Pandemic Plan

Templates

**Interim Pandemic Plan**

SNF & AL

**SNF**

# Pandemic Plan Policy and Procedure

The World Health Organization defines a pandemic as “the worldwide spread of a new disease.”  
  
Facilities will be responsible for protecting both residents and employees during a pandemic. The overall Pandemic Plan will include four phases: Mitgation, Preparedness, Response and Recovery. The facility Pandemic Plan will algin with the facility Emergency Preparedness Plan and facility planning will include processes, including but not limited to: preparation for caring for ill residents while managing employee illness and absenses; preparation of staff/volunteers/clincians/vendors related to respecitve roles and responsiblities; and procurement of necessary supplies and resources, equipment, medications and other necessary items for the safety, health and welfare of residents and employees.

**Policy**

It is the policy of this facility to prepare and implement a pandemic plan in the event of a determined worldwide spread of a new disease.

**Procedure**

**Mitigation (prior and post)**

* Facility leadership will identify members of the facility Pandemic Plan team. Potential members may include:
  + Governing Body
  + Administrator
  + DON
  + Medical Director
  + Infection Preventionist
  + Pharmacy Consultant
  + Interdisciplinary Department Leaders
  + Public Health respresentative
  + Other identified key personnel, vendors
* The Pandemic Plan will be coordinated and aligned with the facility Emergency Preparedness Plan:
* The facility leadership team will review the facility Emergency Prepardness Plan for effective plan implementation including:
  + Roles and responsibilities
  + Required tasks as outlined
  + Plan implementation phases
  + Business continuity
* Alignment with infection prevention and control protools, including outbreak management plan and rquired actions
* Identification of current risks and hazards in the community (i.e., risk levels, community transmission)
* Identification and assessment of risk to the facility residents and employees
* Review social distancing protocols with leadership and staff such as:
  + Cancellation of larger gatherings
  + Alteration of workplace environment (essential and non-essential),
  + Schedules to decrease community transmission and preserve a health workplace to the greatest extent possible without disrupting essential services
* Identification of goals and priorities to meet the quality needs of the residents and employees:
  + Training
  + Employee Management
  + Supplies
  + Medications and Treatments
  + Equipment

**Preparedness**

* The Pandemic Plan will include:
  + Authority
    - Key Employees responsible for executing the Pandemic Plan
  + Preparation of Emergency Contact List
  + Preparation of Resident List and Contacts
  + Preparation of Staff Lists and Contacts
  + Communication Procedures
    - Collaboration with State/Local Health Department
    - Collaboration with acute care partners, other providers
    - Identify resources and partners (i.e., healthcare coalitions, community healthcare facilities and organizations, etc.)
    - Communication Procedures
      * Residents
      * Resident representatives
      * Employees
  + Review Community and Facility Risk
    - Complete a risk assessment as outlined in Emergency Preparedness Plan to determine facility risk
      * Coordinate with Local and State Health Department
      * Communication with Local Healthcare Organizations
    - If risk is identified, initiate Pandemic Plan in collaboration with Public Health authorities
  + Review resident advance directives
  + Review and implement emergency operations coordination
    - Align emergency operations coordination with the Emergency Preparedness Plan
      * Command central – roles, responsiblities
      * Triage process
      * Resource allocation (supplies, vendors, services)
    - Employee allocation
      * Identification of essential and non-essential staff
      * Overall staffing needs
      * Contingency staffing plan
      * Staffing contracts, roles and responsibilities
  + Conduct an Infection Prevention and Control Self Assessment
    - Long term care facility – Infection Prevention and Control Assessment Tool for Long-term Care Facilities: <https://www.cdc.gov/infectioncontrol/pdf/ICAR/LTCF.pdf>
  + Re-educate employees on roles and responsibilities per Emergency Preparedness Plan, Outbreak Management and Pandemic Plan
  + Determine essential and non-essential supplies, equipment, resources, clinical visits and operations in preparation for potential pandemic response
  + Review and re-educate on Shelter in Place Plan per Emergency Preparedness Plan
  + Review Business Interruption Plan as outlined in the Emergency Preparedness Plan

