



SHB 1218

Epidemic Preparedness and Response Guidelines

Purpose

The Department of Health (DOH) and the Department of Social and Health Services (DSHS) developed these preparedness 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 supersede existing state licensing regulations 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. An outbreak is a sudden increase in the number of people with the same infection. An epidemic is an outbreak that becomes widespread in a large area. A pandemic is an epidemic that spreads across a large region, like multiple countries or more than one continent.

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 long-term care settings. Investing in epidemic preparedness now will make us meaningfully prepared to face new pathogens.

Epidemic preparedness and response are critical to an overall emergency preparedness and response plan. Emergency preparedness and response planning begins with an “all-hazards” approach. That means you should identify each type of disaster or emergency (all hazards) your setting is at risk of encountering. A thorough assessment of your setting’s epidemic preparedness also should be a part of your overall emergency preparedness risk assessment and planning.

Epidemic Preparedness and Response Guidelines

These guidelines use the core components 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

Conduct an all-hazards assessment to identify the types of hazards most likely to occur at your LTC setting. Hazards can include internal emergencies, man-made emergencies, natural disasters, and infectious diseases. When assessing infectious disease hazards, consider each of these:

- The characteristics of the population you serve.
- The number of people you serve.
- The types of services you provide.
- Your location in the state.
- How your LTC setting interacts with other LTC settings.
- What is unique about your setting?

Writing your assessment will help you develop policies and procedures. As a best practice, DOH and DSHS suggest that your assessment include a description of:

- Hazards most likely to occur at your LTC setting, and any unique hazards you find during the risk assessment.
- How the emergency could affect your services.
- How your LTC setting plans to maintain continuity of care, business administration, and staffing during the emergency.
- How your LTC setting will document the services provided during the emergency and communicate services to health care providers or emergency response organizations.
- How your emergency plan addresses cooperation and collaboration with federal, state, tribal (if applicable), regional, and local emergency preparedness staff, and local health jurisdictions (LHJs).

Using Core Element #1: Risk Assessment and Planning

Emergency Preparedness for Natural Disasters

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

Describe how the identified risks will affect:

- Basic needs like food, water, medications, cleaning and disinfection supplies, PPE, and so on.
- Evacuation Plans. Include planning for disabled residents and clients.
- 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/clients are most likely at risk for transmission. Include multiple modes of transmission, such as contact, respiratory-droplets, airborne, vector (such as mosquitos), or foodborne.

Describe how the identified infectious disease epidemics 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 quickly increases or employee illness reduces staffing.
- The need to provide additional training for new and substitute staff on infection control techniques, use of PPE, and cohorts (if applicable).

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. In your P&Ps, identify who completes the task, the steps to complete the task, and who to contact for information about the task.

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

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

Suggested Policy and Procedure by Topic

Stakeholders 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. You may see topics that do not apply to you. You may see topics you want to address, but do not have the ability to do so right now. In that case, also consider whether other resources are available to help you reach that goal in a future plan. Most importantly, use your risk assessment to help you decide which topics you need to address for your LTC setting.

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 minimum, include:

- How you will monitor infections and healthcare-associated conditions your LTC setting is most likely to encounter.
- Policies and procedures, and training and testing activities for any of the following topics that occur in your setting:
 - Hand hygiene
 - Use of personal protective equipment (PPE)
 - Respiratory hygiene and cough etiquette
 - Sharps safety (work practices for safe use and disposal of needles)
 - Safe injection practices (work practices to safely give medications through G tubes, etc.)
 - Sterile instruments and devices
 - Cleaning and disinfecting environmental surfaces

When writing or revising your P&Ps related to infection prevention and control, consider the following activities:

- 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 your LTC setting does not have an IP on staff, assign a person who has a good understanding of IPC or is willing to learn. In a smaller setting, this could be the manager or owner. This staff member's duties should include knowing and learning how to find resources from local and state health departments.
- Consult with DOH or your local health jurisdiction (LHJ) for help with policy development and training. Your LTC setting can request a free, nonregulatory Infection Control Assessment and Response (ICAR) visit. You can find information about ICAR visits on [DOH's Infection Control Assessment and Response website](https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/healthcare-associated-infections/infection-control-assessment-and-response).¹
- Establish a flexible shift schedule to ensure adequate 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 residents suspected of epidemic infection may be isolated or quarantined. 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 specific IPC measures to care for such patients.
- Establish criteria to end isolation and quarantine. Decide who will be involved in this decision and how communication will occur.

