INFECTIOUS DISEASE MANAGEMENT

It is the intent of this Community to ensure (1) timely identification of potentially infectious diseases in the Community, and (2) adherence to common standards of practice, as recommended by sources such as the CDC, in order to prevent the spread of such diseases to residents and/or staff.

The ability to manage specific infectious diseases is greatly influenced by resident-specific needs, environmental limitations, ability to contain infection, recommended precautions, Community policy and specific state regulations.

DEFINITION

Outbreak: When 2 or more persons present with the same group of symptoms in a relatively similar time frame. Outbreaks generally occur in enclosed settings, such as restaurants, nursing homes, hospitals, schools and day care centers, and in vacation settings like cruise ships. Outbreaks in personal care settings are facilitated by the enclosed living quarters and reduced levels of personal hygiene that result from incontinence, immobility or reduced mental alertness.

Common types of infectious diseases encountered in community-based care include but are not limited to:

- **Gastro-intestinal;** such as:
  - a Norwalk/Norwalk-like virus;
    - Clinical Features – has an average incubation period of 12 to 48 hours and lasts 12 to 60 hours. Illness is characterized by acute onset of nausea, vomiting, abdominal cramps and/or diarrhea, and is often misdiagnosed as, and/or mistaken for, food poisoning.
    - Transmission – fecal-oral spread is probably the primary transmission mode, although airborne transmission might facilitate its spread during outbreaks. Frequently, during an outbreak, primary cases result from exposure to a fecally contaminated vehicle.
    - Treatment Recommendations – maintain universal precautions. Keep bodily fluids contained through the course of the illness and maintain adequate hydration. It may be necessary to obtain stool samples to clarify the diagnosis.
  - C-Difficile;
    - Clinical Features – profuse and continuous, un-formed, watery stool.
- **Transmission** – fecal-oral.

- **Treatment Recommendations** – maintain universal precautions. Keep bodily fluids contained through the course of the illness and maintain adequate hydration. It may be necessary to obtain stool samples and/or antibiotic treatment.

- **Respiratory**; such as:
  - (Influenza A);
    - **Clinical Features** – sustained, elevated fever of above 100° for 48 hours, muscle aches, shaking, and moaning. Individuals have a 50% mortality rate if contracted. Positive diagnosis can be obtained through a “Quick Rapid Flu Antigen” test that can be conducted by an appropriately licensed health professional, i.e., an MD, Lab Technician, or Home Health RN.

- **Transmission** – airborne.

- **Treatment Recommendations** – if more than 2 persons are infected, all staff and residents who have not received the flu vaccine in the same year will need to be treated prophylactically (preventively) for at least 14 days. Infected persons will need to be isolated throughout the course of treatment. Staff will need to wear masks when in the apartments of infected residents, and discard them before leaving the apartments.

- **Epidemiological**; such as:
  - Lice (see associated policy and procedure);
  - Scabies (see associated policy and procedure);
  - MRSA (this type of infection can also be found in other bodily fluids such as urine); and
  - Shingles (transmission can also be airborne).
    - **Transmission** – for all of these is primarily through direct contact and as noted above.

**Procedure:**
If it is suspected that the Community might have an outbreak as defined above, the following steps must be taken:

- **Notification** (immediate upon determination of outbreak) to:
  - Regional Nurse;
Policies and Procedures
Residential and Assisted Living Communities

Policy Title: INFECTIOUS DISEASE MANAGEMENT POLICY
Policy Number: HS.11.10.24   Effective Date: 10.1.16
Approved By: Kevin Cox

- Regional Manager;
- Local Health Department;
- Individual residents’ Primary Care Physician(s); and
- Family/Responsible Party.

- Prevention and Control Measures
  - Education
    - The Community needs to review general universal precautions, as well as the guidelines for hand washing and hand antisepsis, with staff, and document the training.
    - The Healthcare Infection Control Practices Committee recommends that either antimicrobial soap or a waterless antiseptic agent be used for cleaning the hands of health care workers.
    - Notices of outbreak must be placed to alert the public of its occurrence until symptoms are resolved
  - Housekeeping/Cleaning/Disinfecting
    - While the outbreak is active in the Community, thoroughly sanitize all bathrooms used by more than one person on a daily basis.
    - Sanitize the bathroom, sinks, showers and door handles of all infected residents’ rooms on a daily basis.
    - Launder infected residents’ laundry separately with detergent, at the maximum cycle length, and then machine dry.
    - Sanitize all surfaces with which the infected laundry comes into contact prior to being washed, (e.g., counters, laundry baskets, etc.).
  - Staff
    - Maintain strict personal hygiene at all times.
### Infectious Disease Management Policy

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- Utilize personal protective equipment appropriate for the symptoms, for example, gloves, protective gowns (only when handling soiled linens), and masks (only for respiratory infections).
- Frequent hand washing with soap and water is an effective means of prevention of many viruses.
- Always wash your hands vigorously between contact with different residents, prior to meal service, after handling used dishes or glassware, and always after using the restroom.
- Staff that develops symptoms must immediately be removed from food-handling and caregiving positions, as indicated. As recommended, take the staff member off the schedule until they are no longer contagious.

- **Residents**
  - If it is recommended practice for the infection involved, discuss with residents who are symptomatic the importance of remaining in their apartments as much as possible until their symptoms have resolved or they are no longer infectious.
  - Discuss the residents’ virus/symptoms, and ask that they increase their hand-washing, especially before joining the company of other residents.

- **Documentation**
  - If an outbreak is identified as defined above, initiate and update the *Exposure Log* form until symptoms have completely resolved for all residents and staff. After resolution, records must be stored and maintained in the Community for future reference.
  - Fax the updated tracking form to the Corporate Nurse routinely until the outbreak is resolved.
  - Initiate and maintain alert charting, per policy, for any resident presenting symptoms until the condition is resolved.