



S T. A N N ' S
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Full of Life

ST. ANN'S COMMUNITY

Pandemic Influenza Preparedness, Response and Recovery Plan

Policy No: IC-39

Responsible Dept: Infection Control

Revised: 10/11/2024

Other Departments: Medical, Administration

Policy Statement

The Pandemic Influenza Preparedness, Response and Recovery Plan (PIPRRP) provides guidance in the event of a pandemic triggered by emergence of a novel influenza A virus subtype defined by a global event by the World Health Organization. The scope of this plan includes identification of personnel responsible for coordination of preparedness plan; implementation of the plan; state and local contacts and professional organizations as well as personnel responsible for implementation, monitoring and coordination with community-based providers.

Policy and Procedures

Definition of a Pandemic Outbreak:

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily person to person, causes serious illness, and can sweep across the country and around the world in a very short time.

I. St. Ann's Community Organizational Implementation of the PIPRRP:

1. Structure for Planning and Decision Making:
 - a. The Emergency Management Plan Coordinator will incorporate the PIPRRP into the Emergency Management Plan.
 - b. The Infection Control Preventionist (Pandemic Influenza Response Coordinator) will be responsible for the coordination of the PIPRRP.
 - c. The Members of the planning committee will include a representative from the following departments:
 - SAC administration, Leadership I
 - Medical Director
 - Infection Control department
 - Employee Health department
 - Staff Development
 - Environmental Services
 - Maintenance Supervisor

Food and Nutrition Services
Pharmacy Services

Rehabilitation Services (OT/PT/SP)

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Purchasing Agent
Staffing / Scheduling Supervisor
Director of Quality
Director of Adult Day Services
Director of Transitional Care
Director of Volunteers
VP Governance
VP Foundation & Resource Development
Pastoral Care

Local and state health departments and provider/trade association points of contact for information on pandemic influenza planning resources are as follows:

- a. Local Health Department contact: **Mike Sayers**
Program Manager
111 Westfall Rd
Rochester, NY 14692

Phone: 585 753-5129
Fax: 585 753-5131

Heather
hessig@monroeco.gov

Essig

Disease Control Unit:
Telephone: 585-753-5164

- b. State Health Department contact:
Primary Contact: Ann Sullivan-Frohm
Telephone: 716-847-4333
Fax: 716-847-4333

Gretchen Parrott state regional epidemiologist
585 423 8074

Alternate contact: **Christina Hildago**
Telephone: 716-847-4514
Fax: 716-847-4333

- c. State Long Term Care professional association:

**Association of Professionals in Infection Control and Epidemiology,
Incorporated**

1275 K Street, NW, Suite 1000

Washington, D.C. 20005-4006

Telephone: 202-789-1890

Fax: 202-789-1899

Web site: <http://www.apic.org>

Note: Access to APIC web site only available to APIC

registered Infection Control Preventionist **Questions:**

apicinfo@apic.org

- d. Local and regional points of contact identified in the event SAC Residents/Patients require hospitalization or SAC beds are needed for hospital patients discharged:

Rochester General Hospital: **Paul Staub, Manager of Public Safety**
Telephone: 585-922-5440

Strong Memorial Hospital: **Mark Cavanaugh, Director of Health & Safety**
Telephone: 585-275-0500

Non-disaster Emergencies:
Telephone: 585-275-7081

Unity Health System: **Judith Dieter, Director of Care Management**
Telephone: 585-723-7160

Highland Hospital: **Sue Simeone, Disaster Coordinator**
Telephone: 585-341-0239

- e. Infection Control Preventionist will contact local or regional pandemic influenza planning groups to obtain information and coordinate SAC PIPRRP with the above agencies / departments.

II. Implementation of the PIPRRP

1. The Infection Control Preventionist will review annually the Department of Health & Human Services, New York Department of Health, Center of Disease Control and Monroe County pandemic influenza plans and evaluate incorporation of content into the SAC PIPRRP.
2. The Infection Control Preventionist will include the federal, state and local pandemic plans (see above, section II.1) in the SAC PIPRRP binder and review / update annually.
3. The SAC leadership personnel authorized to implement the PIPRRP, in cooperation with the New York State Health Department and Monroe County Health Department, are:
 - a. Chief Executive Officer

- b. Senior VP & Administrator
- c. Medical Director

III. Elements of the SAC Pandemic Influenza Preparedness, Response & Recovery Plan:

1. Surveillance and detection of the presence of pandemic influenza in Residents/Patients and personnel:
 - a. The Infection Control Preventionist will monitor the public health advisories (federal and state), updating the members of the pandemic influenza planning committee when pandemic influenza has been reported in the United States and is nearing the geographic area (Monroe County).

