

Middletown Park Rehabilitation & Health Care Center			
Section: Emergency Preparedness			
Issue Date: 9/20	Revision Date: 8/21, 8/22, 8/23	Review Date: Annual/PRN	Prepared by: ICP ; QAPI Committee
Policy Subject: Pandemic Emergency Plan (PEP)			
Approved by: Administrator, Medical Director, Director of Nursing, QAPI Committee			Page 1 of 6

POLICY:

The facility has taken measures to prepare for a pandemic event. All staff members and affected individuals are trained on the facility's Pandemic Emergency Plan (PEP) and other related policies and procedures, including those policies and procedures in the facility's Emergency Preparedness Plan (EPP).

A copy of the PEP will be readily available to all staff, residents, and visitors in the facility, as well as on the facility's website.

The PEP will be initiated when an infectious disease is increasing and sustaining human-to-human transmission in the United States and/or abroad, and a Pandemic has been declared by national, state, and/or local governing bodies.

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1. Emergency Procedure

The following emergency procedure will be utilized in the event of a pandemic:

- a. Declare a "Code Pandemic."
- b. Notify the Administrator and Director of Nursing if they are not on premises.
- c. Activate the Emergency Staffing Plan as warranted.
- d. Facility management staff should report to the Incident Command Center for briefing and instructions.
- e. Activate the Incident Command System (ICS) to manage the pandemic. The most qualified staff member (in regard to the ICS) on duty assumes the Incident

Commander position.

- f. Follow guidelines of Pandemic Emergency Plan.

2. Communication

- a. The facility Infection Control Preventionist (ICP) or designee is responsible for communications with the public health authorities during a pandemic.
- b. The ICP or designee, in conjunction with guidance from local, state, and national agencies, will determine when to restrict admissions and visitation, as well as resumption of such. Such restrictions or resumptions will be communicated to the affected parties via phone, mail, email, website, social media, text, or other standard communicable methods.
- 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 in accordance with required timeframes mandated by state and federal regulations. This communication includes number of pandemic deaths and number of new and active infections. This shall be done via phone, mail, email, website, social media, text, or other standard communicable methods.
- d. All attempts will be made to provide all residents with daily access to free remote videoconferencing, similar communication methods, or, when feasible and allowable, resident/family requested methods of communication.
- e. Communication during a pandemic includes notification of staff members, vendors, providers, and volunteers, etc. of the status of the pandemic outbreak. Alerting affected personnel can include, but is not exclusive to, phone calls, the facility website or social media pages, or posted signage and the facility entrancepoints.
- f. Authorized family members/guardians/ reps of residents infected with the pandemic disease will be updated at least once per day and upon change in the resident's condition.
- g. All residents and authorized reps will be updated once per week on the pandemic related number of infections and deaths at the facility.
- h. The ICP or Designee also maintains communications with the Incident Commander, Emergency Management Coordinator, local hospitals, local Emergency Management Services, as well as other providers regarding the status of the pandemic.

3. Infection Control

- a. This facility has policies and procedures related to its Infection Control Program.
- b. The facility has policies and procedures for specific infectious diseases increasing and sustaining human-to-human transmission in the United States and/or abroad, and a pandemic has been declared by national, state, and/or local governing bodies.
- c. The ICP or designee acts as the Pandemic Event Response Coordinator.
- d. The facility will have an infection protection plan for staff, residents, and families. This plan will include readmission of facility residents back to the facility after a hospitalization for the pandemic infectious disease. This plan will comply with the applicable state and federal laws and regulations. The plan will include how to reduce transmission in the event there are only a few residents with the pandemic disease (cohorting). The facility will dedicate areas of a unit, floor, wing as a cohort. The area(s) of the facility where the infected residents are housed will be identified and demarcated.
- e. The ICP or designee will address all pandemic event preparedness associated with

infection control measures: adherence to infection control policies and procedure, posting signs for cough etiquette, hand washing etiquette, donning and doffing of PPE supply in accordance with applicable transmission-based precautions for

