

Epidemic Preparedness and Response Guidelines

Certified and Licensed Long-Term Care Settings

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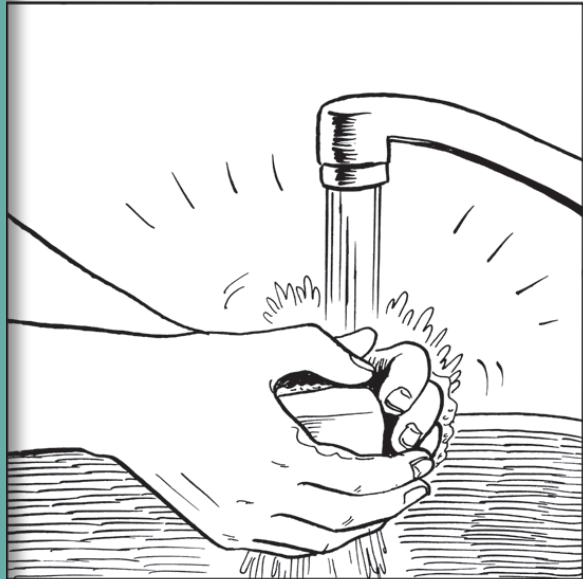


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Purpose

The Department of Health (DOH) and Department of Social and Health Services (DSHS) made these guidelines for certified and licensed long-term care (LTC) settings. Across the state, LTC settings are at different stages of epidemic preparedness and response. Each LTC setting has unique capacities and needs for preparedness and response.

You can use these guidelines to revise and create policies and procedures specific to your LTC setting. DOH and DSHS designed them as a framework to help you make intentional decisions about new, current, and future emergency plans.

It is important to note that these guidelines:

- Are not mandatory or regulatory.
- Don't replace existing state licensing rules or Conditions of Participation for federally funded programs.

Background

We use the terms, “outbreak,” “epidemic,” and “pandemic” in these guidelines. All three terms refer to the spread of an infectious disease. Outbreaks in LTC settings have devastating effects on the health and well-being of residents and clients. Residents and clients often have medical conditions that make them vulnerable to infection. This vulnerability, combined with a shared living environment, increases the risk of transmission.

Public health believes that a pandemic more serious than COVID-19 could occur within the next decade. Infection prevention and control (IPC) practices help prevent and reduce the spread of infectious diseases in LTC settings. Investing in epidemic preparedness now will help us face new pathogens in the future.

Epidemic preparedness and response are critical to an emergency preparedness and response plan. Emergency preparedness and response planning begins with an “all-hazards” approach. Thorough emergency preparation and planning includes being ready for an epidemic.

Infectious disease means an illness caused by germs that enter the body, multiply, and can cause an infection.

Epidemic preparedness means all activities that your setting must do to respond effectively to an outbreak.

Outbreak is a sudden increase in the number of people with the same infection.

Epidemic is an outbreak that becomes widespread in a large area.

Pandemic is an epidemic that spreads across a large region, like multiple countries or more than one continent.

All-hazards means every type of disaster or emergency that your setting is at risk of encountering.

Epidemic Preparedness and Response Guidelines

These guidelines use the core elements of emergency preparedness as a framework for plan development. By design, these guidelines include suggestions for the broad range of LTC settings. Some suggestions may not apply to your setting. Use these guidelines to help you:



Add infectious disease hazards to your current Emergency Preparedness Plan.

Update infectious disease hazards in your current Emergency Preparedness Plan.

Include infectious disease hazards in a new Emergency Preparedness Plan.

Step 1: Risk Assessment and Planning

Start the “all-hazards” assessment by asking yourself,

What hazards will most likely happen at my LTC setting?

When you think about infectious disease hazards, ask these questions:

Who uses your services?

What medical concerns or disabilities do your residents have?

How many people do you serve?

What services do you provide?

Where is your setting located in the state?

How does your LTC setting interact with other LTC settings?

What is unique about your setting?

