

Inside an Outbreak: ARI Exercise

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Agenda

- Introductions of the facilitators
- Goals and Objectives
- Exercise Format
 - Part 1: Outbreak Recognition
 - Part 2: Outbreak Management
 - Part 3: Summarize Best Practices

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Goal / Objectives

GOAL

To increase preparedness for response to ARI outbreak in LTC

OBJECTIVES

- Participants will identify key action items to identify a potential or actual Acute Respiratory Infection Outbreak.
- Participants will understand the steps necessary to contain and manage an Acute Respiratory Infection Outbreak.
- Participants will be able to apply knowledge through sharing and case studies of best practice scenarios for an Acute Respiratory Infection Outbreaks

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Exercise Format

- **Outbreak Recognition: Decision and Responses**
 - 5 Minutes to discuss amongst yourselves
 - 5 Minutes to discuss as a large group
- **Outbreak Management: Decisions and Responses**
 - 5 Minutes to discuss amongst yourselves
 - 5 Minutes to discuss as a large group
- **Summarize/Debrief** at the end of the exercise

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Part 1: Outbreak Recognition

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Outbreak Recognition- Definition of an Outbreak

A respiratory disease outbreak in a LTCF is defined by CDC and DPH as 3 or more residents from the same unit with illness onsets within 72 hours of each other who have: pneumonia or ARI or laboratory confirmed viral or bacterial infection including influenza.

Source:

November 15, 2012 memo from Tom Haupt. *Reporting, prevention and control of acute respiratory illness outbreaks in long-term care facilities*

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Outbreak Recognition-Defined

- Need to have a standard definition: Acute Respiratory Illness (ARI) is defined as illness characterized by any two (2) of the following:
 - Fever
 - Cough – new or worsening
 - Rhinorrhea (runny nose) or nasal
 - Sore throat
 - Myalgia (muscle aches)

Source:

Memo Reporting, prevention and control of acute respiratory illness outbreaks in LTCF's

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Outbreak Recognition - Scenario

December 20: Unit C, 2/24 residents with ARI

December 20: Unit D, 2/24 residents with ARI

December 23: Unit C, 1/24 residents with ARI

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Outbreak Recognition

- ✓ Staff to report change in resident condition
- ✓ Shift to shift report
- ✓ 24 hour boards
- ✓ Surveillance/walking rounds
- ✓ Monitor Staff call ins - illness
- ✓ Unit nurse to manager to supervisor report
- ✓ Report suspected or actual outbreak to the IP

Source:
November 15, 2012 memo from Tom Haupt. *Reporting, prevention and control of acute respiratory illness outbreaks in long-term care facilities*

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Outbreak Recognition-Testing

- Don't assume ILI
- Confirmation of pathogen will direct appropriate precautions
- Contact Precautions required for Parainfluenza, Coronavirus and Human Metapneumovirus
- Droplet and Contact Precautions required for Adenovirus

http://www.dhs.wisconsin.gov/rf_DSL/NHs/hais-resources.htm.

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Outbreak Recognition-Lists

- ✓ Line Lists
 - Line list for residents
 - A separate line list for each unit
 - A line list for employees
 - A separate list by unit/department
- ✓ Obtain line list tool from Public Health
- ✓ Public Health Dept. is a resource for
 - When and what to test
 - Data collection tools

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Outbreak Recognition- Line List

No.	Employee Name	Assignment/Department	Date last worked	Onset Date/Time of symptoms	Nausea	Vomiting	Diarrhea	Abdominal Cramps	Fever	Chills	Headache	Body ache	Sore throat	Nasal Congestion	Cough	Other Symptoms	Date/Time Last Symptoms	Well date & time return to work	Lab Results	Comments

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Part 2: Outbreak Management

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Outbreak Management-Plan

- Have a PLAN, in advance that all shifts have access to/knowledge of:
 - Influenza Vaccine
 - Precautions/Isolation
 - Laboratory Testing
 - Antiviral Prophylaxis and treatment
 - Management of residents/staff/visitors
 - Management of the environment

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Outbreak Management: Events

- December 24 through January 8: Unit A, 11/24 residents
- December 21 through January 7: Unit B, 15/24 residents
- December 20 through December 31: Unit C, 22/24 residents
- December 20 through January 5: Unit D, 23/24 residents
 - Total residents = 71/96 confirmed Influenza A
- December 17 through January 30 = 48/200 staff confirmed Influenza A

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Outbreak Management -Plan

- Follow the Plan – we use an “After Hours Binder” so that the Unit Nurse/Supervisor can begin
 - ✓ Isolation
 - ✓ Notification
 - ✓ Management
 - ✓ Environment
- Develop a check list for your facility

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Outbreak Management-Best Practices

- Communicate and Over Communicate
 - Several time a day!
- All departments from Activities to EVS
 - Assist with developing plan in place for outbreaks,
 - Cleaning of the environment
 - Limiting activities
- Communicate with Public Health
 - They are a great resource

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Outbreak Management- IP Role

- IP's time to shine!
 - ✓ Confirm Diagnosis
 - ✓ Identify source or where this started
 - ✓ Develop a system for finding suspected cases
 - ✓ Identify gaps in management practice and redirect the team

Source:
AMDA CPL Common Infections in LTC 2011

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Outbreak Questions to Ask

- What is your plan to identify additional cases?
- How would you describe the data in terms of person, place and time?
- Is transmission occurring? How?
- How does your team finalize the action plan?
- How will you measure the results of your actions?

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Part 3: Summarize Best Practices

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Summarize Best Practices

- November 15, 2012 memo from Tom Haupt. *Reporting, prevention and control of acute respiratory illness outbreaks in long-term care facilities*
- DPH/Bureau of Communicable Diseases and Emergency Response (BCDER) Websites
 - <http://www.dhs.wisconsin.gov/communicable/influenza/surveillance.htm>
 - <http://www.dhs.wisconsin.gov/immunization/index.htm>
- Infection Control Guidelines (CDC)
 - <http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>
- Local Public Health Department

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Best Practice Questions to Ask

- Do you have a policy in your facility to deal with outbreaks?
 - If no, who will you involve to develop one?
 - If yes, does it have all the steps needed or will it require revision?
- What do you need to implement to assist with outbreak management?
- What resources will you need?

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References

- AMDA Clinical Practice Guideline. Common Infections in the Long-Term Care Setting 2011