¹ <https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/healthcare-associated-infections/infection-control-assessment-and-response>.

- Develop and maintain a contact list of health care facilities that you can refer a resident with suspected infectious disease to if the resident cannot be cared for safely in LTC.
- Develop and maintain a list of LHJ, DSHS, and L&I contacts your LTC setting can contact and use as resources during an outbreak.
- Develop and implement a policy for safe management of deceased residents during an epidemic infection.
- Develop a clear and concise chain of command in case leadership is exposed or becomes ill.

Review your IPC Plan regularly. Evaluate your plan for strengths and opportunities to improve. A regular review could be as frequent as quarterly or at least annually, depending on the needs of your LTC setting. An IPC Plan review is an excellent time to consult with someone trained in IPC, like an infection preventionist. Report any plan strengths, opportunities for improvement, and other recommendations to your LTC setting's leadership.

Safe and Healthy Environment

- A procedure to screen each person entering the facility that looks 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.
 - Consider asking each person about recent travel, if relevant for the type and spread of infection.
- A documentation process for all people who enter the facility that you can use for contact tracing.
- How to work with external service providers that enter your LTC setting in an outbreak situation, like home health, hospice, occupational and physical therapy. Consider how you will communicate information, updates, and any specific precautions necessary to keep your LTC setting safe.
- Criteria and protocols for limiting or restricting visitors. Consider alternatives to in-person visits that your LTC setting can use during the restriction, such as outside visits and virtual visits.
- Use of PPE. Identify what type of PPE staff, residents, and visitors should use—and when to use it. Include procedures for the proper way to put on and take off PPE.
- Practices that prevent the misuse or misplacement of a resident's personal equipment and belongings. This may include organization or labeling practices, depending on your LTC setting's needs.

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 epidemic 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. Include:
 - A description of all job assignments and worker tasks that need PPE, including respirators, to care for residents in isolation or quarantine.
 - 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, such as alcohol-based hand sanitizer.
 - A process to obtain more patient-specific equipment needed to care for residents in isolation and quarantine.
 - A process to rotate and purchase supply on a continuous basis. Ideally, you want to have enough stock on hand to cover 30 days of typical use when your LTC setting is at maximum capacity.
- Ensure hand hygiene materials, such as alcohol-based hand sanitizer, are available in every resident room and common areas.
- Identify a process to ensure that dedicated equipment for the care of isolated resident(s) is available.
- Protocols to clean and disinfect equipment between residents.

Cleaning and Waste Disposal

- Reduce the number of shared items. Clean and disinfect shared items before and after a resident uses the item. Staff should not use a single-use item as a shared item.
- Ensure staff clean and disinfect surfaces throughout the setting on a regular schedule, when spills occur, and when surfaces are visibly contaminated. Use an EPA-approved disinfectant that is effective against the infectious disease. Clean and disinfect frequently touched surfaces, like doorknobs, switches, tables, phones, and rehabilitation equipment, more often.
- Ensure staff use the correct PPE when in contact with anything contaminated, or in contact with chemicals.
- Ensure 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). For 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).²

Activities and Dining

- Develop alternate activity and dining plans that consider different modes of transmission for the epidemic infection:
 - Dining plans could include shifts to limit the number of people in the dining area at one time or closing the dining rooms and providing meals in each resident room.
 - Activity plans could involve “cohort” activities with only residents from the same location, wing, or unit participating together.
 - Plans may involve individualized activities that occur in each resident's room or home.

