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ANNEX E- Emergency Procedure – Pandemic Plan

Policy Statement

Robinson Terrace has taken measures to prepare for a pandemic event. Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality.

The facility follows effective strategies for preventing infectious diseases. Each county Local Health Department-(LHD) has prevention agenda priorities compiled from community health assessments that can be reviewed and utilized by the facility for planning and response with infectious disease and pandemic situations. The information within this Annex includes the identified priorities and focus areas.

Under the Pandemic Emergency Plan (PEP) requirements of Chapter 114 of the Laws of 2020, special focus is required for pandemics.

Policy Interpretation and Implementation

1. All staff members will be trained on facility Pandemic Plan and related policies and procedures.
2. All prospective residents and employees shall be screened to identify exposure to pandemic event (virus or other infection). Screen for fever and respiratory symptoms following exposure per CDC or NYSDOH
3. A Pandemic Plan has been established and will be initiated when a novel virus is increasing and sustaining human-to-human transmission in the United States, and cases are occurring in the facility's state.

Emergency Procedure - Pandemic Influenza/Coronavirus

The following procedure should be utilized in the event of a Pandemic Influenza/Coronavirus outbreak.

1. Notify the Administrator and Director of Nursing that a Pandemic plan needs to be initiated by State or National Emergency declaration or instructions from the NYSDOH.
2. Follow guidelines of Pandemic Plan. Policies and Procedures should be developed in accordance with CDC, CMS, and NYSDOH guidelines and regulations.
3. Residents, employees, contract employees, and visitors should be evaluated daily for symptoms. Employees should be instructed to self-report symptoms and exposure.
4. Follow State and Local Health Department guidelines in regards to managing high-risk employees and for guidelines as to when infected employees can return to work.
5. Adherence to infection prevention and control policies and procedure is critical. Adherence to droplet/isolation precautions during the care of a resident with symptoms or a confirmed case of



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the pandemic virus is a must. Additional education should be given on handwashing, Infection Control or new Policies and Procedures as they are developed and implemented.

6. Determine when to restrict admissions and visitations. Communicate this to the affected parties. Determine if a “step down Unit” or “Isolation Unit” is needed given the size and scope of the pandemic.
7. Contact local and state health departments to discuss the availability of vaccines and antiviral medications, as well as recommendations of usage as appropriate. Additionally, determine the availability and need for staff and resident testing as appropriate.
8. Ensure adequate supplies of food, water, and medical supplies (especially PPE) are available to sustain the facility if pandemic occurs in the geographic region or at the facility.
9. Cohort residents and employees as necessary.
10. Implement contingency staffing plans as needed.

Pandemic Emergency Plan

1. This facility has designated the Infection Preventionist as the Pandemic Response Coordinator.
2. He/she and the Pandemic Planning Committee, a sub-committee of the Quality Assurance/Risk Committee, address pandemic preparedness.

Communication

1. The Pandemic Response Coordinator is responsible for communications with the public health authorities during a pandemic.
 - a. Local health department contact information:
 - b. Delaware County Public Health:
99 Main St, Delhi, NY 13753-- 607-832-5200
 - c. State health department contact information:
NYSDOH Capital District Office- 875 Central Ave, Albany, NY 12206-1309-- (518)408-5300
2. The Infection Preventionist and/or Administrator is responsible for communicating with the staff, residents, and their families regarding the status and impact of the pandemic in the facility. One voice speaking for the facility ensures accurate and timely information.
3. Communication includes usage of the staff roster to notify staff members of the pandemic outbreak. Efforts must be made, such as phone calls, email and posted signage to alert visitors, family members, volunteers, vendors, and staff members about the status of a pandemic virus within the facility.
4. The Infection Preventionist and/or Administrator also maintains communications with the Emergency Management Coordinator, local hospitals, local Emergency Management Services, as well as other providers regarding the status of the Pandemic outbreak.
5. Family members and responsible parties are notified prior to, or at the time of a Pandemic outbreak that visitations may be restricted during an outbreak to protect the safety of their loved ones.



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6. All residents and representatives, including secondary (back up) authorized contacts, as applicable, will receive daily updates upon a change in a resident's condition, as well as an update at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19).
 - a Updates will be provided to families/representatives via robocalls and facility mailings, with options for electronic mailing for those who wish to receive updates electronically.
 - b Videoconferencing via facetime, zoom, skype, etc. will be available daily, at no cost, for residents and family members/guardians.
7. All residents will receive updates on status of pandemic via facility morning announcements, as well as facility correspondence on letterhead.
8. The facility will communicate any relevant activities regarding recovery/return to normal with operations, with staff, families, guardians and representatives.

