

# Woodcrest Rehabilitation & RHCC

**Department:**  
All Departments

**Policy Name:**  
Emergency Disaster Plan – Pandemic Emergency Plan

## Policy:

This facility policy has been developed to protect our residents, staff and visitors from contagious diseases by formulating policies and procedures to be implemented in the event of a declaration of a pandemic. Pandemic outbreak of viral illness includes but is not limited to: MERS, SARS, Ebola, Zika, Influenza and Covid-19 virus. The facility will utilize the CMS, NYSDOH and CDC guidelines for long term care preparedness and incorporate same into this policy. This policy is part of our Emergency Disaster Plan and will be reviewed annually and as needed for ongoing compliance.

## Definitions for Education and Understanding:

These influenza viruses are different from currently circulating human influenza A virus subtypes and include influenza viruses predominantly from avian and swine origin.

- Human infections with a “novel virus” are viruses that can be transmitted from person to person, and may signal the beginning of a pandemic event.
- **Ebola:**
  - Previously known as Ebola hemorrhagic fever, Ebola is a deadly disease caused by infection of one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees). Ebola is caused by infection with a virus of the family *Filoviridae*, genus *Ebolavirus*. There are five identified Ebola virus species, four of which are known to cause disease in humans. Ebola viruses are found in several African countries, but may become pandemic.
- **Zika:**
  - Zika virus is spread to people through mosquito bites. Outbreaks of Zika have occurred in areas of Africa, Southeast Asia, the Pacific Islands, and the Americas. Because the *Aedes* species of mosquitoes that spread Zika virus are found throughout the world, it is likely that outbreaks will spread to new countries. In December 2015, Puerto Rico reported its first confirmed Zika virus case. In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil, which led to reports of Guillain-Barre syndrome and pregnant women giving birth to babies with birth defects and poor pregnancy outcomes.
- **Coronaviruses** are enveloped RNA viruses that cause respiratory illnesses of varying severity from the common cold to fatal pneumonia.
  - Coronaviruses cause much more severe, and sometimes fatal, respiratory infections in humans than other viruses and have caused major outbreaks of deadly pneumonia in the 21st century:

- **SARS COVID-2** is a novel coronavirus identified as the cause of Coronavirus Disease 2019 (**COVID-19**) that began in Wuhan, China in late 2019 and spread worldwide.
- **MERS-CoV** was identified in 2012 as the cause of Middle East Respiratory Syndrome (MERS).
- **SARS-CoV** was identified in 2002 as the cause of an outbreak of Severe Acute Respiratory Syndrome (SARS). These coronaviruses that cause severe respiratory infections are zoonotic pathogens, which begin in infected animals and are transmitted from animals to people. In view of viral mutations, these viruses may be the cause of a pandemic outbreak.

### **Written Pandemic Management Plan (coordinated with disaster plan)**

1. The facility will develop a written Pandemic Management Plan to outline the specific infection control and clinical directives to follow relative to the declaration of a pandemic outbreak. The plan will be monitored and followed by the medical director, DNS, administrator and the infection preventionist as well as communicated to the attending physicians for input regarding clinical care needs of residents.
2. The Pandemic Management Plan will be in-serviced to all members of the QA Committee.
3. A copy of the Pandemic Management Plan will be available in each emergency manual and to all department heads for reference and implementation.
4. The Pandemic Management Plan will follow all DOH, CDC, CMS and FDA guidelines relevant to the pandemic.
5. The Pandemic Management Plan, in conjunction with our disaster plans, will include communication and contact with all our transferring hospitals, dialysis centers, clinics etc. to ensure safe and appropriate care needs of our residents.
6. The Pandemic Management Plan will be reviewed and revised as pandemic guidelines are presented by DOH, CDC and CMS. This facility has designated the infection preventionist as the “pandemic response coordinator;” Designee will be the director of nursing in the absence of the IP.
7. The infection preventionist/designee is responsible for communicating with the staff, residents, and their families regarding the status and impact of the pandemic virus in the facility. One voice speaking for the facility ensures accurate and timely information.
8. Communication includes development and usage of a staffing roster to notify staff members of the pandemic outbreak. Efforts must be made, such as phone calls and posted signage to alert visitors, family members, volunteers, vendors, and staff members about the status of the seasonal/pandemic virus in the facility.
9. The infection preventionist also maintains communication with the Emergency Management Office, hospitals, and other providers regarding the status of a viral outbreak.