² <https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html>

- Create procedures for times when communal dining and activities are not an option and auxiliary staff (housekeeping, maintenance, social services, front office staff) must help with meal delivery or activities. Procedures need to outline how your LTC setting will train auxiliary staff to use the correct PPE for the situation and use correct infection prevention and control precautions. Procedures need to address how your setting will inform auxiliary staff about who is symptomatic, who may have dietary restrictions, and any other information relevant to the situation.
- Ensure personal care service practices include precautions that prevent and reduce infectious disease transmission.
- Ensure 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.

Using Core Element #2: Policies and Procedures

Emergency Preparedness for Natural Disasters

Create 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 who says, “I’m a nurse, I can help give medications.”

Epidemic Preparedness

Create or revise P&Ps that address the specific risks identified in the assessment of infectious diseases that could potentially result in an epidemic. 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 that addresses any health risks to volunteers during a public health emergency. Include the circumstances when you will suspend the program, and how you could continue the program with training and use of PPE.

Even if you don’t have a volunteer program now, think in terms of people showing up at your door during an emergency asking, “How can I help?” How will you manage this situation?

Step 3: Communication Plan

Develop a communication plan. Write or revise your LTC setting's communication plan after conducting the risk assessment and writing the policies and procedures. The communication element of an emergency preparedness plan focuses on communication between your LTC setting and the "outside world." To prepare for an epidemic scenario, remember to include any specific communication needs related to infectious disease. As a best practice, DOH and DSHS suggest that your communication plan describe:

- How to access the contact information for staff, residents/clients, primary health care providers, and contracted vendors during an emergency. Consider access during off-hours and when administrative staff are not in the building. You also may want to address backup availability, particularly if 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 a 24/7 basis? Can everyone who may need to access the file find it easily?
- The contact information for federal, state, tribal (if applicable), regional, and local public health and emergency response authorities. Gathering this contact information is a great opportunity to develop working relationships with the emergency response personnel within these organizations 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 your setting communicate?
- How your setting will share medical information and documentation with other health care providers. Include how you will maintain confidentiality as part of this process. For example: You transfer a resident to a hospital and are unable to print from the electronic medical record system. How will you communicate the resident's medical history?
- How your LTC setting will inform the public health or emergency management agencies about your needs. You also can inform them of your ability to help other providers.

Communication with staff, residents, families, and representatives

A communication plan is most effective when staff, residents/clients, their families, and their representatives know about the response plan before an emergency happens. Consider writing or revising your communication P&Ps to:

- Describe how you will keep family and representative contact information up to date and make it available to staff on a 24/7 basis.
- For residential LTC facilities, describe how you will use signs to inform visitors of changes to:
 - Normal entrance or exit locations.
 - Check-in procedures.
 - Required PPE.
 - Resident isolation types that may be in effect.
- Describe what events will trigger communication with residents and their families or representatives in an epidemic infection. Include updates about your LTC setting's epidemic infection status and the policies and procedures now in place.

- Describe multiple methods of phone and internet communication tools you will make available to residents/clients that support their ability to communicate with their families and representatives. Consider how you will meet the needs of those with sensory impairments, such as those with diminished hearing.
- Develop a process for daily communication between administrators, the IP or lead for infection prevention, and staff 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 ensure regular opportunities for staff and residents to share concerns and ask questions.
- Maintain up to date contact information for your LHJ, DOH, DSHS, and all other reporting authorities in case an epidemic outbreak happens in your facility.
- Develop procedures for notifying public health authorities of disease outbreaks and other issues relating to 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.

Using Core Element #3: Communication Plan

Emergency Preparedness for Natural Disasters

Describe how you will make contact information for staff, residents/clients, primary health care providers, and service vendors under contract accessible during an emergency, particularly if there is disruption to power systems.

