



## **Pandemic Emergency Plan & Policies**

**September 2020**

***\*This Plan is an addendum to the Facility's Emergency  
Management Plan***

### **Policy Statement**

A multidisciplinary Pandemic Planning Committee has been established to develop and oversee the facility's pandemic preparedness planning, including the written plan. The Infection Preventionist has been appointed to facilitate and implement the plan and to provide feedback to the committee and Incident Command Team.

### **Policy Interpretation and Implementation**

1. The Pandemic Planning Committee is a multidisciplinary group established to develop and oversee the facility's pandemic preparedness.
2. The Pandemic Planning Committee is a sub-division of the QAPI Committee.
3. Members of the committee include the following individual and/or departments:
  - a. Administrator
  - b. Medical Director
  - c. Director of Nursing
  - d. Infection Preventionist
  - e. Employee Health Representative
  - f. Staff Development Nurse
  - g. Maintenance Services
  - h. Environmental/Housekeeping Services
  - i. Dietary Services
  - j. Physical Therapy Services
  - k. Social Services
  - l. Other staff as assigned
4. The Pandemic Planning Committee has appointed the Infection Preventionist to:
  - a. Help implement the pandemic preparedness plan throughout the facility.
  - b. Maintain contact with state and regional agencies.
  - c. Attend regional meetings, workshops, and training sessions to obtain information on pandemic influenza preparedness and coordinate the facility's plans with other pandemic influenza plans.
  - d. Monitor public health advisories weekly or more often as necessary.
  - e. Maintain facility surveillance of influenza-like-illness and confirmed disease within the facility.
  - f. Communicate the facility's status and impact of pandemic influenza in the facility with the Incident Command Team.
  - g. Coordinate the training of facility staff with the Staff Development Coordinator.
5. Committee members' names, titles and contact information is listed in the facility's Emergency Preparedness Plan.

## **Policy Statement**

As part of the overall disaster plan, the Pandemic Team has established a pandemic influenza communication plan.

## **Policy Interpretation and Implementation**

### **Communication: Contacts**

1. The Social Services Director will provide ongoing updates to the Community Relations Coordinator regarding resident/patient point of contact to ensure up-to-date list for future correspondence.
2. The Infection Preventionist will maintain a current Pandemic Team Roster, including the names, titles, departments, and contact information of committee members.
3. All members of the Pandemic Team will have access to 'Dial My Calls' which is a mobile application that allows for information to be shared immediately to all members of the Pandemic Team at once.

### **If Patient/Resident/Staff is test positive for COVID-19:**

4. If a patient, resident or staff member tests positively, the Infection Control Practitioner will contact Administrator/CEO and Director of Nursing. The Director of Nursing or Infection Control Practitioner will then immediately contact the following public health providers to alert them to the positive case:
  - a. Clinton County Public Health Department
  - b. New York State Department of Health (NYSDOH)
  - c. New York State Health Facilities Association (NYSHFA)
  - d. Clinton County Emergency Management
  - e. University of Vermont - CVPH
  - f. Other local LTC providers
5. The Director of Nursing or the Infection Control Practitioner will contact the designated family member of the patient or resident to alert them to the positive result. If a staff member test is positive, the Infection Control Practitioner will contact the staff member infected and alert them of the 14-day quarantine.
  - a. The Director of Nursing or the Infection Control Practitioner will provide updates to family members and guardian of residents infected with the pandemic infectious disease at least once per day and upon a change in the residents condition.
6. The Social Services Department will contact all families of the unit in which the positive resident/patient resides to alert them of the positive case and precautions taken in response.
7. The Community Relations Coordinator will post signs at all employee time clocks alerting staff of the positive case, and which part of the building the positive case individual lives or works.
8. The Community Relations Coordinator will distribute via email to all families with the announcement of the positive case, while protecting the confidentiality of individuals infected.
  - a. The Community Relations Coordinator will update all family members and guardians once per week on the number of infections and deaths at the facility.
9. The Community Relations Coordinator with assistance from Activities Department will distribute the information regarding the positive case to all residents and patients.