**Response**

* Continue community surveillance
  + Infection Preventionist will monitor active cases in community including but not limited to:
    - Hospitals and other healthcare facilities
    - Schools
    - National and State surveillance
    - Public Health surveillance
* Implement and continue facility surveillance system and process
  + Identification, tracking and monitoring of resident condition change
    - Implement ongoing surveillance on frequent intervals for residents
  + Identification, tracking and monitoring of employees for signs and symptoms
* Implement communication and reporting processes per Emergency Preparedness Plan
  + Prepare messaging and responses
  + Initiate communications plan to, but limited to:
    - Collaboration with State/Local Health Department
    - Collaboration with acute care partners
    - Residents and Representatives
    - Employees and Families
    - Communicate with resources and partners (i.e., healthcare coalitions, community healthcare facilities, emergency responders, vendors, home health agencies, hospice, etc.)
    - Healthcare Providers
    - Media
    - Key Stakeholders
    - Federal, State, Local officials
  + Post signage at entrance(s) related to infection prvention and control communication, visitor restrictions, delivery of supplies/equipment
* Determine utlization of centralized entrance for access to the facility in coordination with local and state public health guidance
* Review diagnostic evaluation services, availability, facility access and response
* Follow the response and facility management of ill residents per outbreak management plan
* Initiate supplies and equipment management plan (essential and non-essential)
  + Inventory current supplies and equipment
  + Review contingency supplies and par levels
  + Implement Facility Inventory Management Plan
    - Communicate and educate employees on use of supplies and equipment
  + Review and communicate delivery and ordering processes with vendors and staff
    - Supplies
    - Disinfectants
    - Equipment
    - Inventory Management
    - Review contingency supply areas, par levels, use by employees and provision needs
* Employee Management
  + Implement communication plan
  + Implement pandemic sick leave policies and procedures per guidance requirements
    - If symptomatic or potential exposure – following the Centers for Disease Control and Prevention guidance
  + Protocols for Human Resource Needs
  + Initiate staff deployment plan
    - Determination of essential and non-essential employees
    - Consistent assignment when possible
    - Review and implement staff contingency plan
* Facility Response Measures
  + Follow Standard and Transmission-Based Precautions
  + Implement Outbreak Management Plan
* Plan for resident medical care (acute, diagnostic, interim and routine)
  + Continuation of Clinician Visits per local/state health department guidance
    - In-Person
    - Virtual
* Implement and communicate hospital coordination for potential influx of emergency room visits, admissions, testing and hospital triage process
* Implement coordination and communication with clinics and outpatient centers
  + Physician Offices
  + Dialysis Centers
  + Outpatient Centers
  + Consultant Offices
* Implement Visitor and Volunteer Restriction protocols, including alternate communication options (technology) in accordance to federal and state requirements
  + Volunteer Management – restriction and limitation
  + Visitor Management– restriction and limitation
  + Vendor Management - restriction and limitation of onsite work unless determined essential
  + Transportation companies - restriction and limitation of access unles determine essential or necessary for care and services
  + Review communication process and follow up needs

**Recovery**

* Implement Re-Entry Plan, in alginment with Public Health and Emergency Preparedness Plan for:
  + Residents and respresentatives
  + Employees
  + Volunteers
  + Clinicians
  + Physical plant – Disinfection protocols completed
  + Supplies
  + Human Resources
  + Vendors
  + State and local officials
  + Governing Body
  + Key stakeholders
* Review and implement continuity of operations plan and outcomes
* Business and clinical impact analysis
* Implement re-entry communication plan
  + Residents
  + Resident Representatives
  + Key Stakeholders
  + Media
  + Vendors
  + Clinicians
* Monitoring the effectiveness of plan implementation and outcomes
* Incorporate into the QAPI process

**Who Should Plan for a Pandemic**  
  
It would be pertinent for all businesses and organizations to begin planning for a pandemic now to prepare for the potential for lack of employees, supplies and other necessary resources. Important tools for pandemic planning for employers are located at: <https://www.cdc.gov/flu/pandemic-resources/national-strategy/index.html> & <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

