

## Kendal at Ithaca Pandemic Emergency Plan

<b>Department: Health Services</b>		<b>Effective Date: 9/15/2020</b>
<b>Pandemic Emergency Plan (PEP)</b>		
<b>Purpose:</b>	The purpose of this policy is to reduce the risk of spread of Pandemic infection (i.e. Influenza, SARS, COVID-19) transmission to health care workers, residents, volunteers, and other affiliates and to ensure appropriate communication with affected parties.	
<b>Applies To:</b>	Health Center Employees, Volunteers, Students and Providers	
<b>Policy:</b>	The CDC predicts that as much as 25-30% of the US could be affected by a pandemic. Up to 35% of the workforce could be affected. Kendal at Ithaca must prepare in advance to respond to a pandemic situation in such a way that will minimize disruption and illness and develop strategies to protect the safety of residents and staff.	
<b>What is a Pandemic</b>	<p>A pandemic is a global outbreak that results from the emergence of a new (novel) virus (not a common seasonal virus) that can cause serious illness in humans, and spreads easily from person to person. Seasonal viral outbreaks such as influenza are caused by small changes in the common influenza viruses. Even though these viruses may change slightly from one flu season to another, many people have developed some immunity.</p> <p>Control measures will be instituted based on the case definition of the viral respiratory illness as identified by epidemiologic criteria from the CENTER FOR DISEASE CONTROL and/or NEW YORK STATE DEPARTMENT OF HEALTH</p>	
<b>Purpose</b>	<p>Kendal at Ithaca will establish procedures that work to</p> <ul style="list-style-type: none"> <li>• Prevent or minimize the effect of the pandemic on the KAI community</li> <li>• Continue with key services uninterrupted, with priority given to health services and dining, while staff and supply shortages occur</li> <li>• Procure supplies, including PPE and vaccines, to protect health and safety of residents</li> <li>• Keep up to date on public health guidance and follow recommendations</li> <li>• Ensure timely and frequent communication with residents, staff, board members, families, Kendal Corporation, vendors and the broader community</li> <li>• Prepare for surge if requested</li> </ul>	

<p><b>Surveillance &amp; Triage</b></p>	<ol style="list-style-type: none"> <li>1. Health Care Workers should have a high level of suspicion when approaching a resident with respiratory symptoms and ask the appropriate triage questions.</li> <li>2. All residents who present with respiratory symptoms should immediately be given a surgical/isolation mask and be assessed for respiratory illness.</li> <li>3. If the resident screening is positive for any viral respiratory infection, the triaging personnel should don an isolation surgical, KN95 or N95 mask, if available, or as the situation warrants, as well as other personal protective equipment, while completing the screening.</li> <li>4. Resident should immediately be placed in a private room with Droplet and Standard Precautions initiated and appropriate signage. Provide teaching to resident regarding Respiratory Hygiene/Cough Etiquette. If suspicious for COVID-19, resident should be placed in Droplet and Contact precautions per CDC and NYSDOH guidelines.</li> <li>5. Resident shall be kept in their room with the door closed. Do not permit them to wander throughout the facility.</li> <li>6. Perform contact investigation. Look beyond the resident; contacts may be infectious too. Assess whether dining tablemates or other residents with close contact are ill with similar symptoms. Institute appropriate control measures.</li> <li>7. 7. If resident care areas become overcrowded, alternate areas may need to be used for patient/resident placement. “Admission Screening and Response to Suspected or Positive COVID-19”. When placing residents in alternate areas of the facility, they need to be segregated (at least 6 feet) from other residents and the area properly identified through Precaution Type signage.</li> </ol>
<p><b>Control Measures:</b></p>	<p>Until a specific Pandemic viral respiratory illness has been ruled out, Droplet Precautions will remain in place. Standard precautions always apply.</p> <ol style="list-style-type: none"> <li>1. Standard Precautions are designed to reduce the risk of transmission of micro-organisms for both recognized and unrecognized sources of infection. Standard precautions apply to all contact with blood, all body fluids, secretions, and excretions regardless of whether they contain visible blood, non-intact skin, and mucous membranes. Standard precautions apply to all residents.</li> <li>2. Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets containing microorganisms generated from a person who has a clinical disease or is a carrier of the microorganism. <ol style="list-style-type: none"> <li>A. Standard Precautions always apply.</li> <li>B. Private room</li> <li>C. Surgical or higher-level masks are worn for close to resident contact (within six feet of the resident)</li> </ol> </li> </ol>

- D. Do not transport the resident unless it is essential. The resident must wear a surgical mask and observe respiratory hygiene and cough etiquette during transport.
- E. Droplet Precaution signage must be placed at the room entrance, along with PPE supply cart.
- F. Hand hygiene is essential.

3. Airborne Isolation Precautions may be required for Aerosol-Generating Medical Procedures as they could increase the potential for generation of small aerosols in the immediate vicinity of the resident.

