

**ARNOT HEALTH
POLICY & PROCEDURE MANUAL**

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TITLE: Nursing Home Pandemic Emergency Plan

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SOURCE: Environment of Care/Emergency Preparedness

PURPOSE:

To provide guidance in the event of a pandemic contagious outbreak, with the ultimate goal to maintain order and prevent transmission within the facility infrastructure. The New York State Department of Health states that the primary strategies for preventing a pandemic are the same as those for seasonal influenza: vaccination, early detection and treatment with medications and the use of infection control measures to prevent transmission during resident care

I. Planning and Decision Making

- In the event a pandemic is identified at any point in the world, it is the responsibility of the facility Emergency Preparedness Committee to initiate heightened surveillance within the facility and take the appropriate steps.
- The Incident Commander, after consultation with the Local and State Health Departments will be responsible for the activation of the plan.
- During the Pandemic Period, the facility will make use of established Hospital Incident Command System (HICS) organizational structures and principles to enhance internal staff and external agency communications.

II. Surveillance

1. Residents who present with symptoms consistent with the symptoms of the pandemic will be evaluated as infected until actual status is confirmed. The facility will do a tracer to determine possible travel history, occupational exposure, or exposure to another individual with suspected or confirmed symptoms. The facility will follow policies on Isolation Precautions and Respiratory Hygiene/Cough Etiquette. The New York State Department of Health (NYSDOH) criteria for determining possible cases based on information available at time of outbreak or as follows:

A. Epidemiologic Criteria:

Travel Risk (within 14 days of symptom onset). Visited or lived in an area where a human case of pandemic has been confirmed. The Centers for Disease Control and Prevention (CDC) will maintain a list of these areas on its website. Had close contact (within 6 feet) with a person with confirmed or suspected case for more than 10 minutes.

2. The Safety Officer and/or Nursing Home Administrator, in conjunction with the Incident Commander will perform internal reviews of pandemic activity within the nursing home. These reviews will include overall level of activity, capacity to care for a surge influx of

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infected residents (i.e. staffing, ability to keep residents in isolated area), evaluation of supplies and other needed resources. This will allow the facility to track background rates of infectious disease and detect significant increases above those rates so that the facility can immediately take action to cohort resident and reduce potential transmission rates.

III. Communication and Reporting

- The Infection Control Coordinator or designee is responsible for the reporting of communicable diseases to the NYSDOH (518) 473-4439 and/or local Steuben County Health Department (SCHD) at (607) 664-2438. (Refer to Policy 36.0002.12 Reportable Communicable Disease.)
- If SCHD cannot be contacted, the Regional Epidemiologist at the NYSDOH will be contacted directly. The NYSDOH Western Regional Office can be contacted at (716) 847-4317. If unavailable, the Bureau of Communicable Disease Control will be contacted at (518) 473-4439. Outside of business hours the NYSDOH After-Hours Duty Officer can be contacted at 1-866-881-2809.
- Contact information for local media and public officials will be maintained and accessed by the System Director of Marketing.
- The Safety Officer or designee will contact other healthcare facilities in the area when needed in the interests of information sharing. A list of these facilities and their contact information can be found in the Southern Tier Long Term Care Mutual Aid Plan, located in the Incident Command Center.
- The facility's participation in the NYSDOH HERDS, Nosocomial Outbreak Reporting Application (NORA) and other communicable disease reporting tools will ensure surveillance. The Safety Officer will function as surveillance liaison between the facility, local and state DOH personnel who have access to the facility data. In addition, the facility ensures that appropriate staff has access to these reporting tools. Key leadership personnel have been identified and assigned HPN accounts on 1st, 2nd, and 3rd shift, allowing for the ability to submit information (resources, staff availability, equipment needs and any other relevant data) to the HERDS database during a 24/7 week. In terms of maintaining continuous availability of HERDS information this facility has a generator system capable of sustaining power to the facility and allowing continued Internet access. In addition, the battery operated satellite phone and computer can be used to access the internet.
- The Infection Control Coordinator will regularly access the HPN for updated information and changes in guidance for emerging infectious diseases and pandemic. This information will then be distributed to clinicians and other staff on an as needed and available basis.
- Designated individuals from relevant departments will be responsible for reporting hospital assets and resource needs via HERDS surveys coordinated through the HPN Coordinator or designee.
- The Safety Officer is responsible for maintaining an accurate communications directory.