**References and Resources**

* The Occupational Safety and Health Administration (OSHA) developed a Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers at: <https://www.osha.gov/Publications/OSHA_pandemic_health.pdf>
* The U.S. Department of Health and Human Services have a 2017 Pandemic Influenza Plan Update at:

<https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>

* Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>
* Centers for Disease Control and Prevention. Hand Hygiene in Healthcare Settings. <https://www.cdc.gov/handhygiene/index.html>
* Centers for Disease Control and Prevention. Respiratory Hygiene/Cough Etiquette in Healthcare Settings. <https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
* Centers for Disease Control and Prevention. The National Institute for Occupational Safety and Health (NIOSH). Personal Protective Equipment. <https://www.cdc.gov/niosh/ppe/>
* Centers for Disease Control and Prevention. Optimizing Supply of PPE and Other Equipment during shortages. July 16, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
* Centers for Disease Control and Prevention. Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) June 3, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>
* Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)

<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>

**Additional Resources**

* <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>
* <https://www.cdc.gov/nonpharmaceutical-interventions/tools-resources/planning-guidance-checklists.html>
* <https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html>
* Individual state licensure/requirements

**Interim Pandemic Plan**

**Assisted Living Facilities**

**Pandemic Plan Policy and Procedure for Assisted Living Facilities**

The World Health Organization defines a pandemic as “the worldwide spread of a new disease.”  
  
Organizations will be responsible for protecting both residents and employees during a pandemic. An overall Pandemic Plan should include four phases: Mitgation, Preparedness, Response and Recovery. The organization Pandemic Plan will algin with the organization Safety Plan. Organization planning involves processes, including but not limited to: preparation for caring for ill residents while managing employee illness and absenses; preparation of staff/volunteers/clincians/vendors related to respective roles and responsiblities; and procurement of necessary supplies and resources, equipment, medications and other necessary items for the safety, health and welfare of residents and employees.

**Policy**

It is the policy of this organization to prepare and implement a pandemic plan in the event of a determined worldwide spread of a new disease.

**Procedure**

**Mitigation (prior and post)**

* Organization leadership will identify members of the Pandemic Plan team. Potential members may include:
  + Owner
  + Medical Advisor or Primary Physican
  + Housing Manager
  + Director of Clinical Services or Health Services Manager
  + Pharmacy
  + Resident assistant(s)
  + Other identified key personnel
  + Vendors as identified
* The Pandemic Plan will be coordinated and aligned with the organization Safety Plan
* The housing manager will review the organization Safety Plan for effective plan implementation including:
  + - Roles and responsibilities
    - Required tasks as outlined
    - Plan implementation
    - Business continuity or interruption of services
* Alignment with infection prevention and control protocols, including outbreak management plan and required actions
* Identification of current risks and hazards in the community (i.e., risk levels, community transmission)
* Identification and assessment of risk to the organization residents and employees
* Review and implementation of local and state public health recommendations, such as:
  + Disease testing for residents and employees
  + Social distancing
  + Group activity limitation/restriction
  + Staff requirements (essential and non-essential)
  + Vistor limitation or restriction requirements
  + Others as indicated
* Identification of goals and priorities will be identified to meet the quality needs of the residents and employees:
  + - Training
    - Supplies
    - Medications and Treatments
    - Equipment
    - Employee Management

**Preparedness**

* The Pandemic Plan will include:
  + Authority
    - Key Employees responsible for executing the Pandemic Plan
  + Preparation of Emergency Contact List
  + Preparation of Resident List and Contacts
  + Preparation of Staff Lists and Contacts
  + Communication Procedures
    - Collaboration with State/Local Health Department
    - Collaboration with acute care partners, other providers
    - Identify resources and partners (i.e. Healthcare Coalitions, Community Healthcare Organizations, etc.)
    - Communication Procedures
      * Residents
      * Family/Agent
      * Employees
  + Review Community and Organization Risk
    - Coordinate with Local and State Health Department
    - Communication with Local Healthcare Organizations
    - If risk is identified, initiate Pandemic Plan in collaboration with Public Health authorities
  + Review resident advance directives
  + Determine resource allocation
    - * Resource allocation (supplies, vendors, services)
  + Determine employee allocation
    - * Identification of essential and non-essential staff
      * Overall staffing needs, prviate duty
      * Contingency staffing plan
  + Determine key contact for energency coordination and communication
  + Re-educate employees on roles and responsibilities per Safety Plan, Outbreak Management and Pandemic Plan
  + Determine essential and non-essential supplies, equipment, resources, clinical visits and operations in preparation for potential pandemic response
  + Review the need for business interruption plan including key areas, such as:
    - Admissions and readmissions
    - Availability of supplies and resources
    - Staff contingency plan
    - Financial implications