Write what you learn from the assessment. A written assessment will help you develop policies and procedures in Step 2. As a best practice, we suggest that you have a description of:

- Common and unique hazards most likely to occur at your LTC setting.
- How the emergency could affect the services you provide.
- How you will continue care, business administration, and staffing

Hazards can include internal emergencies, man-made emergencies, natural disasters, and infectious diseases.

during the emergency.

- How you will document the services provided during the emergency. How you will tell health care providers or emergency response organizations what services you provided.
- How you will work with federal, state, tribal (if applicable), regional, and local emergency preparedness staff.
- How you will work with local health jurisdictions (LHJs).

ALL-HAZARDS APPROACH

- 1. Identify each type of disaster or emergency your setting is at risk of encountering.**
- 2. Make sure your overall emergency preparedness plan includes infectious disease.**

Using Core Element #1: Risk Assessment and Planning

Emergency Preparedness for Natural Disasters

Describe the risk assessment you did and the hazards you identified.

Describe how the identified risks will affect:

- Basic needs (food, water, medications, cleaning and disinfection supplies, PPE, and so on).
- Evacuation Plans for everyone in your setting. Think about mobility, sensory disabilities, nonspeaking communication, cognitive conditions, and medical equipment.
- Procedures for sheltering in place (if applicable).
- Tracking staff and residents during the emergency (if applicable).

Epidemic Preparedness

Describe the risk assessment you did. Include infectious diseases your residents are most likely at risk for transmission. Think about the different ways that germs spread, such as touch, cough, sneeze, bug bites, or food preparation.

Describe how the infectious disease will affect:

- Delivery of supplies to your facility and how you will meet the residents' needs.
- Delivery of direct care services to residents if census increases or staffing decreases.
- Training for new staff in infection control procedures, use of PPE, and cohorts.

Step 2: Policies and Procedures

Create and revise policies and procedures (P&Ps) based on what you learned from your risk assessment. P&Ps describe the “to-do” aspects of your LTC setting’s epidemic response. You may already have related P&Ps you can update or add to your plan.

Knowing how to find and when to update your P&Ps related to epidemic preparedness will help you. As a best practice, we suggest that your LTC setting have:

- A list of P&Ps related to your Epidemic Preparedness Plan. Include the date created, and the due date for next update.
- A description of your LTC setting’s process to review and update emergency P&Ps, and who updates each P&P.
- P&Ps for how your LTC setting will use of volunteers during the emergency.

Suggested Policy and Procedure by Topic

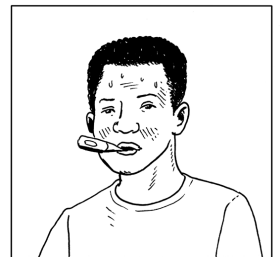
We identified the following topics as epidemic preparedness areas of concern within LTC settings. The intent of this section is to help all of us mitigate future epidemic outbreaks and reduce loss of life and livelihoods. Some topics may not apply to you. You may want to address some topic but can't right now. In that case, also consider whether other resources can help you reach that goal in a future plan. Most importantly, use your risk assessment to help decide which topics your LTC setting needs to address.

Infection Prevention and Control (IPC)

An IPC plan is critical for epidemic preparedness and response. Create or revise this plan first. Infection prevention is an important part of everyone’s job in LTC. You will base many of your other P&Ps on how you prevent and reduce infection. An IPC plan should, at least, include:

- How you will find and track healthcare-associated infections your LTC setting is most likely to encounter.
- P&Ps, and training and testing activities for any of the [CDC Standard Precautions](https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html)¹ that happen in your setting:
 - Hand hygiene
 - Use of personal protective equipment (PPE)
 - Respiratory hygiene and cough etiquette

¹ <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>

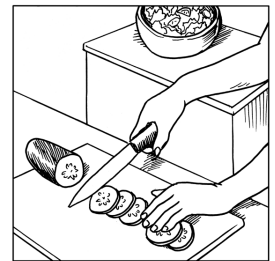
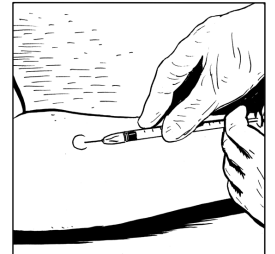