IV. Education and Training

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The facility will work with the local and regional health departments to utilize and distribute educational materials and opportunities for training on pandemic information to clinicians and staff.

- This training will be conducted at a minimum on an annual basis or as events evolve and will involve all feasible methods including teleconferences, web-based training, hospital intranet and live presentations.
- The nature of the pandemic event will naturally dictate what training opportunities are available (i.e. a ban on gathering in public places).

The Education department will coordinate the provision of information on pandemic preparedness to all employees on an annual basis or as event evolves. General topics for staff education will include:

- Prevention and control of pandemic
- Implications of pandemic
- Role of drugs in preventing disease and reducing rates of complications
- Infection control strategies for the control, including respiratory hygiene/cough etiquette, hand hygiene, standard precautions, droplet precautions, and, as appropriate, airborne precautions
- Exposure risk related to Pandemic
- Symptoms of pandemic
- Correct use of Personal Protective Equipment (PPE) including donning and doffing
- Reporting requirements
- Regulatory requirements

In addition, the Education Department will provide cross training for outpatient healthcare providers to enhance personnel support for essential care areas.

- "Just-in-time" training relevant to various levels and types of facility nursing, medical and ancillary departments (for triage, identification, cross-training in other departments, or other needed functions) will be initiated once the Incident Command System (HICS) has been established.
- Just in time training is the responsibility of the Education department who will consider all available individuals as potential providers of essential services and base the level of education and training on the various factors and levels of understanding for each discipline.
- Training will be provided either at the point of care or other convenient location.
- Utilization of national, state and local media publications, pamphlets with pertinent information during the pandemic will be distributed at a reading level appropriate to the population being served.

The Education Department will document and maintain records of all staff that participate in any training programs.

County wide public education and information will be managed through direction and access of the Steuben County Emergency Preparedness Plan.

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At the time of a pandemic, the facility will provide residents, family members and guardians with education about the pandemic and the facility's response strategy at a level appropriate to their interests and need for information. This information will be provided as part of the Communication for Emergency Preparedness Events Plan.

V. Clinical evaluation and admission procedures

During the peak of a pandemic, the facility will follow a process to:

- 1) Identify persons who may be affected by the pandemic and quarantine according to requirements of CDC and NYSDOH
- 2) Upon obtaining a positive test in a double occupied room, the facility will immediately test the unconfirmed resident and then separate negative residents from positive and quarantine them for the recommended time.
- 3) Cohort identified persons within one unit with isolation precautions utilized. Single rooms will be utilized as much as possible but semi-private rooms will be used as single room as needed.
- 4) Identify the type of care identified person requires and by cohorting limit the number of staff that have access to these individuals to avoid transmission to other residents in the nursing home.
- 5) Hang signage to inform staff that this area is on isolation precaution.
- 6) Educate staff and residents to remain away from the isolation area with stop signs to avoid transmission to other staff and residents.
- 7) All new admissions will be tested for infectious of the pandemic disease to ensure proper placement to avoid transmission.
- 8) Readmission of residents affected by pandemic after a negative lab test will be cohorted with other individuals. And will offer the first available bed for readmission.

VI. Facility Access and Screening

A pandemic in the community or in the facility will prompt immediate consideration of a lockdown of the facility including visitor restrictions.

- Everyone will be directed to enter through the Emergency Department-Registration entrance.
- At entrance screening and triage staff will be posted to monitor individuals for pandemic symptoms. Individuals with these symptoms will be provided with a mask and instructed to both return home and contact Employee Health for further direction.

VII. Occupational Health and Staffing

The ability to deliver quality health care is dependent on adequate staffing and the optimum health and welfare of all facility staff. During a pandemic, the healthcare workforce will be stressed physically and psychologically. Like others in the community, many healthcare workers will become ill.

