

Long-Term Care Survey Alert

Risk Management: BIOTERROR THREAT REQUIRES NEW RISK MANAGEMENT FOCUS

Does your facility view bioterrorism as a remote threat? If so, you may not be taking the appropriate risk management steps to protect your residents not to mention to protect the facility against survey deficiencies in emergency disaster preparation and training (F517 and 518) and infection control (F441).

Elderly patients may be among the most vulnerable to minute anthrax exposures resulting from cross-contamination of mail, according to the **Centers for Disease Control and Prevention**. That's what investigators have concluded caused the recent death of a 94-year-old woman in rural Connecticut who physicians initially believed had a simple respiratory infection.

CMS hasn't issued guidelines for surveyors to evaluate facilities' plans for preventing or detecting bioterrorism, a CMS spokesperson tells **Eli**. However you can bet a facility would be cited big time if it was unprepared to handle an actual emergency.

Surveyor scrutiny in this area will be complaint-driven, according to former surveyor **George Nikstaitis**, now a consultant with **Survey Solutions** in Columbus, OH.

"A resident or family may complain to state officials that they got some mail that seemed gritty or suspicious and the facility isn't doing anything about it, for example," he says. At that point, surveyors will be on the facility's door step demanding to know what it's doing to safeguard and reassure residents about contaminated mail.

"Many long-term care facilities have developed protocols for checking the mail for any suspicious packages and what to do or who to call in case such a package is opened," confirms **Darla Watson**, director of clinical informatics at **Mariner Post-Acute Network** in Atlanta.

"This has never been a part of the regular protocol for such facilities, and while the likelihood of residents being exposed to a bioterror agent is low, the facility should have a plan in place to help prevent such an incident," she says.

The CDC, **Occupational Safety and Health Administration** and the **United States Postal Service** have developed guidelines for handling mail that facilities can follow. (OSHA provides access to information from all three agencies at www.osha.gov/bioterrorism/about-anthrax.html.)

Douglas Cutler, a Phoenix-based physician who trained in the Air Force on how to continue operations during biological and chemical warfare, also advises nursing facilities set up a protocol for contacting a large hospital and the local public health department in case of a biological or chemical attack. "That simplifies things during a crisis," he says.

"Also, if the nursing home staff has a question in their day-to-day operations [about bioterror threats], they can call those contacts," Cutler notes. Facilities should also have a "surge capacity" plan for handling overflow patients from hospitals in case of a biological, chemical or other terrorist attack or disaster.

Cutler also suggests nursing facilities conduct inservice education of some form to help staff detect early signs and symptoms of intentional biological exposure. For example, even though inhalation anthrax may be confused with the flu or a simple cold in its early stages, anthrax victims don't normally present with runny noses and sore throats, the CDC says.

The CDC has a number of videoconferences on its Web site (www.bt.cdc.gov/VideoArchive.asp) to bring clinicians and infection control staff quickly up to speed on how to detect bioterrorism.

Flu shots all around will also help eliminate symptoms that might raise at least some nagging questions about anthrax or pneumonic plague. While flu vaccinations are generally given in October or November, they may be administered throughout the flu season, which usually ends in March.

Facilities should administer the pneumonia vaccine once to a person age 65 or older to confer lifetime protection. However, an immuno-compromised individual may receive a booster dose five years after the original vaccine.

A focus on these preventable illnesses provides a sense of perspective about the anthrax deaths. "As tragic as the anthrax exposures have been," comments **James Marx**, a nurse and infection control specialist with **BroadStreet Solutions** in San Diego, "so many more people are going to die from flu and pneumonia so it's vital to vaccinate everyone."