Education and Training

1. The Infection Preventionist and/or Administrator is responsible for coordinating education and training on a pandemic virus outbreak. Local health department and hospital-sponsored resources are researched, as well as usage of web-based training programs. The website www.cdc.gov/flu/professional/training/ is considered as a resource.
 - a. Education and training of staff members regarding infection prevention and control precautions, standard and droplet precautions, as well as respiratory hygiene/cough etiquette should be ongoing to prevent the spread of infections, but particularly at the first point of contact with a potentially infected person with seasonal/pandemic influenza. Education should include the incorporation of lessons learned from previous pandemic responses.
 - b. Education and training should include the usage of language and reading-level appropriate, informational materials, such as brochures, posters on the Pandemic virus, as well as relevant policies. Such materials should be developed or obtained from www.cdc.gov.
 - c. Informational materials should be disseminated before and during the pandemic outbreak.
 - d. Information to be provided to all residents and staff to educate on the associated virus methods of transmission, symptoms, and ways to reduce the spread in the facility.

Surveillance and Detection

1. The Pandemic Response Coordinator is responsible for monitoring public health advisories (federal and state) and updating the Pandemic Committee, particularly when the pandemic has been reported in the United States and is nearing the specific geographic location.
2. A protocol should be developed to monitor the illness in residents and staff during the pandemic, which tracks illness trends.
 - e. The admission policy includes that residents admitted during periods of a Pandemic should be assessed for symptoms of the pandemic and put on a step-down unit or isolated per protocol.
 - f. A system is implemented to daily monitor residents and staff for symptoms of, as well as confirmed cases.



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- g. Information from the monitoring systems is utilized to implement prevention interventions, such as isolation or cohorting.

Infection Prevention and Control

1. Cleaning and disinfection for the pandemic virus follows the general principles used daily in health care settings (1:10 solution of bleach in water or other cleaning agents approved by the EPA or NYSDOH).
2. Determine any environmental factors such as areas for contaminated waste, consider increase of medical waste removal.
3. Infection prevention and control policies require staff to use Standard and Droplet Precautions (i.e., mask for close contact with symptomatic residents).
4. Follow CDC, CMS, NYSDOH guidance on PPE usage and optimization in the event of crisis or contingency capacity.
5. Respiratory hygiene/cough etiquette should be practiced.
6. The IPCC shall develop procedures to cohort symptomatic residents or groups using one of more of the following strategies:
 - a. Confining symptomatic residents and their exposed roommates to their room.
 - b. Cohorts should be in an isolated area such as a wing behind fire doors, or plastic barriers to prevent other residents from entering the area.
 - c. Placing symptomatic residents together in one area of the facility, such as one wing, rooms 5-11 on Mountainview.
 - d. Discontinue any sharing of bathrooms with residents of different cohorts.
 - e. Appropriate signage placed to identify affected residents.
 - f. Develop criteria for closing units or the entire facility to new admissions during pandemic influenza outbreak.
 - g. Ensure visitor limitations are enforced.

Occupational Health

1. Practices are in place that addresses the needs of symptomatic staff and facility staffing needs, including:
 - a. Handling staff members who develop symptoms while at work.
 - b. When staff members who are symptomatic, but well enough to work, are permitted to continue working (unless restrictions in place from governing body).
 - c. Staff members who need to care for ill family members.
 - d. Determining when staff may return to work after having the pandemic virus.
 - e. A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.
 - f. Staff are educated to self-assess and report symptoms of the pandemic virus before reporting to duty.
 - g. Vaccinations of staff are encouraged and monitored if needed.



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- h. High-risk employees (pregnant or immuno-compromised) will be monitored and managed by placing them on administrative leave or altering their work assignments, if necessary.

Vaccinations and Antiviral Usage

1. The Centers for Disease Control (CDC) and the Health Department will be contacted to obtain the most current recommendations and guidance for the usage, availability, access, and distribution of vaccines and antiviral medications during a pandemic.
 - i. Guidance from the State Health Department will be sought to estimate the number of staff and residents who are targeted as first and second priority for receipt of pandemic virus vaccine or antiviral prophylaxis if available. A plan is in place to expedite delivery of vaccine or antiviral prophylaxis.