- Sharps safety (safe use and disposal of needles)
- Safe injection practices (safely giving medications through G tubes, etc.)
- Sterile instruments and devices
- Cleaning and disinfecting environmental surfaces

Think about the following activities when you write or revise your P&Ps for IPC:

- Assign one staff member to lead infection control monitoring, planning, training, and implementation. If available in your setting, assign the infection preventionist (IP) on staff to this role. If you do not have an IP on staff, assign a person who understands IPC or is willing to learn. In a smaller setting, this could be the manager or owner. Your IPC lead should know how to find resources from local and state health departments.
- Ask DOH or your LHJ for help with policy development and training. You can request a free, nonregulatory Infection Control Assessment and Response (ICAR) visit. [DOH's Healthcare Associated Infections website](#)² has more information about ICAR visits.
- Set a flexible shift schedule to make sure you have enough staff coverage for all residents. Care for residents with suspected or confirmed infection will affect your staffing needs.
- Develop policies for outside providers and vendors who need to enter the facility during an outbreak.
- Identify space in the facility where you can isolate or quarantine residents who might have the epidemic infection. For example, a single isolation room with a bathroom.
- Develop policies to detect and manage a resident with suspected infectious disease. For example, screening/triage, isolation, reporting, testing, referral, or other IPC practices.
- Establish criteria to end isolation and quarantine. Decide who helps make this decision and how communication will occur.
- Maintain a contact list of health care facilities that you refer to. A current list will help you move a resident with an infectious disease to the needed level of care.
- Maintain a list of the LHJ, DSHS, and L&I phone numbers you use. A current list will help you access resources during an outbreak.

² <https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/healthcare-associated-infections/infection-control-assessment-and-response>.



- Develop your policy for safe management of residents who die during an epidemic.
- Develop a clear chain of command in case leadership becomes exposed or ill.

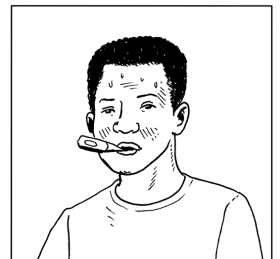
Review your IPC Plan often. Check your plan for strengths and ways to improve. A regular review could be as frequent as quarterly or at least annually. How often you review the plan depends on the needs of your LTC setting. The IPC Plan review is a good time to consult with someone trained in IPC, like an infection preventionist. Discuss any plan strengths, improvements, and other suggestions with your leadership.

Safe and Healthy Environment

- Screen each person for symptoms of the epidemic infection, like fever and cough:
 - Assess all staff at every shift.
 - Assess residents each day.
 - Assess visitors, vendors, and other outside providers when entering the building.
 - Asking each person about recent travel, if relevant for the type and spread of infection.
- Document each person who enters your setting. Knowing who was in your setting will help with contact tracing.
- Safety procedures for service providers that enter your LTC setting during an outbreak. For example, home health, hospice, occupational and physical therapy. How will you communicate information, updates, and safety procedures to service providers?
- Criteria and protocols for limiting visitors. Can you use alternatives to in-person visits, like outside visits and virtual visits?
- Use of PPE. Know what type of PPE staff, residents, and visitors should use and when to use it. Explain the proper way to don and doff PPE.
- Practices that prevent the misuse or misplacement of a resident's personal equipment and belongings. What organization or labeling practices will help you during an outbreak?

Employee Health

- Policies that promote recovery from illness. Consider flexible, supportive sick leave policies that allow staff to stay home if they have symptoms of the infection.
- Protocols about testing for suspected pathogens that consider



testing recommendations and availability.

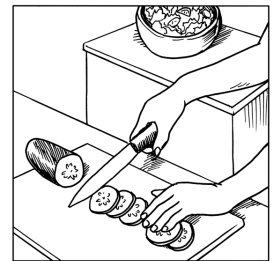
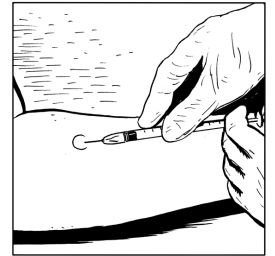
- Criteria for staff to return to work that consider when the staff member is less likely to be contagious.

