CENTRAL PARK
REHABILITATION & NURSING CENTER

PANDEMIC EMERGENCY INCLUDING INFLUENZA

POLICY: It is the policy of Central Park Rehabilitation and Nursing Center to plan for disasters based on an all hazards risk assessment and the Emergency Preparedness Manual.

PURPOSE: To provide guidance and information during a developing Pandemic outbreak affecting the facility and the surrounding community. To comply with the requirement for a Pandemic Emergency Plan as specified in subsection 12 of Section 2803, Chapter 114 of the Laws of 2020.

DEFINITIONS:

A *Pandemic* is an epidemic that spreads rapidly around the world with high rates of illness. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics, and pandemics.

Pandemics may occur with different illnesses such as Influenza or the Coronavirus COVID-19 pandemic.

Influenza

Although people are exposed to different strains of the flu virus every year, history has shown that several times each century, entirely new flu strains develop. Because no one has had a chance to develop immunity to the new flu strain, it can spread rapidly and widely. If the changed virus easily spreads from person to person, a pandemic can occur.

Pandemics are different from seasonal flu outbreaks or clusters of infection. Small changes in influenza viruses that people have already been exposed to cause seasonal flu outbreaks. A new flu vaccine is developed each year to protect people against the expected changes in existing viruses. That is why annual flu shots are needed and are effective. However, since an influenza pandemic is caused by an entirely new strain of flu virus, preparing a vaccine in advance is not as simple as it is for seasonal flu.

New York State, the state's local health departments and the federal government have been planning for the possibility of an influenza pandemic over the past several years.

The New York State Department of Health maintains educational materials, surveillance reports, health alerts, and other information about Influenza online.

https://www.health.ny.gov/diseases/communicable/influenza/surveillance/

BACKGROUND:

This plan is in addition to, not in place of, the entire Emergency Preparedness Manual and Plan developed by the facility. The manual already addresses many concerns with a pandemic emergency. These are additional guidelines and reminders of policies found elsewhere. The plan provides recommendations. The ultimate decision of policy formation at the time of an emergency falls to facility leadership and some decisions may vary from documented policy.

PROCEDURE/IMPLEMENTATION:

1. The facility has a COMMUNICATION plan in place for the COVID-19 pandemic. See policy "Communication during COVID-19 Policy." The plan includes updating family members upon a change in condition and all representatives weekly.

2. The facility maintains policies on immunizing employees, residents, and visitors.

3. Staff is educated on infectious diseases including reporting requirements, exposure risk, symptoms, prevention, and infection control, correct use of personal protective equipment and State and Federal Regulations based on their job title and responsibilities. Education is provided upon hire, annually, and as needed with new pandemics.

4. Signage will be posted describing cough etiquette, hand washing, and other hygiene measures in highly visible areas.

5. All residents are encouraged to receive the annual Influenza Vaccine and other immunizations unless medically contraindicate. See Infection Control Manual for policy.

6. All Employees, Contracted workers, and Volunteers are encouraged to receive the annual Influenza Vaccine unless medically contraindicate. See Infection Control Manual for policy.

7. Key members of Administration and Nursing leadership will maintain updated contact information on the NYS Health Commerce System (HCS). DOH sends out surveillance reports and alerts to health emergencies including Pandemics.

8. The facility maintains infection control policies and procedures which are reviewed annually and updated as needed. Education, surveillance, and auditing enforce policies.

9. Environmental control/ cleaning and disinfecting of isolation rooms are performed in accordance with any applicable NYSDOH, EPA and CDC guidance.

10. The facility maintains a stock of medications and medical supplies adequate to meet the demands of an outbreak for residents and staff. See the Emergency Preparedness Binder for additional information. The facility will maintain or contract to maintain a 60 day supply of: N95 respirators, Face shields, eye protection, gowns, gloves, masks, and hand sanitizer. The supplies may be kept off site. The supplies are not to be routinely accessed. The supplies are not to be routinely accessed. The facility maintains contracts with supply vendors to re-supply the stock as it is utilized.

11. Infectious disease surveillance is conducted by the Infection Control Practitioner to identify background rates of infection and detect significant increases in observed rate. Outbreaks are

reported to the DOH and local epidemiologist per required guidelines utilizing the HERDS system. (See reporting policy).

12. A plan will be put in place to provide for staff testing for potential illness based on the outbreak observed and risk of exposure. Testing may occur at the facility if CLIA approved.

13. Staff monitors news reports for updated information during an actual pandemic. Watch for information on vaccine development. It is likely that high risk people including health care workers will be the first to be vaccinated while our resident population may need to wait for increased production.

14. Provide re-education to all affected persons on the importance of good handwashing and infection control practices. Donning and Doffing all PPE education is provided upon hire, annually, and as needed.

15. Residents will be cohorted and or isolated based on the characteristics of the epidemic illness with the goal of reducing potential exposure while maintaining the right for readmission for those residents who require hospitalization. Residents may be transferred if the facility is unable to cohort safely. The nursing department with medical consultation determines the process for cohorting. The DOH will be notified if the facility is unable to properly cohort residents.

16. Residents who require transfer out of the facility will have their place maintained and be allowed back as soon as they are medically stable and the facility is able to provide the level of services they require. The resident will be given priority to return to the same unit they were on if they desire.

17. Staff will be designated to work with resident cohorts with as little floating as possible. Staff who have been exposed, and likely immune to a virus, may be assigned to affected units.

18. The facility maintains policies on staffing concerns including an emergency staffing plan. If staffing does not allow the level of care needed to be provided, transfer to another location will be instituted.

19. Many businesses and schools may close during the crisis. The facility should make its resources available to support employees and volunteers as well as residents. Schedules may need to be flexible and duties may need to change based on things outside the control of the facility such as school closures.

20. Facility visitation and access may be limited to protect staff and residents from the public and to protect the public from infected residents. Limitations will be posted in visible areas.

21. The medical team will be consulted and made aware of the developing event. Consult with the Medical Director as needed for orders and treatment for affected persons. A vaccine may be several months in the making and care should be supportive of symptoms. Antivirals may be helpful in some cases. Therapeutic treatments that do not cure the disease but reduce symptoms may be utilized.

22. Review the attached "Pandemic Influenza Frequently Asked Questions" from the DOH. Make copies available in a public area for all. The annual VIS will be provided to residents or their representatives when consent is obtained for vaccination.

23. People will naturally begin their own research as the crisis develops. Educate and encourage them to go to reputable websites such as the CDC, NYS DOH, Local Health Department, and the Department of Homeland Security. Prepare a reference sheet with their contact information and make it available to all.

24. Maintain contact with the local Onondaga County Health Department. The facility may wish to consider collaborating with the health dept. to set up a vaccination "POD" site as vaccinations are developed. A POD is a location where community members can go to be vaccinated. The trailer in the back of the building could be emptied quickly and a site setup.

25. As the pandemic resolves, a plan to re-implement restrictions and recover normal operations will be put in place based on the current procedures with the goal of maintaining safety while balancing the impact on resident's lives. Activity participation, communal dining, visitation, therapy gym use, patio access, building access, outside appointments and the need for social distancing are reintroduced as the pandemic event resolves with guidance from the Department of Health and the CDC. The facility will maintain and review procedures provided by the NYSDOH and CDC in recovery efforts issued at the time of each event regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed. Signage will be placed notifying residents, staff, and representatives of changes and notification will be posted on the website.

26. This plan will be maintained in a readily accessible area in the facility (reception area) and posted on the facility website.