

AHCA/NCAL Infection Preventionist Hot Topic Brief

Emergency Preparedness for the Infection Preventionist – Part 1

Emergency Preparedness requirements in long-term care have been in place since 2017. Any emergency situation that could alter the health, safety, and security needs of staff and residents should be addressed. Emergency situations cover a wide range of potential issues, such as power outages, natural disasters such as hurricanes or tornadoes, as well as water main breakage and Emerging Infectious Diseases (EID).

The facility Infection Preventionist should be included in the planning, development, and revising of the emergency preparedness plan. This needs to be done annually and on an as-needed basis to keep the documents current and to provide accurate annual training for the staff. It is important, however, to know that even though there is inclusion of the IP, this does not solely rest on the shoulders of the IP. Any form of Emergency Preparedness is typically led by the Administrator and DON and managed by the entire team.

Part 1 of this Hot Topic will focus on the EID's and how to prepare for them.

Background and Scope

[QSO-21-15-ALL](#) was published March 26, 2021. It expanded the guidance related to Emerging Infectious Diseases (EIDs) based on best practices, lessons learned and general recommendations for planning and preparedness for EID outbreaks. Appendix Z addresses what Centers for Medicare & Medicaid Services (CMS) determined was critical for facilities to include in planning for infectious diseases within their emergency preparedness program. Considering events such as Ebola Virus, Zika, and eventually COVID-19, it was

Emergency Preparedness All-Hazards Approach



believed that facilities should consider preparedness and infection prevention within their all-hazards approach. The overall goal of this requirement is to enable all providers and suppliers, wherever they are located, to better anticipate and plan for needs, rapidly respond as a facility, as well as integrate with local public health and emergency management agencies to rapidly recover following a disaster.

Suggestions for Practice

Staying up to date on what is emerging outside the facility in the surrounding community is one of your best defenses in keeping it out of the facility. Every disease is different. The local, state, and federal government will be the source of the latest information and most up to date guidance on prevention, case definition, surveillance, and treatment. Thus, a close working relationship with your State and Local Health Department, as well as the Infection Prevention team in the referring hospital, is imperative.

The overall goal of this plan is to protect the residents, families, and staff from harm resulting from exposure to an emergent infectious disease while they are in the facility. To achieve this, it can be broken down into three main categories: General Preparedness, Protect/Prevent, and Minimize Transmission.



We will look at each category separately, and provide a checklist for each.

1. General preparedness for Emergent Infectious Diseases (EID).

- a. Evaluate controls — such as screening, isolation, visitor policies and employee absentee plans.
- b. Stay vigilant and informed about EIDs in the community and around the world.
- c. Determine and monitor PPE par levels.
- d. Develop plan with vendors for re-supply of medications, sanitizing agents, and PPE in the event of a disruption to normal business including an EID outbreak.
- e. Regularly train staff.

2. Protect and prevent — this will be your most comprehensive list, as this is where you are trying to keep the EID out of the facility.

- a. Activate surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities as soon as or if possible, before the EID is in the community.
- b. Work with the facility Medical Director to review and revise internal policies and procedures as needed depending on the pathogen.
- c. Educate staff on the exposure risks, symptoms, and the prevention of EID. Review basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing.
- d. If the EID is spread via airborne route, then the facility will activate its respiratory protection plan, which should look at its ventilation capabilities.
- e. Provide education, including prevention strategies, to residents, families and/or the responsible party.
- f. Contact vendor and other relevant stakeholders about the facilities policies and procedures related to minimizing exposure risks to residents.
- g. Post signs regarding hand hygiene and respiratory etiquette and/or other prevention strategies.
- h. Screen new residents as well as new staff members prior to admission or reporting to work.
- i. Screen employees prior to reporting to duty if indicated by local state guidance.
- j. Environmental cleaning — follow current CDC guidelines for environmental cleaning specific to the EID.

3. Minimize transmission — suspected case in the facility.

- a. Place a resident who is symptomatic in an isolation room and notify local public health authorities.
- b. Follow all facility policies for isolation procedures, including all recommended PPE for staff at risk of exposure.
- c. Keep the number of staff assigned to enter the room of the isolated person to a minimum. Allow only trained and prepared staff — those that are medically cleared and fit tested for respiratory protection — will enter the room.
- d. If possible, ask the isolated resident to wear a facemask while staff are in the room.
- e. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of the local health authorities, and in keeping with the guidance from the CDC.
- f. Implement the isolation protocol in the facility, such as use of isolation rooms, cohorting, limiting of group activities and social dining, as recommended
- g. Examine ventilation capabilities depending on the EID.

These lists are difficult to accomplish alone. Remember to utilize others in your facility. This will be a team effort, though many times they will look to you for the next steps. Take as many deep breaths as needed and simply breathe. When you have an effective Emergency Preparedness Program in place, you will not be concerned with those next steps, as they will be in front of you. Also, make sure you get rest and identify support personnel as most EID epidemics or pandemics will continue for weeks to months. Having policies in place for whatever EID occurs, using those policies will help you be successful in providing the staff with clear directions even if you're not available. Being prepared will help assure the safety and well-being of all staff, residents and families.

Resources

AHCA/NCAL. [Sample Policy for Emergent Infectious Diseases for Skilled Nursing Care Centers](#). Accessed 01/09/2025.

Centers for Medicare and Medicaid Services (CMS). March 26, 2021. [Updated Guidance for Emergency Preparedness—Appendix Z of the State Operations Manual \(SOM\)](#). Accessed 11/30/2024.

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