
Pandemic Emergency Plan (PEP)

It is the policy of this facility to maintain a Pandemic Emergency Plan (PEP) in the event of a determined worldwide spread of a new disease. The PEP is posted on the facility website and submitted annually per regulatory requirements. The World Health Organization defines a pandemic as “the worldwide spread of a new disease.”

The purpose of the PEP is to provide a standardized plan that provides guidance to proactively manage a pandemic and mitigate potential associated challenges in regard to infection control, the provision of care and services, overall safety, and regulatory compliance

The PEP will assist in the protection of residents and employees during a pandemic. The overall PEP includes four phases: Mitigation, Preparedness, Response and Recovery. The PEP aligns with the facility Emergency Preparedness Plan and facility planning will include processes, including but not limited to: preparation for the provision of care and services while managing employee illness and absences; preparation of staff / volunteers / clinicians / vendors related to respective roles and responsibilities; and procurement of necessary supplies and resources, equipment, medications and other necessary items for the safety, health and welfare of residents and employees.

Note: The facility will provide the LTC Ombudsman Program staff and volunteers access to the facility even during a declared public emergency. In addition, the facility will provide all residents with access, at no cost, to the state LTC Ombudsman program through postings, direct communication, etc.

Mitigation

- Members of the facility Pandemic Plan team include: Administrator, VP for the Nursing Facility, VP of Finance, DON, Medical Director, Infection Preventionist, Pharmacy Consultant, Interdisciplinary Department Leaders and etc.
- The Pandemic Plan is coordinated and aligned with the facility Emergency Preparedness Plan
- The facility leadership team reviews the facility Emergency Preparedness Plan for effective plan implementation including:
 - Roles and responsibilities
 - Required tasks as outlined
 - Plan implementation phases
 - Business continuity
- 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 facility residents and employees
- Review social distancing protocols with leadership and staff such as:
 - Cancellation of larger gatherings, communal dining, group therapy, etc.
 - Alteration of workplace environment (essential and non-essential),
 - Schedules to decrease community transmission and preserve a healthy 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
 - Medications and Treatments
 - Equipment
 - Supplies
 - ❖ Facility will maintain a (60) day supply of PPE or as required by the NYSDOH
 - ❖ Inventory is determined by an average burn rate multiplied by average occupancy plus the required surge capacity demand.
 - ❖ PPE burn rate is determined by historical trends, forecasted specified number of isolation rooms, visitor requirements, testing, resident usage, etc.
- Visitor restrictions (as applicable)
- Screening Process for everyone accessing the facility (as applicable)
- Mandatory testing as required by regulation

Preparedness

- The Pandemic Plan includes:
 - 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(staff, residents and designated representatives)
- 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 , DOH , CDC and other related authorities
- Review resident advance directives
- Review and implement emergency operations coordination
 - Align emergency operations coordination with the Emergency Preparedness Plan
 - ❖ Command Post
 - ❖ 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 Control Self-Assessment Worksheet:
<https://qsep.cms.gov/data/252/A. NursingHome InfectionControl Worksheet11-8-19508.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 surveillance
- Infection Preventionist monitors active cases
- 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

- ❖ Designated Representatives
 - Includes routine updates on resident status
 - ❖ Employees / Contracted Staff
 - ❖ 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 prevention and control communication, visitor restrictions, delivery of supplies/equipment, etc.
- Determine utilization 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 (via a telehealth platform)
- 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
 - Implement skype, Zoom and other videoconferencing modalities
 - Explore window visitation opportunities
 - Establish schedules to assist with calls and videoconferencing
 - Facility communication consists of the following:
 - ❖ Phone calls
 - ❖ Website (dedicated section)
 - ❖ Social media
 - ❖ Robo calls
 - ❖ Facility distributed memos
 - 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 unless determine essential or necessary for care and services
 - Review communication process and follow up needs

Recovery

- Implement Re-Entry Plan, in alignment with Public Health / Department of Health and Emergency Preparedness Plan for:
 - Residents
 - ❖ Residents transferred to the hospital who then return to the facility is based on the following facility policies: 1) #30-4000-07 Transfer / Discharge; and 2) #30-4000-03 Bed hold / Return to Facility
 - Designated Representatives
 - 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