The facility is prepared to:

- 1) Protect healthy workers from exposures in the healthcare setting through the use of recommended infection control measures and provision of personal protective

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- equipment (PPE). (See Policy 36.0014.1 Isolation Precautions and Policy 36.0033 Respiratory hygiene/cough etiquette)
- 2) Evaluate and manage symptomatic and ill healthcare personnel;
 - 3) Distribute and administer drugs and/or vaccines to healthcare personnel, as recommended by HHS and state health departments;
 - 4) Provide psychosocial services to health care workers and their families to help sustain the workforce.
 - 5) Implement Mutual Aid agreements as necessary.

Following the HICS emergency structure the labor pool will be established.

In order to meet staffing needs as the number of infected residents with pandemic disease increases and/or healthcare and support personnel become ill or remain at home to care for ill family members the facility will consider the following options:

- Assignment of care responsibilities to clinical administrators qualified to perform tasks
- Increase cross training of personnel to provide support for essential care areas.
- Determination and redistribution of available personnel based on the emergent needs of the facility.
- Recruitment of retired healthcare credentialed personnel (See Policy 22.5017.3 Personnel Pool)
- Use of trainees (as available)

A shortage in staffing may necessitate changes in the currently accepted standards of care. The facility will rely on guidance from the NYSDOH regarding what alterations will be acceptable in order to cope with the demands of a pandemic event. This guidance will be communicated via HERDS and will disseminate to staff, residents and responsible parties.

Employees

- Healthcare personnel reporting for duty will enter through the ER entrance.
- A screening and triage area for all employees who report to work will be manned for the evaluation of signs and symptoms
- Employees with symptoms suggestive of disease will be removed from duties that involve direct care and advised to stay home until 24 hours after the resolution of fever >100.4 degrees, unless an alternative diagnosis is established
- Employees must contact Employee Health for return to work approval and documentation.
- The consideration for assigning and reassigning staff based on their availability and health status will be an ongoing management consideration and priority.
- All employees who are able to report to work will be instructed to be vigilant for the development symptoms on ongoing basis.
- Staff working for considerable lengths of time with personal protective equipment (PPE) will be monitored on a regular basis by supervisory staff to determine if their physical needs (food, rest, etc.) are being met.

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- Employees exposed or injured during a pandemic event will follow the facility policy 04.0033.2 Incidents Safety Standards Report, and 26.0086.1 Blood Exposure, Employee Needlestick.

Reassignment of high-risk and essential personnel:

Personnel identified at high risk for complications of influenza (e.g., pregnant women, immune-compromised persons) or those who refuse to work with contagious residents, will be considered for reassignment to low-risk duties such as (e.g., non-contagious resident care, administrative duties that do not involve direct care) if possible or as a last resort placed on furlough. (Refer to 58.0145 – Reasonable Accommodations)

A list of essential-support personnel (e.g., environmental and engineering services, nutrition and food services, administrative, clerical, medical records, information technology, laboratory) that are needed to maintain operations will be available to the Incident Commander.

A list of non-essential positions that can be re-assigned to support critical services or placed on administrative leave to limit the number of persons in the hospital will also be developed and given to the Incident Commander.

Psychosocial health services: Staff from Social Work will be called upon to provide mental health services as needed. This counseling can be provided in a quiet area (such as in the Swing bed dining room) in order to maintain a degree of privacy

The identification of mental health and faith-based resources for counseling of healthcare personnel during a pandemic will be considered on a personal basis.

Counseling will include measures to maximize professional performance and personal resilience by addressing management of grief, exhaustion, anger, and fear; physical and mental health care for oneself and one's loved ones; and resolution of ethical dilemmas.

Strategies for supporting healthcare workers' needs for rest and recuperation, housing, for accommodating and supporting staff who have child- or elder-care responsibilities and feeding healthcare personnel who might be needed on-site for prolonged periods will be determined by the HICS as the event evolves.

Volunteers: The facility will collaborate with the Steuben County Emergency Preparedness Committee to identify additional volunteer medical and nursing resources to enhance resources.

The facility has an active volunteer program currently has approximately 20 adult volunteers to utilize as an additional resource pool.

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The process to screen, assign and supervise volunteers will be coordinated via the volunteer and education departments in conjunction with the utilization of other "just-in-time" training processes.