Contacts will be made with the following agencies:
 - Center of Disease Control (CDC)
 - Department of Health & Human Services (HHS)
 - New York State Department of Health (NYSDOH)
 - b. The Infection Control Preventionist will monitor weekly or daily trends of seasonal influenza-like illness in residents and personnel, identifying trends and stressors that may impact / affect operating capacity, including staffing and supply requirements during a pandemic. (Refer to IC- 14, *Infection Surveillance & Reporting*)
 - c. The Infection Control Preventionist will develop and implement evaluation and diagnosis of residents/patients and / or staff with symptoms of pandemic influenza. (Refer to IC-16, *Outbreak Procedure*, IC-29, *Influenza Management*, IC-15, *Transmission Precautions*, IC-5, *Exposure Control Plan*)
 - d. The Infection Control Preventionist will develop and implement a process for the assessment of incoming residents/patients for seasonal influenza. (Refer to IC-16, *Outbreak Procedure*, IC-29, *Influenza Management*, IC-14, *Infection Surveillance & Reporting*)
 - e. Monitors, reviews internal transmission among residents/patients and staff in SAC. Implement prevention interventions. (Refer to IC-15 *Transmission Precautions*, IC16, *Outbreak Procedure*)
2. SAC organization communication plan:
 - a. The Infection Control Preventionist will contact he following key points for guidance and direction:
 1. **Monroe County Department of Health: Michael Sawyer**
Monroe County Disease Control Unit
Telephone = 585-753-5129

2. New York State Department of Health:
 - Primary Contact:** **Ann Sullivan-Frohm**
Telephone: 716-847-4333
Fax: 716-847-4333
 - Alternate contact:** **Christina Hildago**
Telephone: 716-847-4514
Fax: 716-847-4333
 - b. The Infection Control Preventionist will report and communicate with the public health authorities during a pandemic event.
 - c. The VP Marketing & Community Relations and the Social Work Director will communicate with staff, residents/patients and their families regarding the status and impact of pandemic influenza on the organization.
 - d. The Social Work Director will ensure that contact information for the residents/patients is current and up to date.
 - e. The VP Marketing & Public Relations and the Medical Director will communicate how the plans for signage, phone trees, and other methods of communication will be implemented and used to inform staff, family members, visitors and other people entering the organization, i.e., sales and delivery staffing; updated regarding the status of pandemic influenza in the organization.
 - f. The Manager of Environmental Services will ensure that The Mutual Aid Plan is updated and available to identify healthcare organizations and the points of contact with whom it is necessary to maintain communication during a pandemic. (Refer to the Mutual Aid Plan for SAC)
 - g. The Manager of Environmental Services will ensure that a discussion of local plans for inter-facility communication during a pandemic has occurred and contacts updated periodically. (Refer to the Mutual Aid Plan for SAC)
3. Staff Development will provide education and training to ensure all personnel, residents/patients and family members of residents understand the implications of, and basic prevention and control measures for pandemic influenza:
 - a. Coordination of education and training on pandemic influenza
 - b. Long distance and local programs are identified and include:
www.cdc.gov/flu/professionals/training/
 - c. Language and reading level appropriate materials are identified to supplement and support education and training programs and are available with sources identified.
 - d. Staff Development and Infection Control Preventionist will ensure that education and training includes information on infection control measures to prevent the spread of

pandemic influenza. (Refer to IC-16 *Outbreak Procedure*, IC-29 *Influenza Management*, IC-9 *Infection Control Education Procedure*, IC-15 *Transmission Precautions*, IC-5 *Exposure Control Plan*, IC-2 *Cleaning Procedure for Precaution Rooms*)

- e. Human Resources will check credentialing of non-facility nursing personnel in an expedient fashion as they are identified prior to having them begin working at SAC.
 - f. Senior VP & Administrator, VP Marketing & Public Relations and Infection Control Preventionist will ensure that informational materials that have been identified and are available for residents/patients and family members, are language and reading level appropriate. These materials will be disseminated in advance of the actual pandemic. (www.cdc.gov/professionals/infectioncontrol/index.htm; www.cdc.gov/flu/groups.htm. (Refer to IC-16: *Outbreak Procedure*)
4. Staff Development, Infection Control Preventionist and Nursing Leadership will ensure that the infection control plan in place for managing Residents/Patients and visitors with pandemic influenza to includes:
- a. Direct care staff will implement standard precautions, droplet precautions using a mask for contact with an infected and symptomatic resident/patient within three (3) feet as per policy IC-15, *Infection Control Transmission Precautions*.
 - b. Respiratory Hygiene/Cough etiquette is implemented throughout SAC.
 - c. A plan for placing symptomatic residents/patients together in one area of SAC and closing units where symptomatic and asymptomatic residents/patients reside, to include the use of dedicated staff to any specific nursing unit, will be identified and implemented. The management of current residents/patients and those potential patients from the community is dependent on the stage, severity and the alert level issued (HHS) and will meet the needs of the community while managing the potential spread of the pandemic. (Responsibility: VP & Administrator, Medical Director, VP Marketing & Public Relations)
 - d. Closing nursing units or the entire organization to new admissions in the event of pandemic influenza is reviewed with the New York State Department of Health before implementation. (Refer to III.2.a.2 for names of NYS DOH contacts and numbers) (Responsibility: VP & Administrator, Medical Director, VP Marketing & Public Relations, Infection Control Preventionist)
 - e. Visitor limitations will be implemented as identified in IC-16, *Outbreak Precautions*.
5. Employee health plan (which is the responsibility of all departments at SAC and the employee) will address staff absences and other related issues to include:
- a. Personnel who develop symptoms while at work. (Refer to HR-92, *Employee Illness and Return to Work Policy* (Responsibility: Employee Health Nurse))