Reporting tools and Requirements:

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.

- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be reported to NYSDOH. This can be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, facilities may fax an [Infection Control Nosocomial Report Form \(DOH 4018\)](#) on the DOH public website.
 - The facility will conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Healthcare associated infection outbreaks may also be reported to the LHD.

A single case of a [reportable communicable disease](#) or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) must be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it must also be reported to the NYSDOH. This can be done electronically via the NORA, or, by faxing an [Infection Control Nosocomial Report Form \(DOH 4018\)](#).

- Reports must be made to the local health department in the county in which the facility is located (as the resident's place of residence) and need to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.
- Categories and examples of reportable healthcare-associated infections include:
 - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
 - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
 - Foodborne outbreaks.



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- Infections associated with contaminated medications, replacement fluids, or commercial products.
- Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
- A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
- Clusters of tuberculin skin test conversions.
- A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
- Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
- Closure of a unit or service due to infections.
- Additional information for making a communicable disease report:
 - Facilities should contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here: https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.
 - Call your local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.
 - All applicable surveys mandated by the governing body must be completed (HERDS, NHSN, etc.)

Preparedness of Supplies and Surge Capacity

1. Quantities of essential food, materials, medical supplies, and equipment have been determined to sustain the facility for a pandemic. The facility will acquire and maintain 60 days of Personal Protective Equipment (PPE), which include N95 respirators, face shields, eye protection, gowns/isolation gowns, gloves, masks, sanitizer and disinfectants, which will be kept onsite, for the use if needed during the activation of the facility pandemic emergency plan. PPE will be stored on the 2nd floor in the pool area storage room, which will remain locked and only accessed by authorized personnel.
 - j. Plans include strategies to help increase hospital bed capacity in the community.
 - a. Agreements have been established with area hospitals for admission to the facility of non-pandemic patients to facilitate utilization of acute care resources of more seriously ill patients.



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- b. Facility space has been identified that could be adapted for use as expanded inpatient beds and information has been provided to local and regional planning contacts.
- c. Capacity for deceased residents has been determined, formal agreement with MacArthur Funeral Home to secure deceased, if necessary.

ADMISSION/READMISSION:

The facility will determine if it can accommodate new admissions in relation to the pandemic or outbreak. Any hospitalized patient, will have an opportunity to pay privately to hold their bed. All other hospitalized residents will be readmitted to the first available appropriate bed, when medically stable, in accordance with all applicable laws and regulations, including but not limited to section 505.9(d) of 18 NYCRR, section 86-2.40(ac)(4), 415.3(i)(3)(iii), 415.19, and 415.26(i) of 10 NYCRR, and 42 CFR 483.15(e), 483.80, regarding bed reservation and return to facility. Additionally, pursuant to 10 NYCRR section 415.26, the facility will only accept and retain those residents for whom the facility can provide adequate care.

New admissions and re-admissions will be placed in the same cohort and placed on observation. All residents that leave the facility for scheduled appointments, or hospital ED will likely need placement in the same cohort and placed on observation.

Certain Phases of a Pandemic Alert Should Include Specific Precautions:

1. When a novel strain of the pandemic virus has been detected in the United States with increased and sustained human-to-human spread:
 - a. All prospective residents and employees will be screened if they have had recent travels or close contact with other ill persons who have recently traveled to a previously affected area.
 - b. Infection prevention and control training will be initiated for Pandemic Preparedness.
 - c. When a novel strain of the pandemic virus is increasing and sustaining human-to-human spread in the United States and cases are occurring in the facility's state:
 - a. All prospective residents and employees will be screened to identify exposure to the pandemic virus Fever and respiratory symptoms will be screened following exposure protocols.
 - b. Residents, employees, contract employees, and visitors will be evaluated daily for symptoms. Employees will be instructed to self-report symptoms and exposure.
 - c. Guidelines will be established as to when infected employees can return to work.
 - d. Adherence to infection prevention and control policies and procedure is critical.
 - e. Signs will be posted to remind staff, residents and visitors of cough etiquette. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of pandemic influenza is a must.
 - f. The Infection Preventionist will determine when to restrict admissions and visitations. Communicate this to the affected parties.
 - g. Local and state health departments will be contacted to discuss the availability of vaccines and antiviral medications, as well as recommendations of usage.
 - h. Adequate supplies of food, water, and medical supplies will be available to sustain the facility if pandemic influenza occurs in the geographic region or at the facility.
 - i. Residents and employees will be cohorted as necessary.
 - j. Contingency staffing plans will be implemented as needed.



