>Record dates and status of testing as testing occurs</td>
<td>Infection Preventionist, Director of Nursing</td>
<td>Testing log</td>
</tr>
<tr>
<td>Outbreak management</td>
<td>Line listing of staff and residents suspected/confirmed COVID-19</td>
<td>Infection Preventionist, Director of Nursing</td>
<td>Line listing spreadsheet</td>
</tr>
<tr>
<td>Oversight of supply audit</td>
<td>Audit supplies daily</td>
<td>Each department/unit manager</td>
<td>Supply audit spreadsheet</td>
</tr>
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</table>

*This action plan is not all-inclusive.*