- b. Personnel return to work after recovering from pandemic influenza. (Refer to HR-92, *Employee Illness and Return to Work Policy* (Responsibility: Employee Health Nurse))
 - c. Personnel who need to care for family members who become ill. (Refer to HR-9, *Absenteeism and Tardiness* (Responsibility: Supervisors and Human Resources))
 - d. Implement education of personnel to self-assess and report symptoms of pandemic influenza before reporting on duty to prevent the spread of infection. (Responsibility: Staff Development)
 - e. Implement a system for provision of counseling and mental health resources for personnel. (Responsibility: Social Work Department, Faith providers at SAC, Community resources)
 - f. Implement the monitoring of influenza vaccination of personnel. (Responsibility: Employee Health Nurse, Infection Control Preventionist)
 - g. Personnel who are at increased risk for influenza complications, i.e., pregnant women, immunocompromised workers; will be evaluated for the appropriateness of an alternative assignment. (Responsibility: Human Resources, Nursing Leadership, Employee Health Nurse.)
6. Vaccine and antiviral plan is in place:
- a. Current recommendations from the CDC and health department are identified and obtained guidance for use, availability, access and distribution of vaccines and antiviral medications during the pandemic. (Responsibility: Pharmacist, Infection Control Preventionist, Staff Development)
 - b. Residents/patients are identified as top priority for receipt of influenza vaccine and personnel to receive vaccine immediately after as described in policy IC-16 *Outbreak Precautions*, IC-29 *Influenza Management*. (Responsibility: Infection Control Preventionist, Pharmacist, Nursing Leadership)
 - c. Delivery of influenza vaccine and antiviral medications will be expedited as per policy IC-16 *Outbreak Precautions*, IC-29 *Influenza Management*. (Responsibility: Pharmacist, Infection Control Preventionist, Employee Health department)
7. Surge capacity during a pandemic event will be addressed by:
- a. Contingency staffing plan identifying minimum staffing needs and priorities critical and non-essential services based on resident/patient health status, functional limitations, disabilities and essential facility operations as described in the Emergency Preparedness Plan to be implemented. (Responsibility: Leadership I)
 - b. Daily assignment of responsibilities for conducting a daily assessment of staffing status and needs during an influenza pandemic. (Responsibility: Leadership I)

- c. Legal counsel and NYS DOH are contacted and consulted to determine the applicability of declaring the organization is in a “staffing crisis” and emergency staffing alternative will be implemented. (Responsibility: Chief Executive Officer, Senior VP & Administrator)
- d. Strategies to collaborate with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis are reviewed as included in the Emergency Preparedness Plan. (Responsibility: Chief Executive Officer, Senior VP & Administrator)
- e. Quantities of essential materials and equipment for a six week pandemic are stocked as described in the Emergency Preparedness Plan. Supply shortages, including strategies for using normal and alternative channels for procurement of resources are identified and contacted. (Responsibility: Central Supply & Requisition, Leadership I)
- f. Care plans are developed to address acute care medical needs and provision of acute care in the long term care setting. (Responsibility: Medical service providers, VP of Nursing Services, Leader-Ship II nursing personnel.)
- g. Surge capacity plans are implemented as required to increase hospital bed capacity in the community, including implementation of signed agreements with Rochester General Hospital, Strong Memorial Hospital, Unity Health system, and Highland Hospital for admission to SAC of non-influenza patients to provide for acute care hospital bed resources for more seriously ill patients from the community. (Responsibility: Chief Executive Officer, Senior VP & Administrator , Medical Service providers, Admission department.)
- h. Facility space that has been identified is adapted for use for expanded inpatient beds, which has been communicated to local and regional planning contacts by way of the Emergency Preparedness Plan, is put in use. (Responsibility: Chief Executive Officer, Senior VP & Administrator , Medical Service providers, Admission department.)
- i. The contingency plan for the management of the increased need for post-mortem care and disposition of deceased residents, included in the Emergency Preparedness Plan, is implemented. This plan includes temporary morgues and/or local plans for expanding morgue capacity in coordination with the local and regional pandemic response plans. (Responsibility: Chief Executive Officer, Senior VP & Administrator, Leadership I)

* OSHA reference: “Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers” Section: Pandemic Influenza Preparedness

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