



DEPARTMENT: NURSING INFECTION CONTROL MANUAL	SUBJECT: PANDEMIC EVENT EMERGENCY PROCEDURE
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POLICY: The facility has taken measures to prepare for a pandemic event.

PROCEDURES:

- 1. Implementation
 - a. All staff members and affected individuals will be trained on facility Pandemic Event Emergency Plan and other related policies and procedures. All policies and procedures pertaining to Pandemic events can be found on our emergency Preparedness Program under Annex P. a copy of the Pandemic Event Emergency Procedure will also be readily available on our Facilities website
 - b. All prospective residents, employees and affected individuals shall be screened to identify those exposed to the pandemic illness as dictated by the CDC and/or NYSDOH.
 - c. A Pandemic Event Emergency Procedure Plan has been established and will be initiated when a pandemic illness is increasing and sustaining human-to-human transmission in the United States, and cases are occurring in the facility’s state or if dictated by the CDC and/or NYSDOH.

- 2. Emergency Procedure
 - a. The following procedure should be utilized in the event of a Pandemic Emergency outbreak:
 - i. Declare a “Code Silver” when a Pandemic Emergency has increased and sustaining human-to-human spread in the United States, and cases are occurring in the facility’s state or as dictated by governing agencies.
 - ii. Notify the Administrator and Director of Nursing if they are not on premises. Activate the Labor Pool if warranted.
 - iii. Facility management staff should report to the Incident Command Center for briefing and instructions.

- iv. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the ICS) on duty assumes the Incident Commander position.
- v. Follow guidelines of Pandemic Event Emergency Plan.
- vi. Residents, employees, contract employees, visitors and all affected individuals will be evaluated daily for symptoms. Employees will be instructed to self-report symptoms and exposure.
- vii. Follow Pandemic Emergency Event in regards to managing high-risk employees and for guidelines as to when infected employees can return to work.
- viii. Adherence to infection control policies and procedure is critical. Post signs for cough etiquette, Hand Washing Etiquette, Donning and Doffing of PPE supply. Adherence to Transmission-Based precautions during the care of a resident with symptoms or confirmed cases is a must.
- ix. Determine when to restrict admissions and visitation. Communicate this to the affected parties Via Phone, website, Facebook, text etc...
- x. Contact the NYS DOH to discuss the availability of vaccines and antiviral medications, as well as recommendations of usage.
- xi. Ensure adequate supplies of food, water, and medical supplies are available to sustain the facility if a pandemic occurs in the geographic region or at the facility.
- xii. Cohort residents and employees as necessary.
- xiii. Implement contingency staffing plans as needed.

3. Communication

- a. The Infection Control Preventionist (ICP) or designee is responsible for communications with the public health authorities during a pandemic.
- b. All attempts will be made to provide all residents with daily access to free remote videoconferencing, similar communication methods or family preferred method with authorized family members or guardians. All required communications will be made by electronic means and/or family guardians selected method
- c. The ICP or designee is responsible for communicating with the staff, residents, families and all affected individuals regarding the status and impact of the pandemic in the facility. This include pandemic deaths and infection rate at least once a day and/or upon changes with a minimum of once per week. This could be done via telephone, website, video conferencing or similar communication methods.
- d. Communications include usage of the recall roster to notify staff members of the pandemic outbreak. Efforts will be made, such as phone calls, Internet, Website, Zoom, video conferencing, texts Etc. and post signage to alert visitors, family members, volunteers, vendors, staff members and affected individuals about the status of the pandemic outbreak or other pandemic illness in the facility.
- e. The ICP or Designee also maintains communications with the Emergency Management Coordinator, local hospitals, local Emergency Management Services, as well as other providers regarding the status of the Pandemic outbreak.