- A. The procedure should be conducted in a private room with the door closed.
- B. N-95 respirator or higher must be worn by the associates. All participating associates must be properly fit tested.
- C. Limit personnel in room to the necessary staff.
- D. Eye protection (i.e. goggles/faceshield), gown and gloves must be worn during aerosol generating procedures. Aerosol-generating procedures are procedures that induce coughing which can increase the likelihood of droplet nuclei being expelled into the air.

These potentially aerosol-generating procedures include:

- a. aerosolized medication treatments (e.g. Nebulizer Treatment)
- b. diagnostic sputum induction
- c. bronchoscopy
- d. airway suctioning
- e. extubation

4. Airborne Infection Isolation (AII) includes: Based on surveillance data.

- A. Respiratory protective devices with a filter efficiency of greater than or equal to 95%.
- B. Private room with door closed. If available, utilize a negative pressure room with anteroom.
- C. Keep door closed and the resident in the room.
- D. Respiratory protection: Associates must wear an N-95 respiratory mask. Any permitted visitors must also be instructed to wear an N95 respirator or isolation mask.
- E. Do not transport the resident unless it is essential. The resident wears a procedure (surgical) mask during transport. Do not place an N-95 respirator on the resident.
- F. Precaution Type sign should be placed at the room entrance with isolation cart.
- G. Hand hygiene is essential.

5. Contact Precautions include:

- A. The use of gowns and gloves for everyone entering the room.

	<p>B. The equipment should be dedicated to the resident in precautions.</p> <p>C. Disposable thermometers are used.</p> <p>D. Do not transport the resident unless it is essential.</p> <p>E. The precaution type sign should be placed at the room entrance along with isolation cart.</p> <p>F. Hand hygiene is essential.</p> <p>6. The Health Services Administrator, Director of Nursing and Infection Preventionist of the facility should be notified immediately if a suspect or probable influenza or other viral respiratory infection is identified. The Infection Preventionist should also notify the Local and State Health Departments.</p> <p>7. Reassignment for high-risk personnel (if known) such as pregnant and immunocompromised associates to low risk duties will be determined on a case by case basis in conjunction with Human Resources.</p> <p>8. When leaving the isolation room, use care when removing the PPE to avoid contamination. Remove the PPE in the anteroom, if available. If an anteroom is not available remove the PPE at the door, away from the resident, just before exiting and perform hand hygiene.</p> <p>9. Order of PPE Removal:</p> <ol style="list-style-type: none"> <li>a. Gloves</li> <li>b. Goggles or Face Shield</li> <li>c. Gown (if used)</li> <li>d. Mask or Respirator</li> <li>e. Hand Hygiene immediately after removal of PPE.</li> </ol>
<p><b>Alternate Care Locations: (If available)</b></p>	<p>In the event of an outbreak of COVID-19, residents will be transferred to Cayuga Medical Center or a COVID only skilled nursing facility if KAI cannot safely care for the COVID positive resident. Any resident transferred to the alternate care location shall have their bed reserved for their return when they are able to be removed from isolation to the extent possible.</p>
<p><b>Supplies:</b></p>	<p>Kendal at Ithaca will ensure a minimum of 60-day supply of Personal PPE burn rate may be pathogen specific, including item specific. KAI will review DOH guidance and observed usage to modify burn rate calculation to ensure sufficient PPE supply</p> <p>A minimum of 60-day stockpile of PPE including:</p> <ul style="list-style-type: none"> <li>• -N95 respirators</li> <li>• -Face shield</li> <li>• -Eye protection</li> <li>• -Gowns/isolation gowns</li> <li>• -Gloves</li> <li>• -Masks</li> <li>• -Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)</li> </ul>