- a. The Community Relations Coordinator will update all residents once per week with on the number of infections and deaths at the facility.
10. The Community Relations Coordinator will share press release with all local media outlets with basic, HIPAA-protected information regarding the positive COVID-19 case.
11. The Community Relations Coordinator will create a post to share on all social media pages owned by Meadowbrook Healthcare: Facebook, Instagram and Twitter. The Community Relations Coordinator will post press release on Meadowbrook website.

**Ongoing Communications for Residents and their Families/Guardians:**

1. The Activities Department will offer electronic means of communication for residents and their families/guardians on an ongoing basis by means of:
  - a. FaceTime
  - b. Email Communication
  - c. Telephone Calls
  - d. Window Visits
  - e. Scheduled in-person visitation (if 28 days COVID-19 free in facility)

### **Policy Statement**

As part of the pandemic emergency preparedness plan Meadowbrook Healthcare has established a program for surveillance and detection of a pandemic outbreak of Severe Acute Respiratory Syndrome (SARS) or influenza-like-illness (ILI) in residents, visitors and staff, and actively monitors public health surveillance and advisories.

### **Policy Interpretation and Implementation**

1. The Pandemic Planning Committee has appointed the Infection Preventionist to coordinate pandemic preparedness planning, surveillance and detection.
2. The Infection Preventionist monitors state and federal public health advisories at least weekly and more often as necessary and is responsible to update the Pandemic Planning Committee when pandemic influenza has been reported in the United States and is nearing the geographic area of our local community.
3. Upon notification of a confirmed case of novel virus in the community or facility, all staff and visitors entering the facility will be screened for symptoms of influenza-like-illness and potential exposure to novel virus.
4. Routine monitoring of influenza-like-illness and confirmed cases of novel virus in residents and staff is included in our overall surveillance of communicable diseases and is reported to the local and state health departments as indicated.
5. Evaluation and diagnosis of residents and/or staff with influenza-like-illness shall follow current CDC Guidelines for evaluation of symptoms and laboratory diagnostic procedures.
6. Enhanced surveillance (virologic testing) of residents with influenza-like-illness will be considered on a case-by-case basis in collaboration with local and state health departments. Determination of enhanced surveillance will be based on clinical presentation of symptoms, risk factors for exposure to novel viruses and current CDC and NYSDOH recommendations.
7. If an influenza-like-illness outbreak in the facility is suspected, virologic testing may be used to determine the best course of managing the outbreak.
8. All novel viruses identified by laboratory analysis will be reported to the local and state health departments.
9. Assessment of influenza-like-illness symptoms or potential exposure to novel virus is included in the evaluation of newly admitted residents. Current CDC Guidelines for isolation precautions will be followed.

### **Policy Statement**

When pandemic infection is detected in the geographic region on the facility, Meadowbrook Healthcare will implement aggressive infection control measures to prevent introduction of the infection to residents and staff.

### **Policy Interpretation and Implementation**

1. Due to the increased risk of mortality from influenza-like-illnesses in the frail elderly, infection control measures to prevent the introduction or spread of a novel virus is a priority.
2. Early prevention of viral outbreak consists of the following measures:
  - a. Training clinical staff in the modes of transmission of the virus.
  - b. Education residents, families and non-clinical staff on the symptoms of the virus and standard infection control precautions such as hand-hygiene and respiratory/cough etiquette.
  - c. Vaccination of staff and residents.
  - d. Early detection of influenza-like-illness in the facility.
  - e. Use of antiviral medications to treat ill persons, as recommended by current clinical practice guidelines.
  - f. Use of appropriate personal protective equipment (PPE) during care.
  - g. Restriction of visitors who have been exposed to or are symptomatic for the virus, or as directed by NYSDOH.
3. If pandemic influenza is detected in the geographic region of the facility, the following measures will be taken to prevent or delay the introduction of the virus to the facility:
  - a. Display signs and/or posters at the facility entrances restricting entry by any persons who have been exposed to or have symptoms of pandemic influenza.
  - b. Train staff to visually and verbally screen visitors at the facility entry points for respiratory symptoms of pandemic influenza.
  - c. Provide family members with a contact number to call for information regarding prevention and control strategies for pandemic influenza.
  - d. Screen all employees for influenza-like-illness before coming on duty and excuse any symptomatic employees from work.
  - e. Refer to Pandemic Emergency Plan for employee absences and contact the Medical Director and local and state health departments.
  - f. Increase resident surveillance for influenza-like-illness. Notify the local and state health departments if a case is suspected or detected.
  - g. Designate a temporary admission/readmission unit/area in the facility to house patients/residents before reintegrating them into the general population to minimize potential exposure of novel virus into the facility.
  - h. Establish a designated unit/area to house confirmed novel virus infected residents, which may require moving residents throughout the facility. Designated areas will be closed with posted signage to alert others of secured area.

