

## When It Comes to Outbreaks, Don't Panic; Prioritize

The word 'outbreak' strikes fear in the hearts of everyone working in long-term care. However, there are ways to become centered and replace the fear with empowerment. Steven J. Schweon, RN, MPH, MSN, CIC, LTC-CIP, CPHQ, FSHEA, FAPIC, a Pennsylvania-based infection preventionist and consultant, offered some insights to get on this path.

### 1. Change your language to prevent panic.

The messenger should first be calm and focused before speaking to the staff; otherwise, the staff will feed into the messenger's anxiety. Next, "consider not using the word 'outbreak,' which tends to get staff excited and nervous. Instead, use 'increased cases' or 'cluster' when discussing the situation with front-line staff," Schweon said, adding, "This reduces stress, which is important because your team needs to be centered, not fearful and excited."

### 2. Identify and address the challenges you face.

These include communication challenges, residents with mental impairments or the potential for violent behaviors, personal hygiene issues, and trust and/or compliance concerns. Among other challenges: the inability or unwillingness of residents to adhere to safety restrictions, potential limited ability of staff to quickly and easily access hand sanitizer and germicidal wipes during national emergencies, and staff feeling like they can't afford to stay home when they are ill. Schweon suggested, "Perform a gap analysis using CDC and CMS tools. Identify what efforts you need to have in place, what supplies and resources you need, and where you need to make improvements."



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– Steven J. Schweon,  
Pennsylvania-based  
Infection Preventionist and  
Consultant

**3. Don't rush to judgment; do some sleuthing.** "Things have to make sense for you in the infection prevention world. Shake up your game and look for different ways to get information. Look at situations from different sides to broaden your insight and perspective," said Schweon. Of course, this doesn't mean that the team shouldn't respond immediately and activate policies, procedures, and processes to prevent the spread of an infection. However, it is important not to declare an outbreak when that might not be what is really happening.

### 4. Keep your data current and use it to identify trends and opportunities for quality and performance improvement.

This should include data about resident recommended vaccine adherence, not just for COVID but for influenza, pneumococcal disease, shingles, etc., and, in the future, RSV. Schweon adds that it's very upsetting for the resident, their family, and the facility staff when the unvaccinated resident develops a vaccine-preventable disease. In addition, a robust infection surveillance system will detect trends and promote swift mitigation, leading to resident safety and better outcomes.

### 5. Have the right infection preventionist and give them the support and resources they need.

"A passionate infection preventionist can help ignite your staff and promote infection prevention," said Schweon. Don't just give them responsibility and expect them to succeed. Listen to them and work with them to implement positive change and make sure the care team has the tools, such as masks, gowns, and gloves, they need.

## When It Comes to Outbreaks, Don't Panic; Prioritize, Cont.

Put the pandemic lessons learned into action, said Schweon. This means efforts such as improved antimicrobial stewardship, an engaged staff, a culture of safety, continual promotion of hand hygiene and environmental hygiene, clean/disinfected equipment, resident/

staff vaccination, and an adequate stockpile of critical supplies. "Discourage presenteeism, regardless of whether it's respiratory, gastrointestinal, etc., and keep staff educated while promoting policy adherence. Hold individuals accountable for the safety of all," he concluded.



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