## **Notification Criteria: Emergency Procedure - Pandemic Viruses**

The following procedures should be utilized in the event of a pandemic viral or influenza outbreak:

1. Inform all employees via verbal communication, phone calls, e-mails and through posting a memorandum near the time clock and all nursing units, as well as inform all department heads when a virus is increasing and sustaining human-to-human spread in the United States. Cases occurring in the facility's area and state which are declared "prevalent" by the Commission of Health, should be communicated as well.
2. Notify the administrator and director of nursing if they are not on the premises. Activate the staffing roster for staffing needs if warranted as per our directives in the disaster plan.
3. Facility management staff should report to the incident command post for briefing and instruction on infection control procedures.
4. Activate the Incident Command System (ICS) to manage the infection control incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the incident commander position.
5. Guidelines of this pandemic emergency plan will be implemented and followed by all staff and will incorporate all requirements relative to infection control by CDC, CMS and NYSDOH guidelines.
6. Residents, employees, contract employees, and visitors will be evaluated daily/Q shift for symptoms. Employees should be instructed to self-report symptoms and exposure.
7. All management staff will follow pandemic emergency plan in regards to managing high-risk employees and for guidelines as to when infected employees can return to work in accordance with CDC and NYSDOH guidelines.
8. Adherence to infection prevention and control policies and procedures is critical. Signs will be posted in all areas of the facility for infection control directives, cough etiquette, hand hygiene, as well as any additional IC/IP information needed. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of pandemic virus is a must.
9. Management will determine when to restrict admissions and visitations. Same will be communicated to the involved staff, family members, and all involved consultants and vendors. Signage and posters will be placed at the front door as well as throughout the facility for awareness of any restrictions or directives.
10. The medical director and local and state health departments will be contacted as needed to discuss the availability of vaccines and antiviral medications, as well as any recommendations for treatments.
11. The administrator will ensure adequate supplies of PPE, food, water, and medical supplies are available to sustain the facility if a pandemic virus occurs at the facility and interrupts normal deliveries.
12. Residents and employees will be cohorted as necessary to prevent transmission, and designated units will be prepared for affected residents.
13. The administrator and DNS will implement contingency staffing plans as needed.
14. Residents and employees will be screened daily and Q shift to identify exposure to a pandemic novel virus.
15. Viral testing will be done in conjunction with physician directives and DOH/CDC requirements.



## **Staff Education and Training**

1. All staff members will be trained on the facility Pandemic Management Plan and related policies and procedures for infection control and transmission precautions as part of disaster planning and staff awareness. Same will be included in orientation, as well as if an outbreak is suspected or identified by CDC, CMS or NYSDOH.
2. Staff will be educated on infection control plan following CDC guidelines as well as on signs/symptoms of the diseases and care protocols which will be incorporated into our management plans.
3. Education and communication will also be sent to family members and significant others regarding our management plans and new directives for care, as well as notification of changes regarding their loved ones.
4. The facility's designated in-service RN is responsible for coordinating education and training on seasonal and pandemic viruses. NYSDOH, CMS and hospital-sponsored resources are researched, as well as usage of web-based training programs. The website [www.cdc.gov](http://www.cdc.gov) is considered as a resource and the facility will download applicable information for education.
5. Education and training of staff members regarding infection prevention and control precautions, standard and droplet precautions, as well as respiratory hygiene/cough etiquette should be ongoing to prevent the spread of infections, but particularly at the first point of contact with a potentially infected person with seasonal/pandemic virus. Facility will follow NYSDOH and CDC Guidelines.
6. Education and training should include the usage of language and reading-level appropriate, informational materials, such as brochures, posters, as well as relevant policies. Such materials should be developed or obtained from [www.cdc.gov](http://www.cdc.gov).
7. Informational materials should be disseminated before and during seasonal/pandemic outbreaks, and as conditions change.

## **Pandemic Virus Management Plan /Surveillance and Detection**

1. The pandemic virus response coordinator will be appointed and is responsible for monitoring public health advisories (federal and state) and updating the pandemic virus committee, particularly when pandemic virus has been reported and is nearing the specific geographic location. [Cdc.gov](http://Cdc.gov) will be utilized daily as a resource and recommendations will be followed in conjunction with CMS and DOH requirements.
2. A protocol has been developed specifically to monitor the seasonal influenza-like illnesses in residents and staff during the influenza season, as well as any other viral illness outbreak which tracks illness in residents and staff.
  - The admission policy includes that residents admitted during periods of seasonal influenza should be assessed for symptoms of seasonal influenza and receive a flu vaccine.
  - A system will be implemented to monitor residents and staff for symptoms of seasonal influenza daily, as well as for confirmed cases of influenza and other viral illnesses that have been emergent.

- Information from the monitoring systems is utilized to implement prevention interventions, such as isolation precautions or cohorting as well as notification procedures.

\* Note: The above procedures are the same for all pandemic viral outbreaks.