- i. Reevaluate designated area as needed to accommodate surge capacity as needed.
  - i. Residents/patients will be cohorted into categories of:
    - i. Positive – confirmed positive test result
    - ii. Negative – confirmed negative test result
    - iii. Unknown – not tested
  - j. Assign designated staff, including nursing, therapy, dietary, housekeeping and other support staff, to care for residents with confirmed positive novel virus infection.
- 4. Enforced social distancing. Place demarcating reminders for staff where needed.
- 5. Communal dining and group activity will be discontinued.
- 6. Sharing of bathrooms outside of the cohorted area will be discontinued.
- 7. If an outbreak of pandemic influenza-like-illness occurs within the facility, strict adherence to Standard and Transmission Based Precautions and other infection control measures will be implemented according to the most current CDC recommendations for pandemic influenza-like-illness.

### **Policy Statement**

Meadowbrook Healthcare has developed an education and training program for emergency disaster preparedness, including pandemic outbreak of Severe Acute Respiratory Syndrome (SARS) or influenza-like-illness (ILI) training for all staff, residents and families.

### **Policy Interpretation and Implementation**

1. The Infection Preventionist, in collaboration with the Staff Development Coordinator, is responsible for developing and overseeing staff training on disaster preparedness, including pandemic SARS and ILI.
2. Staff training on pandemic outbreak includes the following components:
  - a. Understanding and using the disaster communication plan, including how to access information about the situation through various means of communication such as social media, internet and phone trees.
  - b. Organizational chart and chain of command during a disaster.
  - c. Performance shifts during disasters – roles of management, clinical and non-clinical staff.
  - d. Communication with residents and family during pandemic influenza outbreak, including signs and symptoms of novel virus and visiting restrictions.
  - e. Control measures including vaccinations and infection control precautions to prevent infection and control outbreaks of novel virus such as respiratory/cough etiquette and hand-hygiene.
3. Local and state health departments as well as CDC Guidelines will be utilized as resources for educational materials and staff training.
4. Resident and family education regarding seasonal and pandemic outbreak will be provided and will include the following:
  - a. Internet resources for general information about seasonal and pandemic influenza-like-illness.
  - b. The facility's current state of preparedness for pandemic outbreak.

### **Policy Statement**

As part of the pandemic emergency preparedness plan, Meadowbrook Healthcare has determined minimum staffing needs, critical services and supplies, and essential operations if we must operate at surge capacity. Resources to meet such demands have been identified.

### **Policy Interpretation and Implementation**

1. The Director of Nursing Services (DNS) has been designated as the staff person responsible for assessing and coordinating staffing needs during a pandemic influenza outbreak in the facility. As part of this responsibility, the DNS, in collaboration with the Pandemic Planning Committee, shall:
  - a. Estimate the minimum number and type of staff needed to care for a single resident with influenza complications on a single day.
  - b. Develop strategies for reducing the gap between available staff and staffing needs as the number of pandemic influenza residents increases and staff members become ill or remain home due to possible exposure to infected individuals. Such strategies may include:
    - i. Assigning resident-care responsibilities to administrative staff.
    - ii. Recruiting retired healthcare workers.
    - iii. Utilizing nursing and medical students.
    - iv. Utilizing facility emergency volunteer response roster.
    - v. Utilizing Contractor Information Listing for Capital Region of NYS
    - vi. Refer to [covidnursinghomeinfo@health.ny.gov](mailto:covidnursinghomeinfo@health.ny.gov) for additional information and resources.
    - vii. Outreach to alternate community facilities.
2. The Pandemic Planning Committee shall establish and maintain a Pandemic Emergency Plan, which identifies the following:
  - a. The facility surge capacity.
  - b. Essential functions of the facility and priorities of essential function.
  - c. Essential supplies and equipment to deliver care and services for specific time frames at surge capacity.
  - d. A plan for procurement and stockpiling of essential supplies and equipment.
    - i. The facility shall maintain a 60 day supply of personal protective equipment (PPE) required during a pandemic episode, based on facility census and expected worse case scenarios without implementing shortage or other mitigation efforts.
    - ii. The facility will refer to DOH regulations and CDC for further guidelines.
    - iii. Supplies to be maintained include:
      1. N95 respirators

