

PICKERSGILL RETIREMENT COMMUNITY CORONAVIRUS DISEASE 2019 (COVID-19) INTERIM PANDEMIC PLAN

The World Health Organization defines a pandemic as “the worldwide spread of a new disease”



Policy and Procedure

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.

I. MITIGATION PHASE

- Facility leadership will identify members of the facility Pandemic Plan team: Governing Body, Administrator, DON, Medical Director, Infection Preventionist, Pharmacy Consultant, Interdisciplinary Department Leaders, Quality Assurance Coordinator, and Public health representative
- The pandemic plan will be coordinated and aligned with the facility Emergency Preparedness Plan.
- The facility leadership team will review the facility Emergency Preparedness Plan for effective plan implementation including: Roles and responsibilities, required tasks as outlined, plan implementation phases, and business continuity
- Outbreak management plan and actions
- Identification of current risks and hazards in the community
- Identification and assessment of risk to the facility residents and employees
- Goals and priorities will be identified to meet the quality needs of the residents and employees: Training, Supplies, Medications, Treatments, Equipment and Employee Management

II. PREPAREDNESS PHASE

The Pandemic Plan will include:

- Authority*: Key Employees responsible for executing the Plan, Preparation of Emergency Contact, Resident, Staff Lists, and Contacts
- Communication Procedures*: Collaboration with State/Local Health Department, acute care partners, other providers; Identify resources and partners. Communication Plan

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should govern within the facility with all the residents, their representatives, and employees.

- Review Community and Facility Risk:* Complete a risk assessment as outlined in Emergency Preparedness Plan to determine facility risk. Coordinate and communicate with Local and State
- Health Department. If risk is identified, initiate Pandemic Plan in collaboration with Public Health authorities
- Review Resident Advance Directives and Emergency Operations Coordination.* Follow the Emergency Preparedness Plan: re-educate employees on their roles, responsibilities and resource allocation.
- Employee Allocation:* Identification of essential and non-essential staff, overall staffing needs, and contingency staffing plan.
- Conduct an Infection and Prevention Control Self-Assessment.*
 - *Long term care facility – Infection Control Self-Assessment Worksheet:*
https://qsep.cms.gov/data/252/A_NursingHome_InfectionControl_Worksheet11-819508.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

III. RESPONSE PHASE

- Continue community surveillance:* The Infection Preventionist will monitor active cases in community including but not limited to hospitals, other healthcare facilities, schools, and Public Health surveillance.
- Implement and continue facility surveillance system and process, identification, tracking and monitoring of resident condition change and employees for sign and symptoms.
- Initiate communication plan* and reporting processes per Emergency Preparedness Plan, prepare messaging and responses in collaboration with State/Local Health Department
- Review diagnostic evaluation services, availability and response per Plan.
- Follow the response and facility management of ill residents per outbreak management plan. Implement dissemination of information processes per Plan with: Health care

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Providers, media, residents/representatives, employees/families, vendors, key stakeholders, Federal, State, and Local officials.

- Initiate supplies and equipment management plan:* review contingency supplies, disinfectants, par levels of current inventory and equipment.
- Implement Facility Inventory Management Plan.* Communicate and educate employees on use of supplies and equipment
- Employee Management and Communication plan:* Sick Leave Policies and Procedures following the Centers for Disease Control and Prevention guidance. Review Staffing Contingency Plan to determine essential and non-Essential Employees.
- 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/Physician visits either In-Person or virtual. Implement and communicate hospital coordination for potential influx of emergency room visits, admissions, testing and hospital triage process
- Implement Volunteer Restriction protocols* and review as well as other communication options including Federal and/or State Guidelines, vendor management, transport

IV. RECOVERY PHASE

- Implement Re-Entry Plan in alignment with Public Health and Emergency Preparedness Plan for: Residents and representatives, employees, clinicians, physical plant, disinfection protocols completed, supplies, human resources, vendors, State and local officials, Governing Body, and key stakeholders.
- Review and implement continuity of operations plan and outcomes.
- Analyze the facility business and clinical impact
- Implement re-entry communication plan
- Monitoring the effectiveness of plan implementation and outcomes.
- Incorporate into the QAPI process

Resources:

1. Centers for Disease Control and Prevention. <https://www.cdc.gov/flu/pandemic-resources>.
2. 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

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