



LORETTO PANDEMIC EMERGENCY PLAN [PEP]

The Covid-19 Pandemic forever changed how businesses and healthcare facilities operate. Through this experience, we have implemented new safety protocols, driven efficiencies in many areas of our business and improved our communications practices. An infectious disease pandemic has the potential to cause widespread illness and death. Planning and preparedness before the next pandemic strikes are critical for an effective response. Our updated Pandemic Emergency Plan [PEP] reflects these learnings and enhanced protocols to ensure the continued safety and security of our residents, staff and communities we serve.

What constitutes a pandemic?

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. Loretto follows effective strategies for preventing infectious diseases.

Pandemics occur when a novel virus appears that causes readily transmissible human illness against which most of the population lacks immunity. Several features set a pandemic apart from other public health emergencies or community disasters:

- Pandemics are expected but arrive with very little warning.
- Outbreaks can be expected to occur simultaneously throughout much of the U.S., preventing sharing of human and material resources that usually occur in the response to other disasters. Localities should be prepared to rely on their own resources to respond.
- The effect of a pandemic on individual communities will be relatively prolonged (weeks to months) in comparison to disasters of shorter duration.
- Because of widespread susceptibility to a pandemic strain, the number of persons affected will be high.
- Health care workers and other first responders will be at higher risk of exposure and illness than the general population, further straining the health care system.
- Effective preventive and therapeutic measures, including vaccine and antiviral agents, are likely to be delayed and in short supply.



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- Widespread illness in the community could result in sudden and potentially significant shortages of personnel in other sectors that provide critical public safety services.

The PEP is a component of a broader, comprehensive Emergency Response Plan maintained at all Loretto facilities, and will be maintained to ensure compliance with all Federal and State regulations and directives. Declaration of a pandemic will initiate applicable sections of the Pandemic Emergency Plan as directed by the facility Incident Commander (IC) in collaboration with the facility Infection Preventionist and other members of the pandemic emergency team.

A multidisciplinary team has been created to specifically address pandemic preparedness planning and execution of this plan. The team consists of the following:

- Medical Director
- Administrator
- Assistant Administrator
- Nursing
- Human Resources
- Material Management
- Pharmacy
- Environmental Services
- Plant Operations
- Infection Control
- Food/Nutrition
- Communications
- Security
- Information Technology

In addition to the established policies and procedures outlined in Loretto's Emergency Response plan, and in order to comply with New York Public Health Law Section 2803 subdivision 12, the facility will also initiate the following plan to prepare for and respond to the declaration of an infectious disease pandemic.

PREPARATION

Personal Protective Equipment [PPE]



As part of the facility's ongoing preparation efforts, an inventory of PPE as outlined in 10 NYCRR 415.19(f) will be maintained for immediate use. We will maintain 7-10 days of supply of PPE on-site, with the remainder of the required 60-day supply on hand and available in a centralized warehouse.

Loretto employees will follow established ordering procedures to replenish on-site inventories.

Supplies to be maintained include, but are not limited to:

- 3-ply commercial masks
- N95 respirators
- Face shields
- Eye protection
- Gloves
- Gowns/isolation gowns
- Sanitizer and disinfectants in accordance with current EPA guidance.

All staff will be fit-tested to appropriately identify the type and size of respirator to be worn when such equipment is required.

Education

The organization conducts ongoing employee education on proper infection control protocols, including the definitions of the specific infectious disease, its symptoms and precautionary measures.

INFECTION MANAGEMENT

When resident is diagnosed with an infectious disease in the facility

Ideally, a resident/patient with an infectious disease diagnosis should be in a separate room with a dedicated bathroom. The resident should remain in the room for all activities including meals. If a resident must leave the room for medical service staff must place a face mask and cover the resident/patient with clean sheets.



The facility must conduct contact tracing, to attempt to identify others who did not wear appropriate PPE were in close contact with the patient. Based the facility will quarantine the exposed patient for 14 days and monitor for fever and respiratory symptoms.

What to do if a staff member is diagnosed with an infectious disease?

As soon as the infected staff person is identified, they should leave work immediately and quarantine themselves. They should be out 14 days from their test date and return after a negative test result.

Rooming Guidelines

If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community:

- Residents with known or suspected COVID-19 do not need to be placed into airborne infection isolation room but should ideally be placed in a private room with their own bathroom.
- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. The Department of Health can assist with decisions regarding resident placement.

Cohorting

The goal of cohorting is to minimize interaction of infectious individuals with non-infected individuals to the extent possible. Upon the declaration of a pandemic, members of the pandemic team will identify areas of the building to cohort residents, including identification of rooms to isolate residents who test positive for the infectious disease and residents who are considered “persons under investigation” (PUI).

Sections of a unit or the floor of the building chosen for cohorting will be demarcated to clearly identify their use where possible, staff will be assigned to each demarcated unit to prevent the spread of infection to other areas of the facility.