The Medical Reserve Corps will be implemented under the auspices of the Steuben County Emergency Preparedness Committee.

VIII. Supplies and Personal Protective Equipment

Tracking and Ordering

- The Materials Management Department will monitors available supplies and established inventory management system that will ensure that the facilities maintains a 96 hours supply of all required supplies.
- In the event of a rapid consumption of supplies and/or resources is detected by Materials Management, the process for ordering additional stock is coordinated the Logistics and Planning Section Chiefs to ensure that the facility is able to maintain an adequate supply to provide quality care.
- The "trigger point" for ordering is dependent on the evaluation of current supply but the facility will maintain a 60 day supply of the following PPEs:
 1. N95 Respirator
 2. Face Shield or googles
 3. Gowns/isolation gowns including reusable gowns
 4. Gloves
 5. Masks
 6. Sanitizer and disinfectants meeting EPA Guidance current at the time of pandemic.
- The facility is a member of the Southern Tier Long Term Care Mutual Aid Plan for the provision of additional resources in the event an additional stockpile of essential supply is necessary for a longer duration of time.

Resource Supply Management

- The facility has available a 7 to 10 day normal supply of resources.
- In the event of a pandemic disease outbreak where an over utilization of resources would likely occur, enhanced communication between the Materials Management staff and facility Incident Command Center would be initiated.
- Facility engineering vehicles will be made available for transport of emergency supplies from off locations as needed.
- The utilization of "stockpiled" HRSA grant funded supplies will be considered and accessed as coordinated through the Incident Commander and or designee in an effort to supplement the increased loss of critical supplies.
- Communication with Local, State and Federal authorities to access additional supplies will be coordinated through the Incident Command Center

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- Access and compliance with reporting resource needs on a real-time basis through the HERDS surveys process (Critical assets and AIIR surveys) will be coordinated through the Incident Command Center.
- The Respiratory Therapy department will be responsible for estimating the need for respiratory care equipment (including mechanical ventilators) upon the direction of the Incident Commander and with Medical Staff collaboration.
- The Food & Nutrition department will maintain an emergency menu and will work with vendors through their emergency preparedness plans to make sure that the facility will maintain current delivery of food and supplies.
- Additional lending, leasing or borrowing of equipment will be considered when current equipment supply and availability is compromised. Other respiratory care equipment, such as BiPAP or C-PAP, may be considered and utilized when mechanical ventilation is not available.
- The Pharmacy Department, will monitor medication consumption and order and restock supplies as needed to ensure that the facility maintains adequate levels to provide quality care.
- The Pharmacy department has accumulated through HRSA grant funds a stockpile of Antibiotics that may be utilized in the event of a national or state emergency.
- The Strategic National Stockpile will be requested through the Steuben County Office of Emergency Management when supplies reach a critical level.

In the event facility resources are depleted or at a critical level that threaten the provision of standard care criteria, the Ira Davenport Memorial Hospital, Inc. and IDMH/SNF/HRF Ethics committee, Medical and Administrative leadership will convene to collaborate with State and Federal authorities regarding the provision of alternative care guidelines.

Mortuary Procedures: Mortuary procedures will be coordinated with the Steuben County Office of Emergency Management as current morgue facilities at Ira Davenport Memorial Hospital, Inc. and IDMH/SNF/HRF are limited.

RECOVERY

Once the pandemic wave is determined to have passed, the Incident Commander will evaluate the resources used and policies and procedures carried out during this first wave. Restocking of supplies and the institution of any needed policy and procedure changes will then be implemented.

An after-action report will be completed after the first wave to determine the need for process improvement to maintain review of and implement procedures provided to NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event regarding how, when, which activities/procedures/restrictions were eliminated, restored and the timing of when those changes were executed.

Please note that this policy will be posted on the facility's website in a form acceptable to the commissioner and made available immediately upon request.

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This policy is subject to any superseding New York State Executive Order and/or NYSDOH guidance that may otherwise:

- Temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to the residents and staff
- To close the facility to new admissions
- Limit visitors when there are confirmed cases in the community and/or
- To screen all permitted visitors for signs of infection.