Equipment and Supplies

- How your setting will manage PPE and supplies including:
 - A description of all tasks that need PPE to care for residents in isolation or quarantine. PPE includes respirators.
 - Processes to order PPE during business hours and after-hours. Make sure contact information for your LTC setting's local PPE suppliers is easy to find.
 - A surge capacity plan for extra staff, PPE, and consumables required for IPC. For example, how will you order and use alcohol-based hand sanitizer?
 - A process to get the equipment each resident in isolation and quarantine needs.
 - A process to rotate and buy supplies on a continuous basis. You want to have enough stock on hand for 30 days of typical use when your LTC setting is at maximum capacity.
- Make sure gloves and hand sanitizer are available in every bedroom and common area.
- A process to make sure that dedicated equipment for the care of isolated resident(s) is available.
- Protocols to clean and disinfect equipment before and after use with a resident.

Cleaning and Waste Disposal

- Reduce the number of shared items. Clean and disinfect shared items before and after each resident uses the item. Staff should not use a single-use item as a shared item.
- Make sure staff clean and disinfect surfaces throughout the setting. Clean and disinfect on a regular schedule, when spills occur, and when surfaces are dirty. Use an EPA-approved disinfectant that is effective against the infectious disease. Clean and disinfect high-touch surfaces more often. For example, doorknobs, switches, tables, phones, and rehabilitation equipment.
- Make sure staff use the proper PPE when touching anything exposed to the infection, anything dirty, or when using any chemicals.



- Make sure staff follow safe laundry management practices. Wash contaminated clothing after each use with a hot-water laundry cycle and detergent. Hot-water washing is a wash cycle of at least 25 minutes with water at a temperature of at least 160°F (71°C). The CDC website has more information about safe laundry practices. Read the [CDC recommendations for laundry and infection control in health care settings](https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html).³

Activities and Dining

- Alternative activity and dining plans for different ways that infections spread:
 - Dining plans could include eating in shifts or delivering meals to resident rooms. Think about how to limit the number of people in the dining area at one time.
 - Activity plans could involve “cohorting”. For example: group residents from the same location, wing, or unit during activities.
 - Plans may involve individual activities that happen in each resident’s room or home.
- Procedures for other staff to help kitchen staff with meal delivery or activities. Other staff include housekeeping, maintenance, social services, and front office. Explain how you will train other staff to use the proper PPE and infection prevention. Explain how you will communicate symptoms, allergies, diets, and other important information.
- Make sure personal care tasks prevent and reduce the spread of infectious disease.
- Make sure menus offer a variety of choices to residents, in case of staffing shortages.
- Back-up plans for menus that address food shortages and supply chain problems.

Hygiene is the practice or principles of keeping yourself and your environment clean to maintain health and prevent disease.

Isolation separates sick people with an infectious disease from people who are not sick.

Quarantine separates and restricts the movement of people who were exposed to an infectious disease to see if they become sick.

Don means to put on.

Doff means to take off.

Surge capacity is your ability to expand care in response to sudden or more prolonged demand.

Cohorting means grouping residents based on their risk of infection or whether they tested positive for the infection.

³ <https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html>

TIP

- 1. Identify who completes the task.**
- 2. Describe the steps to complete the task.**
- 3. Identify who to contact for information about the task.**

Using Core Element #2: Policies and Procedures

Emergency Preparedness for Natural Disasters

Write or revise P&Ps that address the specific risks identified in the all-hazards assessment.

Develop a P&P for how your LTC setting(s) will use volunteers during an emergency. How will the facility handle members of the public coming to the door and saying, “I’m here to help? Or a resident’s family member says, “I’m a nurse, I can help give medications.”

Epidemic Preparedness

Write or revise P&Ps that address the infection risks in the all-hazards assessment. These might include:

- A policy for resident cohorts, and the staff who care for them.
- A policy for PPE use, donning and doffing training.
- Using signage for isolation types.

