

Each of these areas have a summary following this page and a section for resources following summary pages.



**Infection Control:** Maintain infection control policies and procedures, updated where needed and increase transmission-based precautions. Train, re-Train, monitor



**Staffing:** Remind about hand hygiene and proper use of PPE. Tell them to stay home if they're sick. Screen all personnel coming into the building. Inventory, order, re-order for stock. Staff back-up- Agency, ECC, Call lists



**Limit Interactions:** Consider restricting non-essential visitors (not family / resident visitors) and outside group activities. Implement social distancing within the facility where possible.



**PPE:** Preserve your current supply if you're running low. Ask for help from local and state officials, consulted company, and document requests. Implement: conservation.



**Communicate:** Report suspected or confirmed cases to authorities. Keep residents, families and staff informed about your developing situation. Prepare for media inquiries.



**Engagement:** Keep residents connected with loved ones remotely and stimulated with meaningful activities adapted for this situation.

# EMERGENCY PREPAREDNESS – PANDEMIC (Specific)

**Pandemic:** A pandemic is defined as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people”. The classical definition includes nothing about population immunity, virology or disease severity. This document may also be used for “generalized epidemic” circumstances as well.

The CDC, CMS, Public Health Departments are responsible to outlining circumstances that facility may find themselves dealing with: Pandemic, Epidemic, Localized Outbreak.

1. Form a Team. Typically the team will consist of the organization’s leadership; with the Administrator, in a Pandemic, the Infection Preventionist (IP) should also be a team member as well as other Clinical Support staff. The IP should not be primarily bogged down in broad meetings, policy drafting and such their main focus is on Preventionist of Infections and that is a front-line duty of care. Certainly, they should review policies and such but it is not this role to draft and spend time in office settings.

2. Evaluate the scope and severity of the Pandemic effect: is it starting; growing, full effect? Gather accurate information about it, and report back to the Commander and other ECT members. In an emergency there may be limited or conflicting information about the event or its impact. “Facts” matter and may change several times as new information is available.

2. Plan Ahead With the team in place, who will coordinate communication to staff, residents, families. Who does external communications to regulatory agencies, the Press, inquiries, including social media • Practice how to handle inquiries from families (who may be in a panic) • Brainstorm possible scenarios/responses. Know the Stakeholders as tempting as it may be, management should not rely exclusively on one way to communicate (e.g. telephone) their statements and messages. There should always be options in a plan for using alternate communications channels -- like text, wired telephone, cell phone, Internet, etc.

Know How to Contact Stakeholders: Staff, Families, Regulatory.

Remind staff not to speculate or discuss an event, especially with media. Staff training is a necessity. Lack of preparedness in an emergency has many markers, including: • Emergency responses are slow and most likely inadequate • Residents, patients and staff are unnecessarily harmed or stressed out • Stakeholders, including families, are uninformed and probably agitated • Local media outlets are out of the loop •

## EMERGENCY PREPAREDNESS – PANDEMIC (Specific) Communications:

Transparent and accurate communications with stakeholders, especially the media, during and after a crisis contributes to a successful resolution of the problem, including a positive evaluation by stakeholders and the public. The Communications plan – consisting of policies, procedures, and an incident command structure -- is the primary tool management has to ensure employees follow protocols during an emergency in contacting stakeholders, the media, and others.

The Media Outreach is an essential part of the Communications plan. To help set management on the right path to developing a communications plan, the following outline can be a guide in the process of creating or modifying emergency preparedness communications procedures. Using this will help management gauge when emergency preparedness is on solid footing.

Communications Plan – Pandemic: Scope and Severity During an emergency (or “incident”), the Communications plan should govern all communications within an organization and with external stakeholders, including the media. However, with a Pandemic the plan needs flexibility; an organization’s management may only need a portion of the incident command structure, depending on the scope and severity of the emergency, such as an elopement versus a Pandemic or natural disaster (hurricane, wildfires etc.).

Ensure communications flow with CMS, State, and Local Health Departments. Whether this communication is on testing results, vaccine distribution, and changes in guidance.