	<p>All PPE will be maintained in a secure location. A back-up delivery service in case of supply or logistical disruption will also be maintained by the facility.</p> <p>*COVID-19 Pandemic – per NYSDOH regulations the facility will have a 60-day PPE supply by 9/30/20*</p>
<p><b>Cleaning:</b></p>	<p>Personnel involved in cleaning and disinfection activities should wear protective attire as is required for Standard Precautions gloves plus a gown (if soiling of attire is anticipated) and Droplet Precautions (isolation mask). For aerosol generating procedures, N95 respirator or higher must be worn plus gloves and gown. Once the resident has left the room and sixty (60) minutes has elapsed, a N95 respirator mask is not needed. Patient/Resident rooms should be cleaned and disinfected daily and at the time of resident transfer or discharge.</p> <ol style="list-style-type: none"> <li>1. Surfaces to be cleaned daily include: <ol style="list-style-type: none"> <li>A. Horizontal surfaces (e.g., over-bed table, nightstand)</li> <li>B. Frequently touched surfaces (e.g., bed rails, phone)</li> <li>C. Lavatory facilities</li> </ol> </li> <li>2. Terminal cleaning and disinfection following transfer or discharge: <ol style="list-style-type: none"> <li>A. Surfaces described above</li> <li>B. Obviously soiled vertical surfaces</li> <li>C. Frequently touched surfaces such as light cords, switches and door knobs</li> <li>D. Curtain dividers do not need to be changed unless visibly soiled</li> </ol> </li> <li>3. Cleaning and disinfectant solutions should be adjusted as necessary beyond hospital approved disinfectant based on CENTER FOR DISEASE CONTROL (CDC) recommendations.</li> </ol>
<p><b>Discontinuing Isolation:</b></p>	<ol style="list-style-type: none"> <li>1. If novel influenza (pandemic flu) positive by culture or RT-PCR <ol style="list-style-type: none"> <li>A. Continue Droplet Precautions for the duration of illness (a minimum of 5 days after symptom onset)</li> <li>B. Continue antivirals if applicable</li> <li>C. Do not cohort with seasonal influenza residents</li> <li>D. Treat complications, such as secondary bacterial pneumonia as indicated</li> <li>E. Infection Control to provide clinical updates to health department and obtain further guidance regarding treatment and discontinuation of isolation guidelines</li> </ol> </li> <li>2. If seasonal influenza positive by culture or RT-PCR <ol style="list-style-type: none"> <li>A. Continue Droplet Precautions</li> <li>B. Continue antivirals if applicable</li> <li>C. Do not cohort with Novel/Pandemic flu patient/residents</li> <li>D. Treat complications, such as secondary bacterial pneumonia, as indicated</li> </ol> </li> </ol>

	<p>3. All influenza testing negative</p> <ol style="list-style-type: none"> <li>A. Continue infection control precautions as clinically appropriate</li> <li>B. Treat complications, such as secondary bacterial pneumonia, as indicated</li> <li>C. Consider discontinuing antivirals, if considered appropriate</li> </ol> <p>4. COVID-19</p> <ol style="list-style-type: none"> <li>A. Isolation may be discontinued for Residents with mild to moderate illness <ol style="list-style-type: none"> <li>a. Who are not severely immunocompromised</li> <li>b. At least 10 days have passed since symptoms first appeared and</li> <li>c. At least 24 hours have passed since last fever without the use of fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved</li> </ol> </li> </ol> <p>Note: For residents who are not severely immunocompromised and were asymptomatic throughout their infection, Isolation Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.</p> <p>For Residents with severe to critical illness or who are severely immunocompromised, isolation may be discontinued if:</p> <ul style="list-style-type: none"> <li>• At least 20 days have passed since symptoms first appeared and</li> <li>• At least 24 hours have passed since last fever without the use of fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved</li> <li>• Note: For patients/residents who are severely immunocompromised and were asymptomatic throughout their infection, Isolation Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.</li> </ul>
<b>Transporting The Resident:</b>	Care should be taken when transporting the resident from their room to another part of the facility. The patient/resident should wear a surgical mask during transport. The patient/resident should be transferred with the minimal number of HEALTH CARE WORKERS. Hallways should be cleared of other people (residents, visitors, employees). The resident should not be left unattended.
<b>Discharging Pandemic Residents</b>	The patient/resident with probable Pandemic conditions can be discharged if appropriate Infection Control measures can be put into place at home. Residents should be advised to use appropriate infection control prevention measures. Consult with the NYS Health Department as necessary
<b>Education:</b>	Education will be pathogen specific and in accordance with CDC and NYSDOH guidelines.

	<p>Further information can be readily accessed at the following website- <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a>, <a href="http://www.cdc.gov">www.cdc.gov</a> or by contacting the Infection Preventionist at the facility.</p>
<b>Communication:</b>	<p>During a declared Pandemic or other emergency, the facility shall provide regular communication to all patients/residents and their authorized families or responsible parties in the format they prefer. Kendal at Ithaca shall maintain current contact information including cell phone, home phone and/or email address, depending on the preferred mode of contact (i.e., text message, telephone call or email.).</p> <p>Should the facility have active cases of the identified viral pandemic condition, it shall communicate with residents affected and resident representatives daily, and more frequently should their loved one experience a change in condition. The daily notification shall include an update on any newly diagnosed cases among patients/residents or staff, or deaths related to the pandemic condition. The facility shall communicate with all residents and resident representatives weekly to indicate facility status including the number of infections and deaths. Administration or designee will be responsible to ensure communication tasks are completed.</p> <p>Should a facility have no active cases of the viral condition noted in the Pandemic, this information should likewise be shared with residents and resident representatives. They may note the status on the facility's website or disseminate the information via email listserv.</p> <p>All residents will have daily access to telecommunication or other means of visitation as permitted by regulatory agencies during the declared pandemic. These methods include videoconferencing, telephone calls, window visits or other acceptable visitation that complies with physical distancing requirements and shall be at no cost to the resident, resident representative, or family.</p>