If you have a volunteer program, develop a P&P for risks to volunteers during a public health emergency. Explain when you will close the program, and how you could continue the program with training and use of PPE.

If you don’t have a volunteer program, think about people showing up during an emergency asking, “How can I help?” How will you manage this situation?

Step 3: Communication Plan

Develop a communication plan. You already know what your risks are, and what you will do in an emergency. The communication plan helps you inform others about your needs and policies. Remember to include any specific communication needs related to infectious disease. As a best practice, we suggest that your communication plan explain:

- How to get contact information for staff, residents, primary health care providers, and vendors. Consider access during off-hours and when administrative staff are not in the building. Also think about backup availability, in case there is disruption to power systems. Consider these questions:
 - Is there a hardcopy back-up if this information is only available online?
 - If there is a hardcopy back-up, how do you protect it from unauthorized use?
 - Is the contact information available to key staff on each shift? Can everyone who may need to access the file find it easily?
- How to contact public health and emergency response authorities. You can find these authorities at the federal, state, tribal, regional, and local level. Make sure you know who to talk to before an emergency happens.
- Primary and alternate means of communication you will use during an emergency. For example, if there is no cell phone signal and power is out, how will you communicate?
- How you will share medical information with other health care providers. Include how you will keep it confidential. For example: You transfer a resident to a hospital and cannot print from the electronic medical record system. How will you communicate the resident's medical history?
- How you will tell public health or emergency management agencies your needs. Also tell them if you can help other providers.

Communication with Staff, Residents, Families, and Representatives

Tell staff, residents, families, and representatives about your plan before an emergency happens. Consider writing or revising your communication P&Ps to:

IHS – Indian Health Services

LHJ – Local Health Jurisdiction

DOH – Department of Health

DSHS – Department of Social and Health Services

CDC – Centers for Disease Control and Prevention

CMS – Centers for Medicare and Medicaid Services



- Explain how you will keep family and representative contact information up to date. And how their information will be available to staff.
- For residential LTC facilities, explain how signs will inform visitors of changes to:
 - Normal entrance or exit locations.
 - Check-in procedures.
 - Required PPE.
 - Resident location or isolation procedures in effect.
- Explain which events trigger you to communicate with residents, and their families or representatives during an epidemic. Remember to tell them about your LTC setting's infection status, and the P&P in effect.
- Describe each type of phone and internet tool you will have for residents. Tools should support their ability to communicate with their families and representatives. Think about how you will meet the needs of people with disabilities. For example, sensory disabilities like hearing loss.
- Develop a way for leadership, the infection prevention lead, and staff to talk daily about:
 - Updates on the epidemic infection from your local public health units (LHJ, DSHS, DOH, CMS and CDC).
 - Relevant IPC activities.
- Develop a process to make sure that staff and residents can share concerns and ask questions.
- Have up to date contact information for your LHJ, DOH, DSHS, and other reporting authorities in case an outbreak happens in your setting.
- Procedures for telling public health authorities about outbreaks and disease transmission. Include who in your LTC setting notifies the LHJ and DSHS, and who is the point of contact at the LHJ and DSHS.

EXAMPLE

Events can be:

1. **Outbreak of an infectious disease.**
2. **Cases of the epidemic infection.**

Using Core Element #3: Communication Plan

Emergency Preparedness for Natural Disasters

Explain how you will make contact information available during an emergency. What happens if power systems fail? You need access to contacts for staff, residents, primary health care providers, and service vendors.

Explain the methods of communication you will use during an emergency. Identify the primary method of communication for each type of emergency.

Epidemic Preparedness

Explain how you will tell residents and their representatives about the plan during a public health emergency.

Explain how you will get information to residents and their representatives. You need to set-up listserv notices, email updates, and virtual meeting formats before the emergency. Also explain how you keep family and representative information current. For example: contact information and how they prefer to communicate.

Step 4: Training and Testing

Training and testing your plan are the last element of emergency planning. Training and testing show you how your plan works in practice. Use this phase to find out which pieces of your plan work and don't work for your LTC setting. If you find pieces that don't work, revise those parts of the plan until the whole plan meets your needs.