## EMERGENCY PREPARDNESS – PANDEMIC (Specific)

**Infection Control** (does not replace infection control policies or procedures just highlights specific things to plan/ review)

- See Infection Control Section – Line List, Tracking Log,
- Increase Infection Control In-Services
  - Transmission of Virus / Bacteria
  - Use of PPE – DON / DOFF / CDC Approved Extended Use and Burn Rates
  - Isolation Rooms-
  - Observation Isolation vs Communicable
    - Observation is precautionary of unknown (these are not line listed)
  - Resident and Employee Health – Signs/ Symptoms
  -

## EMERGENCY PREPARDNESS – PANDEMIC (Specific)

**Staffing** (does not replace staffing policies or procedures just highlights specific things to plan/ review)

- Staffing Policy
- Develop Staffing Contracts for Emergency Use
- Develop Updated Phone Tree Lists for Contact

### Emergency Staffing Plans:

1. When facility drops below minimal staffing levels or it is anticipated that staffing may drop below (weather, proposed strike, etc.) the facility will follow this course of action:
  - a) Call all department heads to augment staff shortage (required)
  - b) Call all staff support leadership staff (MDS, Restorative, etc.) to augment staff shortage (required)
  - c) Call all line staff to augment staff shortage (voluntary)
  - d) Call contracted Agency / Temp placements to fill staff shortage **with Administrator approval**
  - e) Contact CEO of Consultant Company for staffing placement of either their staff (11 Nurses; 3 Social Service; 6 Administrative Staff) or to help secure support staff from another Consulted facility.

## EMERGENCY PREPARDNESS – PANDEMIC (Specific)

**Personal Protective Equipment** (does not replace PPE policies or procedures just highlights specific things to plan/ review)

- See McKesson Emergency Preparedness Guide Section (facility has a contract with Mck for Emergency Supplies Interruption Delivery)
- **During NON- Pandemic Times – continue to purchase PPE at normal quantities to stock**
- Inventory Monthly PPE Supplies. Generally should always have 1 month supply of burn rate
- See CDC guidance on Conservation acceptable techniques – Follow guidance
- Supplies should be in facility inventory or Consultant Company inventory of >4 weeks supplies for general PPR and >8 weeks for mask requirements

## EMERGENCY PREPARDNESS – PANDEMIC (Specific)

**Visitation & Interactions** (does not replace visitation policies or procedures just highlights specific things to plan/ review)

- Review Guidance on CMS Visitation: Family, Outside Health Care Personal
- Restrictions lifted in most cases
- Review Guidance on Dining, Activities and other Interactions
- Restrict as Necessary or Curtail as Needed outside activities
- Family Visits of Window Visits, Web Based Visits, Phone Visits, Outside Visits, In-door visitation are all options

## EMERGENCY PREPARDNESS – PANDEMIC (Specific)

**Resident Engagement** (does not replace resident policies or procedures just highlights specific things to plan/ review)

- Developed Family Visits of Window Visits, Web Based Visits, Outside Visits, In-door visitation
- Create activity calendar for engagement without groups
  - Doorway BINGO
  - Entertainment Outside
  - Social distancing as required and as possible

## Other areas to review and consider:

- Change Reception Policy to take family messages for units and pass off to assign Administrative Staff to return calls. Allow Nurses to provide care and not answer calls.
- Pull Updated DNR list and make sure readily available at Nursing Stations
- Discuss with Medical Director and ordering Physicians to adjust medication times and review orders of medications not imperative to possibly not be passed: vitamins, aerosols, etc.
- Create a “war board” dry erase of resident effected infection – update daily
- Ensure resident inventories are updated as room moves are likely
- Create signage:
  - Isolation
  - Required PPE
  - Guidance i.e., social distancing, wash hands
  - Vital Sheets
- Staff Burn-out- ensure communication and well-being checks with staff. Provide day off recommend at least 1 per pay-period; recommend even in crisis time staff not work more than 2 shifts in a row.

## EMERGENCY PREPAREDNESS – PANDEMIC (Specific)

### Resource Guidance:

<https://www.cdc.gov/>

<https://www.dph.illinois.gov/> ILLINOIS

<https://www.in.gov/isdh/> INDIANA

<https://cookcountypublichealth.org/> COOK County IL

<https://www.lakecountyin.org/> LAKE County IN

<https://willcountyhealth.org/> Will County IL

<https://www.dupagehealth.org/> DuPage County IL