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

**Who Should Plan for a Pandemic**

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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