2. Face masks
  3. Face shields/eye protection
  4. Isolation gowns
  5. Gloves
  6. Sanitizer and disinfectants in accordance with current EPA guidance.
3. The Infection Preventionist will collaborate with the Incident Command Team to ensure the team collaborates with local emergency management agencies, other healthcare providers, and equipment suppliers in an attempt to maximize shared resources during a pandemic outbreak.

### **Policy Statement:**

Meadowbrook Healthcare has taken measures to prepare for a Pandemic Outbreak of Severe Acute Respiratory Syndrome (SARS) or Influenza-Like-Illness (ILI), which may include infections such as Influenza and Coronavirus (COVID-19). Meadowbrook Healthcare shall implement pandemic visitation guidelines to minimize the risk of infection and maximize resident health and safety.

### **Policy Interpretation and Implementation:**

- All staff members will be trained on the facility Pandemic Influenza Plan and Pandemic Coronavirus Outbreak Plan and related policies and procedures.
- All employees, patients/residents and visitors shall be screened to identify exposure to novel coronavirus which includes screening for fever and respiratory symptoms and recent travel to high risk areas as directed by the Centers for Disease Control (CDC).
- Those persons identified to be symptomatic or having potential exposure to COVID-19 shall be considered persons under investigation and will be prohibited visitation or entry into the facility.
- Visitors must perform hand hygiene and don a face mask before entering the facility.
- Visitors must wear a face mask at all times while inside the facility.
- Signage regarding facemask utilization and hand hygiene will be posted.
- Visitation restriction signage will be posted at each entrance, alerting potential visitors of the facility's visitation restrictions.
- Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.
- Visitation will be allowed when a resident is approaching end of life.
  - When death is imminent only two designated visitors will be allowed entry into the facility at a time.
  - Visitors access to the facility will be limited to the resident's room only.
  - Visitors that do not comply with the outlined visitation rules will be asked to leave the facility.
- Additional restricted visitation will be allowed, according to NYSDOH guidelines as follows:
  - The local region is in Phase 3 or greater of state 'reopening' plan.
  - The facility must maintain compliance with all state and federal requirements.
  - The facility maintains an active cohorting policy to separate positive, negative and unknown persons for COVID-19.
  - Adequate staffing levels are maintained in the facility, including specific COVID-19 staffing teams should/if the need arises.
  - The facility must remain free of any COVID-19 cases among staff and residents for at least 28 days.
  - The facility maintains the ability to provide adequate employee and resident testing as well as an arrangement with a laboratory to process COVID-19 tests, as recommended by the NYSDOH.
  - Visitation hours are by appointment only. A copy of the facility visitation plan is posted on the facility website for review.

- Visitation will be monitored by staff to ensure all compliance with all visitation guidelines. If any visitor fails to adhere to the protocol, he/she/they will be prohibited from visiting for the duration of the COVID-19 stated declared public health emergency.
- Visitation will be limited to outdoor areas, weather permitting.
- When inclement weather occurs visitation will be allowed in Le Grande Room, with no more than 10 persons present. All persons must maintain social distancing and facemasks must be worn at all times.
- Specialty practitioners, i.e., dental services may continue. Strict adherence to infection control guidelines will be followed.
- Floor/environmental markers will be utilized to cue social distancing delineations.
- No more than 10 percent (10%) of the residents shall have visitors at any one time and only two visitors will be allowed per resident at any one time.