Visitation

Each facility will initiate visitation restrictions in accordance with the federal recommendations from the Centers for Medicare and Medicaid Services and the New York State Department of Health. Accommodations will be made to ensure residents can remain in contact with loved ones should a facility be closed down to visitors at any time.

Daily Resident Activities

The Therapeutic Recreation department will attempt to provide normal functions for residents as possible. Technology and one-on-one activities may be supplemented when group activities cannot be held.

Department of Pastoral Services

The religious staff will provide pastoral counseling as appropriate for residents, staff and family members. They will also lead and/or coordinate religious services when possible. Clergy will be able to visit people at end of life when possible.

Contractors and Outside Vendors

Contractors and outside Vendors should not regularly enter the facility. Designated staff will meet the individual at the door and have all follow CDC, and facility guidelines etc.-temperature taken.

REPORTING & COMMUNICATION

The facility will ensure compliance with all regulatory reporting requirements as identified in the New York State Sanitary Code (10NYCRR 2.10) and 10 NYCRR 415.19(d).

Infectious Disease Reporting

The New York State Department of Health has the responsibility for protecting public health and ensuring the safety of healthcare facilities. All Loretto facilities will comply with reporting requirements as directed. Loretto facilities do this by completing the daily HERDS Survey for Nursing Home. The Administrator/Designee is responsible for the reporting.

What Must Be Reported

- Any outbreaks or significant increase in nosocomial infections
- A single case of reportable communicable disease or any unusual disease



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- Any outbreaks of increased incidents due to infectious agents
- Intra-facility outbreaks of influenza, gastroenteritis, pneumonia and respiratory syncytial virus.
- Food borne outbreaks
- Infections associated with contaminated medication, replacement fluids or commercial products.
- Single cases of health-care associated infections (Legionella, Measles virus
- Single case of active pulmonary or laryngeal tuberculosis in nursing home residents or employees.
- Closure of unit due to infections

Pandemic Communication Plan

Upon declaration of an infectious disease pandemic, Loretto will follow regulatory requirements for formal family and resident notification. The facility will augment the Communication Plan contained within the broader crisis communications plan with the following communications required upon the declaration of an infectious disease pandemic.

The plan will include the following:

- Methods to update authorized family members and guardians of residents infected with the pandemic infectious disease and upon change in the resident's condition.
- Update residents, authorized family members and guardians based on Department of Health guidelines on the number of infections and deaths in the facility.
- A plan to provide all residents daily access to free remote videoconferencing, or similar communication methods with authorized family members and guardians.
- Various communications methods will be employed depending on audience and preference, including postal mail, email, the Loretto web site and social media.

Screening & Prevention

Loretto has implemented standard screening protocols at all facilities, including addressing any infectious disease symptoms, inquiring about travel and taking temperatures. All data is tracked electronically. All visitors will also be required to complete our screening process before being allowed access to visitation or entry into any building. Screen all workers prior to the start of their shift.



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Policies have been developed regarding the proper wearing of PPE at all times during an infectious disease pandemic. Masks are required at all locations for all staff in facilities providing resident care. Visitors will also be required to follow proper infection control practices, socially distance and wear masks at all times.

If required, Loretto facilities will implement plans for mandatory testing as directed by the Department of Health.

ENVIRONMENTAL SERVICES

- All Loretto facilities have plans in place to ensure proper cleaning and disinfection for all resident care areas (including high touch services such as light switches, bed rails and bedside tables, etc.) and equipment in the resident room.
- All staff with cleaning responsibilities must wear proper PPE when cleaning all areas and must understand the contact time for cleaning and disinfection products used in the facility. (Staff must check containers for specific guidelines.)
- Plans will ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer's recommendations.
- The facility set a protocol to terminally clean rooms after a patient is discharged from the facility, or transferred to another room.
- If a known infectious disease patient is discharged or transferred, staff will not enter the room until sufficient time, has elapsed for enough air exchange to take place.
- The Director, Housekeeping is responsible for workers to follow all policies and procedures.

RELATED POLICY DOCUMENTS

SKILLED NURSING FACILITY POLICY Pandemic Emergency Plan
Infection Control- Coronavirus Disease (COVID-19)
Crisis Communication Plan
Videoconferencing During a Pandemic
Personal Protective Equipment (PPE) Tracker and Distribution



Extra content from other PEP examples

The organization is being proactive in regards to all events including, Natural Hazards, Technological Hazards, Human Hazards and Hazardous Materials will include the four phases of an effective Emergency Plan, Mitigation, Preparedness, Response and Recovery in developing the Pandemic Emergency Plan.

Also included in the preparing of our policies and procedures the facility will conduct a Hazard Vulnerability Analysis to determine which will determine the types of disasters that are likely to affect the organization. The HVA will be prepared annually or as needed.

The Hazard Vulnerability Analysis developed is for both facility and community-based events.

COVID Background