

Tips for Outbreak Management in Skilled Nursing Facilities

Appropriate management of potentially infectious exposures and illnesses among residents and healthcare personnel can prevent the development, transmission and outbreak of infections. In addition, early detection and constant surveillance can help minimize the size of an outbreak with effective management. Effective management of outbreaks includes promptly assessing exposures and diagnosing illness, monitoring for the development of signs and symptoms of disease and providing appropriate postexposure or illness management.¹

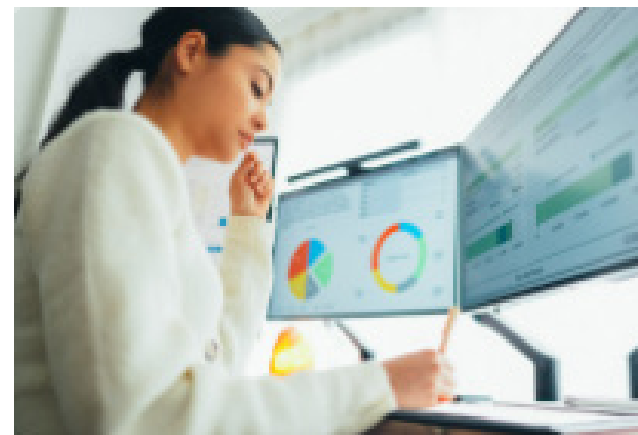
CMS has listed regulatory requirements for the management of outbreaks in nursing homes as part of F-tag 880 Infection Control.²

We have listed some tips to meeting the infection control and regulatory requirements based on review of reasons facilities are cited for ineffective management of outbreaks. Note: many outbreaks start due to inconsistent use of infection control practices, which we will not discuss here. Instead, we focus on how to identify and manage an outbreak early to potentially reduce its size and duration.

TIP: Perform outcome surveillance for early outbreak recognition

On a daily basis actively look for:

- increasing numbers of residents over the last few weeks to months with similar signs and symptoms of infection and any resident HAI infections³
 - attend morning meeting/shift huddles — listen to clinical reports
 - read 24-hour report (esp. from over the weekend and when returning from vacation)
 - review new admissions, transfers, labs
 - document on line list



Note: often outbreaks are detected by clusters of residents with signs of infection before a pathogen is identified. Waiting for pathogen identification can delay initiating some early steps to reduce the spread of common pathogens causing outbreaks.

- Staff callouts and symptom commonalities
 - inform leadership, dept. heads and staff to report to Infection preventionist reasons for call outs
 - instruct nurses to monitor residents for similar symptoms when roommates or other residents on the unit or in the building develop infectious diseases
 - document on line list of staff and reasons for call outs and residents with infection symptoms
- Any outbreak triggers
 - increase in number or proportion of residents over baseline infection rate (i.e., 10% over baseline)
 - sudden cluster of infection on a unit or during a short period of time
 - single case of a rare or serious infection or highly infectious agents⁴

TIP: If outbreak triggered, perform outbreak investigation⁴

Verify diagnosis of reported cases — rule out non-infectious causes for signs and symptoms.

Confirm that an outbreak exists.

- if it does, notify administrator and director of nursing, medical director, Dept. of Public Health (DPH), staff, medical providers, and family member/responsible party of those residents with a change in condition
- place signage on entrance to facility alerting visitors to an outbreak
- this may be initiated before an organism is identified

Develop hypothesis and case definition.

- collaborate with medical director, lab and DPH to determine organism responsible and perform diagnostic testing, if indicated

Search for additional cases.

- daily outcome surveillance
- document on line list
- consider additionally mapping outbreak on floor plan (which can also assist with room placement/cohorting and tracking movement of the outbreak)

Implement IPC measures to contain and control spread.

- continually evaluate measures and adjust as needed
- educate staff on outbreak and infection control measures
- discourage ill staff from working
- Again, this may be initiated before an organism is identified but modified once the cause is determined.

Determine outbreak resolution.

Communicate findings.

- daily facility meetings to discuss outbreak response
- any barriers/issues and solutions
- write final summary report and
- perform evaluation of outbreak response in QAPI-develop Performance Improvement Plan (PIP), as needed

TIP: Nurses to implement appropriate isolation precautions for symptomatic residents immediately

Per CDC Isolation Precautions guidance:

Delegate authority to infection control personnel or their designees (e.g., resident care unit charge nurses) for making infection control decisions concerning resident placement and assignment of Transmission-Based Precautions.⁵

- document medical provider orders for isolation precautions, if required by facility policy or state requirements



TIP: Perform process surveillance prior to and during the outbreak

Schedule observations (vary days/times) of staff performing infection prevention and control measures: hand hygiene, correct use of personal protective equipment (PPE), compliance with transmission-based precautions, cleaning and disinfecting of equipment/devices and environment, etc.

- seek assistance from others to assist with observations. Observers should be deemed competent in task they are observing and instruct observers on correct way to document their findings
- acknowledge staff performing well
- provide additional education and practice when incorrect performance observed
 - address any factors contributing to the performance (e.g., availability and accessibility to supplies, etc.)

TIP: Refer to CDC Guidance for information on outbreak response specific to the infectious agent

Any outbreak response will vary to some degree depending on the infectious agent.

- familiarize yourself with the CDC website to search for infectious agent specific information
- bookmark the CDC [Summary of Recommendations](#) for quick access

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Footnotes

1. Centers for Disease Control and Prevention (CDC). [Management of Potentially Infectious Exposures and Illnesses](#), Rev. April 12, 2024. Accessed 7-25-24.
2. CMS [State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities](#), Rev. 211, 02-03-23, §483.80 Infection Control. Accessed 7-25-2024.
3. Centers for Disease Control and Prevention (CDC). [Nursing Home Infection Preventionist Training Course](#), CE Number: WB4448. Origination Date: October 1, 2021. October 1, 2023. Module 4 Infection Surveillance.
4. Centers for Disease Control and Prevention (CDC). [Nursing Home Infection Preventionist Training Course](#), CE Number: WB4448. Origination Date: October 1, 2021. October 1, 2023. Module 5 Outbreaks.
5. Centers for Disease Control and Prevention (CDC). Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007), [Summary of Recommendations](#), Last Updated November 27, 2023.
6. Centers for Disease Control and Prevention (CDC). [CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](#), Rev. April 12, 2024. Accessed 7-25-24.