each resident and unit. The ICP or designee shall develop 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. Limit, if possible, cross-assignment of staff between positive cohorts and the other cohorts.
 - vi. Discontinue any sharing of bathrooms with others outside of the Cohort.
 - vii. Discontinue all Communal activities such as Dining areas and group activities.
 - viii. All areas that have been isolated will be properly identified including signage for proper PPE to remind healthcare personnel
 - ix. In the event that the facility cannot cohort such residents the ICP will notify appropriate local, state, and/or federal agencies.
- f. Residents, employees, contract employees, visitors and all affected individuals will be screened daily upon entry to the facility for signs and symptoms of infectious disease as well as possible exposure to infectious diseases as it pertains to the current pandemic. Employees are instructed to self-report symptoms and exposure.
- g. 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.
- h. 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.
- i. The 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 nearby 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 practices in accordance with CDC guideline. All PPE will be accounted for at least on a weekly basis.

4. Employee Health

- a. All staff are screened for pandemic illness and exposure prior to reporting to their assigned duties and as mandated based on shift duration.
- b. Practices are in place that addresses the handling of symptomatic staff and facility staffing needs, including:
 - i. Handling of staff members who fail the facility screening protocol
 - ii. Staff members who develop symptoms while at work.
 - iii. When staff members who are symptomatic, but well enough to work, are permitted to continue working as dictated by the CDC or NYSDOH
 - iv. Staff members who need to care for ill family members or infected residents.
 - v. Determining when staff may return to work after having pandemic-related illness.
- c. Staff will consult with the ICP or designee prior to being excused from, or returning to, work.
- d. 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, as well as any active government waivers altering required licenses/certifications to provide resident care.
- e. The covid vaccine is supplied through the facility vendor pharmacy. All new employees are offered the covid vaccine upon hire. The staff educator and ICP will maintain a spreadsheet of the vaccination status of all employees along with required information regarding the vaccine or exemption, if there is one, medical or religious, as per the NYSDOH directive.
- f. 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, DON, Designee, unit manager or supervisor.

5. Education and Training

- a. The DON, ADON & 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.
- b. Education and training of staff members regarding infection control procedures, transmission-based precautions, as well as respiratory hygiene/cough etiquette are ongoing to prevent the spread of infections, but particularly at the first point of

contact with a potentially infected person.

- c. Education and training will 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.

6. Vaccination and Antiviral Usage

- a. The facility will follow the guidance of the Medical Director in accordance with standards of practices from the NYSDOH and CDC as it pertains to prescribing and administering medication and treatments to residents and staff to treat the pandemic-related infectious disease.
- b. The ICP or designee will utilize the the Centers for Disease Control (CDC) and the Health Department to obtain the most current recommendations and guidance for the usage, availability, access, and distribution of vaccines and antiviral medications during a pandemic.
- c. 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 the pandemic vaccine or antiviral prophylaxis. A plan is in place to expedite delivery of vaccine or antiviral prophylaxis to Skilled Nursing Facilities.
- d. Consent will be obtained from resident/family/affected person, and education provided, before administering any vaccine or antiviral medication.
- e. The facility will follow state and federal guidance for those resident/staff who decline vaccination.

7. Supplies, Surge Capacity, and Evacuation

- a. The Planning Chief will ensure the facility has adequate supply of food, water, and medical supplies to sustain the facility if a pandemic occurs. 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 Maintenance shall provide plastic sheathing, duct tape, steel reinforcement etc. (or similar) to construct isolation areas as needed.
- d. In the event of a facility evacuation, the facility will modify its evacuation procedure to ensure resident cohorts are kept in separate evacuation zones.

8. Admissions and Readmissions

- a. The facility will follow state and federal guidance pertaining to the admission and readmission of residents with a communicable disease.
- b. All Admissions and Readmission will be screened prior to entrance to the facility and placed in a designated cohort as determined by the facility policies and procedures.

- c. The facility has policies and procedures to cohort confirmed positive, confirmed negative/non precautionary, suspected/precautionary, new admissions, re- admissions or groups.
- d. 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.

Other Resources:

- Facility EPP
- Facility Policy Guide
- CDC.gov
- Health.ny.gov