Describe the primary and alternate means of communication you will use during an emergency.

Epidemic Preparedness

Describe how your LTC setting will tell residents/clients, and their representatives about the communication plan during a public health emergency.

Describe how your LTC setting will deliver new and updated information to residents and clients, and their representatives. It will take advanced planning to use listserv notices, email updates, and virtual meeting formats, such as Zoom. The plan also will describe how you will keep family and representative contact information current, along with their preferred method of communication.

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 the training and testing 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, consider revising 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, we suggest that you test your Epidemic Preparedness Plan often to maintain a state of readiness (like fire drills). Provide training for every person who lives in, works in, and visits your LTC setting to ensure an effective epidemic response. Training should be ongoing. It is important that the people who attend your training can understand it. Make sure people at different levels of education and people who speak English as a second language can understand the information.

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:

- Description of the training and testing programs your setting developed based on your risk assessment.
- Description of how your setting will maintain competency with the skills obtained from initial training.
- Description of participation in training exercises. Depending on the size, location, population, and other factors for your LTC setting, participation could be part of 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.
- Document of participation in training and testing activities. Include the date, who participated, observations, conclusions, and any changes to the plan that came about from the exercise.
- Description of how you addressed any unique population, circumstances, and services in your LTC setting.

Suggested Training and Education Materials

Your LTC setting can create its own training and education materials or use already made materials. Consider the information everyone in your LTC setting needs and the information specific groups of people need. As a best practice, DOH and DSHS suggest you have training and education 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:
 - Access extra PPE in an emergency.
 - Access contact information for resident representatives.
 - Contact the LHJ for help.
 - Manage residents who are symptomatic or exposed (isolation, quarantine cohorting procedures).
- Provide access to educational resources, which include:

- Signs, symptoms, and transmission of the epidemic infection.
- Standard and transmission-based precautions.
- How to put on (donning) and take off (doffing) masks, equipment, and other PPE. The training should require attendees to demonstrate the procedures.
- How to screen and isolate residents who have a suspected or confirmed case of the epidemic infection.
- How to communicate with residents who have a suspected or confirmed case of the epidemic infection.
- Health management guidance for symptomatic staff who should stay at home and not go to work; processes for when it is safe to return to work following illness or exposure to suspected epidemic infection cases; and who to contact or report to within the facility.
- Reminders to avoid going to 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

- Educate residents on basic infection prevention and control practices.
- Provide epidemic infection information for residents, including:
 - Signs and symptoms of the epidemic infection.
 - How to prevent infection, including hand and respiratory hygiene, and physical distancing.
- Request that residents, and their families and representatives immediately inform staff if they have any symptoms.
- Ensure that your setting informs residents of your epidemic preparedness policies and procedures.
- Place informative signs and posters around your setting about hand hygiene, transmission-based precautions, and other infection prevention and control practices.

Visitors

- Ensure that information about the epidemic infection is visible for visitors including:
 - Signs and symptoms of the epidemic infection.
 - How to prevent infection, including hand and respiratory hygiene, and physical distancing.
 - Request that all visitors inform staff immediately if they have any symptoms of the epidemic infection.
 - Ensure your setting informs families and representatives of your epidemic preparedness policies and procedures.

Using Core Element #4: Training and Testing

Emergency Preparedness for Natural Disasters

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

Describe how the people trained will maintain competency with the skills obtained from initial epidemic preparedness training.

Epidemic Preparedness

Describe the training and testing program developed to address the infectious diseases the risk assessment identified as those your residents or clients are most at risk of acquiring.

Describe how the people trained will maintain competency with the skills obtained from initial emergency preparedness training.

Describe a monitoring and corrective action program for:

- Staff adherence to CDC Standard Precautions.
- Proper use of PPE (include donning and doffing).
- Staff adherence to cleaning and disinfection regimens.
- Infectious-disease-specific precautions and adherence to isolation guidelines.

