

AHCA/NCAL Infection Preventionist Hot Topic Brief

Emergency Preparedness for the Infection Preventionist – Part 2

The annual review of the long-term care facility Emergency Preparedness Plan (EPP) is typically led by the Administrator or the Director of Nursing and should include the Infection Preventionist for the provision of subject matter expertise for infection related contingencies.

Background and Scope

The EPP addresses both natural and man-made disasters. The IP plays a key role in evaluating how these hazards could affect infection transmission, resident care, and ongoing surveillance efforts.

The IP can help determine specific infection prevention considerations across a range of scenarios, including:

- Natural disasters, such as tornadoes, hurricanes, floods, and extreme weather.
IP Implications include mold, exposure to outdoor elements, damage to clean/sterile supplies
- Man-made disasters, such as broken water mains due to construction.
IP Implications include lack of potable water for consumption, bathing, cleaning dishes, and flushing the toilet.
- Emerging infectious diseases (EIDs) such as Influenza, Ebola, respiratory viruses and others.
IP Implications include modification to facility protocols, isolation quarantine, personal protective equipment, and appropriate cleaning and disinfection measures.



- Facility-based disasters that may include, but are not limited to:
 - Care-related emergencies.
IP Implications include lack of cleaning supplies, hand hygiene products, and personal protective equipment.
 - Equipment and utility failures, including but not limited to power, water, gas, etc.
IP Implications include inability to use dishwasher, stoves, microwaves, and refrigerators. Lack of water would restrict resident hydration, bathing, and flushing the toilet.
 - Interruptions in communication, including cyber-attacks.
IP Implications include inability to review lab results, perform surveillance for HAIs, and obtain antibiotics.
 - Loss of all or portion of a facility.
IP Implications include inability to isolate infectious residents and potential crowding
 - Interruptions to the normal supply of essential resources, such as water, food, fuel, and in some cases, medications and medical supplies.
IP Implications include waterborne/foodborne illnesses, inability to perform sterile/clean procedures, identification of acceptable alternate resources, and inability to treat infections.

Suggestions for Practice and Resources

Emergency Plan Development — General Recommendations

Emergency Plan Development is based on the Hazard Vulnerability Analysis (HVA) using an all-hazards approach including specific infection prevention risks. IP input is critical for the following:

- Resident cohorting and isolation strategies
- Transporting residents, especially those who are immunocompromised and/or infectious
- Supply allocation, especially PPE, disinfectants, and hand hygiene products
- Plans for cleaning and disinfection of equipment and spaces utilizing current EPA lists for specific infectious diseases.
- Management of communicable diseases during evacuation
- Potential for postmortem care for infectious cases
- Maintaining infection prevention activities during power, HVAC, and water outages
- Suggesting emergency infectious diseases (EID) for the risk assessment. Examples include potentially infectious biohazardous waste, bioterrorism, pandemic flu, and other highly communicable diseases.

Emergency Plan Development — Resident Care and Services

The EPP reflects the specific needs of the residents in the facility. The IP can help determine which types of residents are most at risk. Infection prevention interventions include:

- Identifying residents who would make up the priority group for evacuation and who are at high risk of developing an infection in addition to medically fragile residents which includes those receiving:
 - ❑ Dialysis or intravenous (IV) therapy
 - ❑ Enteral/parenteral nutrition
 - ❑ Chemotherapy or radiation
 - ❑ Ventilator or tracheostomy care
 - ❑ Unstable respiratory or cardiac condition
 - ❑ Unstable infectious conditions not responding to current aggressive treatment
- Reviewing resident and staff vaccine status to ensure that their vaccines are up to date and planning on vaccination updates if indicated.
- Determining a process for communication with the appropriate outside agencies.
- Assessing the needs of the patient population they serve in relation to a communicable or emerging infectious disease outbreak.
- Evaluating the facility's needs based on the specific characteristics of an EID that includes, but is not limited to:
 - ❑ Increase in PPE supplies or lack of certain types of PPE, i.e. respirators
 - ❑ Considerations for screening patients and visitors which may also include testing considerations for staff, visitors and patients for infectious diseases
 - ❑ Transfer and discharge of patients to and from other healthcare facilities
 - ❑ Physical Environment, including changes needed for distancing, isolation, or capacity/surge.



Emergency Plan Development — Policies and Procedures

According to CMS, these must be reviewed and updated annually. The policies and procedures are expected to align with the identified hazards within the facility's risk assessment and the facility's overall emergency preparedness program. The IP should also consider updates to their emergency preparedness policies and procedures during a disaster, including planning for an emergency event with a duration longer than expected. For instance, during public health emergencies such as pandemics, the Centers for Disease Control and Prevention (CDC) and other public health agencies may issue event-specific guidance and recommendations to healthcare workers. At a minimum they should include, policies and procedures addressing:



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- Impact of infectious disease transmission
- PPE supplies
- Hand Hygiene supplies and equipment if water supply is limited.
- Environmental cleaning and disinfection products
- Linen management and reprocessing
- Resident isolation or cohorting.
- Clinical supplies and equipment needed for the provision of cares, such as syringes, first aid supplies, and IV equipment.
- Medications and medical supplies, including antibiotics, are on hand to care for the uninterrupted medical needs of the residents for a specified amount of time, i.e. 7-10 days.
- Back up Plans for:
 - Sanitation (waste/sewage)
 - Safe food and water handling
 - Environmental controls (e.g. temperature, air flow)

Emergency Plan Development — Communication Plan

The IP's input is important for developing communication materials for staff, residents, and families to ensure accuracy. Considerations for the plan include:

- Contact information for all healthcare providers, vendors, volunteers, emergency officials, and licensing agencies relevant to an infectious disease emergency.
- Mechanisms for notifying residents, families, and legal representatives about infectious disease outbreaks.
- A secure method for sharing resident-specific infection control information with receiving facilities during transfers.
- Ongoing updates between the facility and public health authorities, including public health, CMS, and CDC.



Emergency Plan Development — Training and Testing Program

The IP is integral to the training and testing process related to infectious disease emergencies and response. Some key areas for training and education include:

- Emergency procedures in infectious disease outbreaks
- Syndromes requiring empiric isolation, when communicable illnesses are suspected, pending confirmation.
- Strategies for receiving/posting health alert messages in the facilities.
- Safe specimen collection procedures
- Resident management, water management, and pet management if applicable.
- Food safety and sanitation control
- Screening and triage
- Outbreak investigations

The LTC facility is required to conduct exercises to test the emergency plan at least twice a year, including unannounced staff drills. The IP can assist with selecting or creating an infectious disease emergency scenario. The IP can also assist with analyzing the facility's response to infectious disease emergency drills, tabletop exercises, and emergency events, and make recommendations to revise the emergency plan as indicated/needed.

IP's Role Summary

While emergency preparedness is a facility-wide responsibility, the IP is essential to planning and response regarding infection risks. Key roles include:

- Ensuring infection-related policies are integrated into the EPP
- Supporting staff education and resource planning
- Collaborating with external agencies during infectious disease emergencies
- Participating in post-event debriefings and corrective action planning



Resources

CMS. [Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual \(SOM\)](#)

Tracie Healthcare Emergency Preparedness. (2021). [Long Term Care Requirements CMS Emergency Preparedness Final Rule.](#)

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