

WILLIAMSVILLE SUBURBAN, LLC		
POLICY&PROCEDURE		
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Subject: Pandemic Emergency Plan		5 Pages

Policy Statement

This facility has taken measures to prepare for a pandemic influenza event.

Policy Interpretation and Implementation

1. All staff members will be trained on the facility Pandemic Plan and related policies and procedures.
2. If applicable, all residents and employees shall be screened to identify for risk of exposure.
3. A Pandemic Plan has been established and will be initiated when Pandemic has occurred in the United States, and cases are occurring in the facility's state.

Emergency Procedure - Pandemic

The following procedure should be utilized in the event of a Pandemic.

1. Declare a "Pandemic Emergency" when there is a risk for a Pandemic in the United States, and cases are occurring in the facility's state.
2. Notify the Administrator, Director of Nursing, Assistant Director of Nursing/Infection Preventionist, and Maintenance Director if necessary if they are not on the premises. Activate the Recall Roster if warranted. All staff will be notified by mass messaging system VoiceFriend by the Administrator.
3. Facility management staff should report to the Incident Command Post for briefing and instruction.
4. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. The facility will conduct staff /or resident testing, if indicated, in accordance with NYS regulations and Epidemiology recommendations for a given infectious agent. Administrator/DON/ADON will check daily for staff and resident testing results and take action in accordance with State and Federal guidance.
5. Follow guidelines of Pandemic Plan.
6. Residents, employees, contract employees, and visitors should be evaluated daily for any signs or symptoms. Employees should be instructed to self-report symptoms and exposure.

7. Follow Pandemic Plan in regards to managing high-risk employees and for guidelines as to when infected employees can return to work.
8. Adherence to infection prevention and control policies and procedure is critical. Post signs for cough etiquette. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of pandemic is a must.
9. Determine when to restrict admissions and visitations. Communicate this to the affected parties including staff, residents, and families/responsible parties.
10. Contact local and state health departments to discuss the availability of vaccines and antiviral medications, as well as recommendations of usage.
11. Ensure adequate supplies of food, water, and medical supplies are available to sustain the facility if pandemic occurs in the geographic region or at the facility. The facility has established par levels for PPE to include a minimum of a two-month (60 day) supply.
12. Cohort residents and employees as necessary. The facility will review/revise the Policy on Communal Dining Guidelines and Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidance. All staff will be re-educated on these updates as needed.
13. Implement contingency staffing plans as needed.

Pandemic Plan

1. This facility has designated the Infection Preventionist as the Pandemic Response Coordinator.
2. Infection Preventionist and the Pandemic Planning Committee, a sub-committee of the Quality Assurance Committee, will address pandemic preparedness.

Surveillance and Detection

1. The Pandemic Response Coordinator is responsible for monitoring public health advisories (federal and state) and updating the Pandemic Committee, particularly when pandemic has been reported in the United States and is nearing the specific geographic location. www.cdc.gov is utilized as a resource.
2. A protocol should be developed to monitor the pandemic-like illnesses in residents and staff during the Pandemic, which tracks illness trends.
 - a. A system is implemented to daily monitor residents and staff for signs or symptoms related to a Pandemic.
 - b. Information from the monitoring systems is utilized to implement prevention interventions, such as isolation or cohorting.
 - c. The above procedures are the same for pandemic outbreaks.

Communication

1. The Pandemic Response Coordinator is responsible for communications with the public health authorities during a pandemic.
 - a. Local health department contact information:

716-858-7690

 - b. State health department contact information:

2. The Administrator/Social Work/Designee is responsible for communicating with the staff, residents, and their families regarding the status and impact of the pandemic in the facility.
3. Communication includes usage of the recall 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 pandemic risk in the facility.
4. The Administrator 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.
5. Family members and responsible parties are notified of the Pandemic risk that visitations may be restricted during a Pandemic to protect the safety of their loved ones.

Education and Training

1. The Infection Preventionist is responsible for coordinating education and training on a Pandemic. 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.
 - a. Education and training of staff members regarding infection prevention and control precautions, PPE, 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 signs or symptoms of a pandemic.
 - b. 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.
 - c. Informational materials should be disseminated during before and during pandemic outbreaks.

Infection Prevention and Control

1. Cleaning and disinfection for a pandemic follows the general principles used daily in health care settings.
2. Infection prevention and control policies require staff to use PPE for Standard and Droplet Precautions as indicated (i.e., mask, face shields, gowns for close contact with symptomatic residents).
3. Respiratory hygiene/cough etiquette should be practiced.
4. The IPCC shall develop procedures to cohort symptomatic residents or groups using one of more of the following strategies:
 - a. Confining symptomatic residents and their exposed roommates to their room.
 - b. Placing symptomatic residents together in one area of the facility.
 - c. Closing units where symptomatic and asymptomatic residents reside, i.e., restricting all residents to an affected unit, regardless of symptoms.
 - d. Develop criteria for closing units or the entire facility to new admissions during pandemic outbreak.
 - e. Ensure visitor limitations are enforced.

Occupational Health

1. Practices are in place that addresses the needs of symptomatic staff and facility staffing needs, including:
 - a. Handling staff members who develop symptoms while at work.

- b. Staff members who are symptomatic will not be permitted to continue working.
 - c. Determining when staff may return to work after having pandemic signs or symptoms.
2. A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes 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.
3. Staff are educated to self-assess and report any signs or symptoms of pandemic before reporting to duty.
4. High-risk employees (pregnant or immuno-compromised) will be monitored and managed by placing them on administrative leave or altering their work assignments.

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 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 vaccine or antiviral prophylaxis.

Preparedness of Supplies and Surge Capacity

1. Quantities of essential food, materials, medical supplies, and equipment have been determined to sustain the facility during a pandemic. A predetermined amount of supplies are stored at the facility or satellite location.

Certain Phases of a Pandemic Alert Should Include Specific Precautions:

1. When a Pandemic has been detected in the United States with increased and sustained human-to-human spread:
 - a. All prospective residents, employees and visitors will be screened if they have had recent travels or close contact with other ill persons who have recently traveled to a previously affected Pandemic.
 - b. Infection prevention and control training will be initiated for Pandemic Preparedness.
2. When a Pandemic is increasing and sustaining human-to-human spread in the United States and cases are occurring in the facility's state:
 - a. All prospective residents and employees will be screened to identify exposure to including fever and respiratory symptoms.
 - b. Residents, employees, contract employees, and visitors will be evaluated daily for symptoms. Employees will be instructed to self-report symptoms and exposure.
 - c. Guidelines will be established as to when infected employees can return to work.
 - d. Adherence to infection prevention and control policies and procedure is critical.
 - e. Signs will be posted to remind staff, residents and visitors of cough etiquette. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of pandemic is a must.
 - f. Administration/Infection Preventionist will determine when to restrict admissions and visitations based on guidance from the Department of Health and/or CDC. This will be communicated to the affected parties.
 - g. Local and state health departments will be contacted to discuss the availability of vaccines and antiviral medications, as well as recommendations of usage.

- h. Adequate supplies of food, water, and medical supplies will be available to sustain the facility if a pandemic occurs in the geographic region or at the facility.
- i. Residents and employees will be cohorted as necessary.
- j. Contingency staffing plans will be implemented as needed.