**Response**

* Continue community surveillance
  + Monitor active cases in community including but not limited to:
    - Public Health surveillance
    - Hospitals and other healthcare organizations
    - Schools
* Implement and continue organization surveillance system and process
  + Identification, tracking and monitoring of resident condition change
    - Ongoing surveillance
  + Identification, tracking and monitoring of employees for signs and symptoms
* Implement communication and reporting processes
  + Prepare messaging and responses (residents, families, vendors, media, public)
  + Initiate communications plan
    - Collaboration with State/Local Health Department
    - Emergency responders
    - Employees
    - Families/Agents
    - Key stakeholders
    - Vendors
    - Collaboration with acute care partners
    - Collaboration with health care partners
    - Communicate with resources and partners (i.e., healthcare coalitions, home health care agencies, hospice agencies, community healthcare organizations, etc.)
    - Post signage at entrances related to infection control communication, visitor restrictions/limitations, delivery of supplies/equipment
* Initiate supplies and equipment management (essential and non-essential)
  + Inventory current supplies and equipment
  + Review contingency supplies and par levels
  + Communicate and educate employees on use of supplies and equipment
  + Review and communicate delivery and ordering processes with vendors and staff
    - Supplies
    - Disinfectants
    - Equipment
* Employee Management
  + Communication of staff deployment during an emergent situation
  + Sick Leave Policies and Procedures
    - If symptomatic or potential exposure – following the Centers for Disease Control and Prevention guidance
  + Staffing Deployment
    - Determination of essential and non-essential employees
    - Review Staffing Contingency Plan
* Organization infection prevention and control response
  + Follow Standard and Transmission-Based Precautions
  + Implement Outbreak Management Plan
* Review plan for resident medical care (acute, diagnostic, interim and routine)
  + Continuation of Clinician Visits
    - In-Person
    - Virtual
* Implement and communicate hospital coordination for potential influx of emergency room visits, admissions, testing, and hospital triage process
* Implement coordination and communication with clinics and outpatient centers
  + Physician Offices
  + Dialysis Centers
  + Outpatient Centers
  + Consultant Offices
* Implement visitor and volunteer restriction protocols as well as other communication options, including local/state public health guidelines
  + Volunteer Management
  + Visitor Management
  + Vendor Management
  + Transport
  + Communication
    - Review communication and follow up processes

**Recovery**

* Implement readmission plan, in alignment with Public Health:
  + Residents
  + Families/Agents
  + Employees
  + Volunteers
  + Clinicians
  + Physical plant – complete disinfection protocols
  + Supplies
  + Vendors
  + State and local officials
* Implement readmission communication plan
  + Residents
  + Families/Agents
  + Key Stakeholders
  + Media
  + Vendors
  + Clinicians
* Monitoring the effectiveness of the Pandemic Plan -- implementation and outcomes
* Incorporate into the quality improvement process

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Centers for Disease Control and Prevention. Hand Hygiene in Healthcare Settings. <https://www.cdc.gov/handhygiene/index.html>

Centers for Disease Control and Prevention. Respiratory Hygiene/Cough Etiquette in Healthcare Settings. <https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

Centers for Disease Control and Prevention. The National Institute for Occupational Safety and Health (NIOSH). Personal Protective Equipment. <https://www.cdc.gov/niosh/ppe/>

Centers for Disease Control and Prevention. Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) June 3, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

**Additional Resources**

* <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>
* <https://www.cdc.gov/nonpharmaceutical-interventions/tools-resources/planning-guidance-checklists.html>
* <https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html>
* Individual state licensure/requirements