- f. Family members and responsible parties will be notified during a pandemic outbreak about visitation that may be restricted during an outbreak to protect the safety of their loved ones, themselves and our staff via telephone, videoconference, signage, internet, website, postal mail, text etc.
4. Infection Control
- a. Cleaning and disinfection for a pandemic event shall follow the general principles used daily in health care settings (EPA-approved germicidal) or as Directed by the CDC or NYSDOH. These plans will comply with all applicable laws and regulations, including but not limited to 10 NYCRR 415.99, 415.3 (i)(3)(iii) and 415.26(i); and 42CFR 483.15(e)
 - b. Infection control policies require staff to use Standard and Transmittal based Precautions. (i.e.: PPE for close contact with symptomatic, asymptomatic and confirmed positive residents). Or as dictated by the CDC/NYSDOH.
 - c. Respiratory hygiene/cough, Hand Washing etiquette and other precautionary measures as dictated CDC/NYSDOH will be practiced.
 - d. The ICP or designee has developed procedures to cohort confirmed positive, confirmed negative/non precautionary, suspected/precautionary, new admissions, re-admissions or groups using one of more of the following strategies:
 - i. Confining confirmed positive, confirmed negative/non precautionary, suspected/precautionary, new admissions, re-admissions residents and their exposed roommates to their room or area.
 - ii. Placing symptomatic residents together in one area of the facility.
 - iii. Closing units where symptomatic and asymptomatic residents reside, i.e.: restricting all residents to an affected unit, regardless of symptoms.
 - iv. Develop criteria for closing units or the entire facility to new admissions during pandemic outbreak.
 - v. Discontinue any sharing of bathrooms with others outside of the Cohort
 - vi. Discontinue all Communal activities such as Dining areas and group activities
 - vii. All areas that have been isolated will be properly identified including signage for proper PPE to remind healthcare personnel
 - viii. In the event that the facility cannot cohort such residents the ICP will notify all State and Federal departments.
 - ix. Ensure visitor limitations are enforced.
 - x. The facility will utilize experiences from other pandemic responses such as Flu Pandemic, Covid-19 Pandemic in order to strategically implement guidelines for new pandemic until measures are dictated by the governing officials
 - xi. Facility will have access to a 60-day supply of PPE or as specified by health official in accordance to prior pandemic situations. These PPE items will be stored at the facility or other satellite location. This amount will be regulated by census not capacity. Office of Emergency Management will be contacted for any assistance needed. PPE supplies that will be maintained at the facility or satellite location include but are not limited to: N95 masks or equivalent, Face shields, eye protection,

isolation gowns, gloves, masks, sanitizers, and disinfectant in accordance with current EPA guidance. Plans will be made to conserve PPE this may include the distribution, sign out, assigning of, or any other means of contingency including extended use in accordance with CDC guideline. All PPE will be accounted for at least on a weekly basis.

5. Occupational Health

- a. Practices are in place that addresses the need of symptomatic staff and facility staffing needs, including:
 - i. Handling staff members who develop symptoms while at work.
 - ii. When staff members who are symptomatic, but well enough to work, are permitted to continue working. As dictated by the CDC or NYSDOH
 - iii. Staff members who need to care for ill family members.
 - iv. Determining when staff may return to work after having pandemic illness.
- b. A contingency staffing plan is in place that identifies the 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 planning and response groups to address widespread healthcare staffing shortages during a crisis.
- c. Staff will be educated to self-assess and report symptoms of the pandemic illness to ICP, Designee or supervisor before reporting to duty.
- d. All attempts will be made to have Mental health services or faith-based resources available to provide counseling to staff and residents during a pandemic.
- e. If and when available vaccinations of staff and residents will be encouraged and monitored.
- f. High-risk employees (pregnant or immune-compromised) will be monitored and managed by placing them on administrative leave or altering their work assignments.
- g. If staff have any questions including but not limited to: what to do during Pandemic, where to seek education, any responsibilities, etc. they are to speak to ICP, Designee, unit manager or supervisor.

6. Education and Training

- a. The ICP or Designee is responsible for coordinating education and training on the pandemic event. Local health department 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.
 - i. Education and training of staff members regarding infection 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.
 - ii. Education and training should include the usage of language and reading-level appropriate, informational materials, such as brochures, posters on Pandemic event, as well as relevant policies. Such materials should be

developed or obtained from www.cdc.gov.

- iii. Informational methods should be disseminated during the pandemic outbreaks.

7. Pandemic Event Plan

- a. This facility has designated the Infection Preventionist as the Pandemic Event Response Coordinator. the ICP will assign someone as a designee if they are not available.
- b. The ICP or Designee will address all pandemic event preparedness

8. Vaccination and Antiviral Usage

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

9. Preparedness of Supplies and Surge Capacity

- a. Quantities of essential food, materials, medical supplies and equipment have been determined to sustain the facility for a pandemic. A predetermined amount of supplies is stored at the facility or satellite location. This amount is regulated by census not capacity. Office of Emergency Management will be contacted for any assistance needed.
- b. Plans include strategies to help decrease hospital bed capacity in the community.
- c. Director of Environmental Services shall provide plastic sheathing, duct tape, steel reinforcement etc. to construct isolation areas as needed

10. Admissions and readmissions

- a. All Admissions and Readmission will be screened prior to entrance to the facility
- b. The ICP or designee has developed procedures to cohort confirmed positive, confirmed negative/non precautionary, suspected/precautionary, new admissions, re-admissions or groups using one of more of the following strategies. (Please see infection control i through xi
- c. Facility will comply and adhere to the perseverance of resident's place at the facility when resident is hospitalized and will comply with all applicable state and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15

Dept. Head		Admin.	
Written	092020	Revised	