Public health categorizes epidemics as low frequency, high consequence events. Because of this, you should test your Epidemic Preparedness Plan often. This helps maintain a state of readiness, like fire drills. Train every person who lives in, works in, and visits your LTC setting to make sure the response is effective. Training should be ongoing. It is important that the people who attend your training can understand it. Make sure that materials work for people at different levels of education. And make sense to people who speak English as a second language.

Knowing what, when, and who you last trained will help you manage ongoing training. As a best practice, DOH and DSHS suggest that your LTC setting have a:

- List of the training and testing programs your setting developed based on your risk assessment.
- Description of how your setting will keep skills current.
- Description of participation in training exercises. Depending on the

size, location, population, and other factors of your LTC setting, training could be a:

- Full-scale, community-based exercise.
 - Facility-based exercise.
 - Table-top exercise for one of the risks found in the all-hazards assessment. Choose a scenario that will challenge your Epidemic Preparedness Plan.
- Record of participation in training and testing activities. Include the date, who participated, any observations, and any conclusions. Also document any changes to the plan that happened because of the exercise.
 - Description of how you addressed any unique aspects of your LTC setting.

Suggested Training and Education Materials

Your LTC setting can make training and education materials, or use already made materials. The CDC offers [infection control basics, training, and tools](#) on their website.⁴

Think about who needs to know what. Some information everyone in your LTC setting needs. Other information only specific groups of people need. As a best practice, DOH and DSHS suggest you have materials for the following topics:

Staff

- Educate staff on the facility's epidemic preparedness policies and procedures. Maintain a process for routine and ongoing staff training. Include information about how to:
 - Get extra PPE in an emergency.
 - Get contact information for resident representatives.
 - Contact the LHJ for help.
 - Manage residents who are symptomatic or exposed (isolation, quarantine cohorting procedures).
- Access to educational resources, which include:
 - Signs, symptoms, and transmission of the epidemic infection.
 - Standard and transmission-based precautions.
 - How to put on and take off masks, equipment, and other

⁴ <https://www.cdc.gov/infectioncontrol/index.html>

PPE. During the training, attendees should prove they understand.

- How to screen residents for an infection.
- How to isolate residents who have a suspected or confirmed case of the infection.
- How to communicate with residents who have a suspected or confirmed case of the infection.
- Guidance that explains: (1) who should stay at home, (2) how to return to work after illness or exposure to the infection, and (3) who to report to at your setting.
- Education about avoiding crowded places, close-contact settings, and enclosed spaces during an epidemic.
- Advice and resources on coping with stress and staying healthy.
- Laundry guidelines that include use of detergent and hot-water washing.

Residents

- Help residents learn basic IPC practices.
- Offer infection information to residents, including:
 - Signs and symptoms of the epidemic infection.
 - How to prevent infection. For example, hand washing, covering coughs, and physical distancing.
- Ask residents, their families and representatives to tell staff if they have symptoms.
- Make sure that you tell residents about what you will do during the outbreak.
- Put signs and posters around your setting. Signs should show hand hygiene, precautions, and other IPC practices.

Visitors

- Make sure that information about the epidemic infection is visible for visitors including:
 - Signs and symptoms of the epidemic infection.
 - How to prevent infection. For example, hand washing, covering coughs, and physical distancing.
 - Ask visitors to tell staff if they have any symptoms.
 - Make sure you tell families and representatives what you will do during the outbreak.

Using Core Element #4: Training and Testing

Emergency Preparedness for Natural Disasters

Explain the training and testing programs developed because of the risk assessment.

Explain how your setting will keep skills current.

Epidemic Preparedness

Explain the training and testing programs developed because of the risk assessment.

Explain how the staff you train will keep their skills current.

Explain how you will watch for and correct improper use of:

- CDC Standard Precautions.
- PPE. Pay close attention to donning and doffing.
- Cleaning and disinfection procedure.
- Infectious disease safety measures.
- Isolation guidelines.

