

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 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.
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 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.

Infection Prevention and Control

1. The facility will develop a plan for hospitalization and readmission of residents to the facility for management of the pandemic infectious disease.
2. Our plan will comply with all applicable state and federal laws and regulations, including but not limited to: 10 NYCRR, 415.19, 415.3 and 415.26, as well as 42 CFR 483.15.
3. Infection prevention and control policies will require staff to use contact and droplet precautions (i.e., gowns, masks and eye shields) for close contact with symptomatic residents.
4. Respiratory hygiene/cough etiquette and hand hygiene will be practiced at all times by staff members.
5. Cleaning and disinfection for transmission prevention during a pandemic virus follows the principles used in health care settings (e.g. 1:10 solution of bleach in water, or other EPA approved sanitizers).
6. The IP shall develop procedures to cohort symptomatic residents or groups using one or more of the following strategies:
 - Placing signage at entry to floors to identify designated units and precautions being implemented.
 - Confining symptomatic residents and their exposed roommates to their room.
 - Preventing sharing of bathrooms by residents outside of the cohorted areas.
 - Ensuring privacy curtains are kept closed.
 - Closing units where symptomatic and asymptomatic residents reside, i.e., restricting all residents to a specific unit for management and surveillance of symptoms.
 - Developing criteria for closing units or placing the entire facility on lockdown to new admissions during a pandemic viral or influenza outbreak.
 - Informing residents of infection control procedures and necessities.
 - Ensuring visitor restrictions are enforced per policy daily.
 - The medical director will develop clinical care policies for treatment of ill residents and those under suspicion. All nursing staff will be educated on the clinical care protocols which will be outlined in the Pandemic Management Plan.
 - The infection preventionist will maintain a daily line list per unit of all residents with positive or suspect viral illness. Same will include all needed information for reporting to NYSDOH and other federal agencies as mandated.

Occupational Health

1. Practices are in place that addresses the needs of symptomatic staff and facility staffing needs, including:
 - Handling staff members who develop symptoms while at work.
 - Staff testing as mandated by DOH.
 - Determining when staff may return to work after having a pandemic viral illness.
2. A contingency staffing plan is in place, identifying minimum staffing needs and prioritizing critical and non-essential services based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional DOH and CMS planning to address widespread healthcare staffing shortages during a crisis.
3. Staff members are educated to self-assess and report symptoms of pandemic virus/influenza before reporting to duty.
4. Mental health or faith-based counseling resources will be available to staff as needed and available.
5. Influenza vaccination of staff is required and staff is monitored for any influenza outbreaks.
6. High-risk employees (pregnant or immuno-compromised) will be monitored and managed by being placed on administrative leave or altered work assignments in accordance with the Pandemic Management Plan.

PPE Usage and Storage

1. In conjunction with our disaster plan, the facility will ensure a 60 day supply and storage of all needed PPE in accordance with CDC, including but not limited to:
 - N95 respirators
 - Face shields
 - Eye protection
 - Gowns/isolation gowns
 - Gloves
 - Face masks
 - Hand sanitizer
 - Sanitizer and disinfectants in accordance with current EPA Guidance.
2. The infection preventionist will identify a need for PPE with regards to affected residents and ensure availability of PPE in designated areas.
3. PPE will be monitored for appropriate use and infection control prevention to prevent disease transmission.
4. The DOH will be notified of any surge in identified infections and concerns regarding availability of PPE, and the needs of residents and staff use will be anticipated and evaluated throughout the pandemic.

Preparedness of Supplies and Surge Capacity Including PPE

- A member of the QA Committee has been assigned to assess the need and availability of all PPE during a pandemic. The administrator and /or the DNS will ensure that all needed supplies are available and kept in a secure location.
- Housekeeping will be responsible for ensuring the availability of hand hygiene equipment throughout the facility.
- Housekeeping will also be responsible for disinfection of units with adherence to all infection prevention policies, including terminal cleaning of rooms where positive residents were transferred or expired.
- Agreements have been established with local hospitals for admission to the facility of patients to facilitate utilization of acute care resources for more seriously ill patients.
- Facility space has been identified that could be adapted for use as expanded inpatient areas and information has been provided to local DOH for implementation and awareness.
- Capacity and need will be determined for deceased residents as needed, including a space to serve as a temporary morgue.

Vaccinations and Antiviral Usage

1. The Centers for Disease Control (CDC) and the Health Department will be contacted to obtain the most current recommendations and guidance for the usage, availability, access, and distribution of vaccines and other antiviral medications during a pandemic.
2. Guidance from the State Health Department will be sought to estimate the number of staff and residents who are targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. A plan is in place to expedite delivery of vaccine or antiviral prophylaxis.

Facility Communications

Public health and other agencies: The pandemic influenza response coordinator is responsible for communications with the public health authorities during a declared pandemic outbreak.

Local Health Department contact information:

New York City Department of Health
Long Term Care Division
90 Church St, New York, NY 10007
(212) 417-4200

Long Island Metropolitan Regional Office: Long Term Care

Phone:(631) 851-3609
Fax: (631) 851-4324

State Health Department contact information:

New York State Department of Health
175 Green St, Albany, NY 12202
(518) 447-4580

Family/Significant Other Communications

Family members and responsible parties are notified prior to an outbreak that visitations may be restricted during the outbreak to protect the safety of their loved ones.

1. The communication plan will designate a staff member on each unit, e.g. charge nurse, to update authorized family members and guardians of residents infected with the pandemic infectious disease at least once per day and upon a change in the resident's condition. This information will be documented in the EMR for validation and/or on a notification log.
2. Communication will be given to all residents and authorized family members and guardians once per week on the number of infections and deaths at the facility via our website, email, text message, or automated calls.
3. We will provide all residents with access to free remote videoconferencing, or similar communication methods, with authorized family members and guardians. The recreation staff or social work staff will be assigned to facilitate said communications.

Quality Assurance Committee

The facility has developed a special Review Infection Control and Prevention QA Committee to implement our disaster plan when a pandemic is expected or declared. Members of the committee will be responsible for the coordinating and implementing the disaster plan. The following individuals will be named to the disaster plan QA Committee:

- Medical Director
- Administrator
- DNS and ADNS
- Infection Preventionist
- Director of Housekeeping and Maintenance
- Director of Staff Education
- The administrator and/or the DNS will identify the staff member responsible to be the “response coordinator” who will assist the Committee in all infection prevention and control disaster plans.

Key Points:

- The facility will follow all DOH/CDC/CMS requirements as notified and respond with revisions to our plans accordingly.
- Clinical care protocols (as part of our Pandemic Management Plan) developed will be attached to this disaster emergency plan for inclusion and validation.