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References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	F517; F518
Other References	www.pandemicflu.gov
Related Documents	Pandemic Influenza Communications Plan Pandemic Influenza Surveillance and Detection Pandemic Influenza Training and Education Pandemic Influenza Written Plan Pandemic Influenza, Infection Control Measures During Long Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist
Version	1.3 (PEMAPR0004)



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ANNEX E- Emergency Procedure – Pandemic Plan

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6. All residents and representatives, including secondary (back up) authorized contacts, as applicable, will receive daily updates upon a change in a resident's condition, as well as an update at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19).
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 - a. Education and training of staff members regarding infection prevention and control precautions, standard and droplet precautions, as well as respiratory hygiene/cough etiquette should be ongoing to prevent the spread of infections, but particularly at the first point of contact with a potentially infected person with seasonal/pandemic influenza. Education should include the incorporation of lessons learned from previous pandemic responses.
 - b. Education and training should include the usage of language and reading-level appropriate, informational materials, such as brochures, posters on the Pandemic virus, as well as relevant policies. Such materials should be developed or obtained from www.cdc.gov.
 - c. Informational materials should be disseminated before and during the pandemic outbreak.
 - d. Information to be provided to all residents and staff to educate on the associated virus methods of transmission, symptoms, and ways to reduce the spread in the facility.

Surveillance and Detection

1. The Pandemic Response Coordinator is responsible for monitoring public health advisories (federal and state) and updating the Pandemic Committee, particularly when the pandemic has been reported in the United States and is nearing the specific geographic location.
2. A protocol should be developed to monitor the illness in residents and staff during the pandemic, which tracks illness trends.
 - e. The admission policy includes that residents admitted during periods of a Pandemic should be assessed for symptoms of the pandemic and put on a step-down unit or isolated per protocol.
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- g. Information from the monitoring systems is utilized to implement prevention interventions, such as isolation or cohorting.

Infection Prevention and Control

1. Cleaning and disinfection for the pandemic virus follows the general principles used daily in health care settings (1:10 solution of bleach in water or other cleaning agents approved by the EPA or NYSDOH).
2. Determine any environmental factors such as areas for contaminated waste, consider increase of medical waste removal.
3. Infection prevention and control policies require staff to use Standard and Droplet Precautions (i.e., mask for close contact with symptomatic residents).
4. Follow CDC, CMS, NYSDOH guidance on PPE usage and optimization in the event of crisis or contingency capacity.
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6. The IPCC shall develop procedures to cohort symptomatic residents or groups using one of more of the following strategies:
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 - e. Appropriate signage placed to identify affected residents.
 - f. Develop criteria for closing units or the entire facility to new admissions during pandemic influenza outbreak.
 - g. Ensure visitor limitations are enforced.

Occupational Health

1. Practices are in place that addresses the needs of symptomatic staff and facility staffing needs, including:
 - a. Handling staff members who develop symptoms while at work.
 - b. When staff members who are symptomatic, but well enough to work, are permitted to continue working (unless restrictions in place from governing body).
 - c. Staff members who need to care for ill family members.
 - d. Determining when staff may return to work after having the pandemic virus.
 - e. A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.
 - f. Staff are educated to self-assess and report symptoms of the pandemic virus before reporting to duty.
 - g. Vaccinations of staff are encouraged and monitored if needed.



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- h. High-risk employees (pregnant or immuno-compromised) will be monitored and managed by placing them on administrative leave or altering their work assignments, if necessary.

Vaccinations and Antiviral Usage

1. The Centers for Disease Control (CDC) and the Health Department will be contacted to obtain the most current recommendations and guidance for the usage, availability, access, and distribution of vaccines and antiviral medications during a pandemic.
 - i. Guidance from the State Health Department will be sought to estimate the number of staff and residents who are targeted as first and second priority for receipt of pandemic virus vaccine or antiviral prophylaxis if available. A plan is in place to expedite delivery of vaccine or antiviral prophylaxis.

Reporting tools and Requirements:

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.

- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be reported to NYSDOH. This can be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, facilities may fax an [Infection Control Nosocomial Report Form \(DOH 4018\)](#) on the DOH public website.
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- Infections associated with contaminated medications, replacement fluids, or commercial products.
- Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
- A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
- Clusters of tuberculin skin test conversions.
- A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
- Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
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 - j. Plans include strategies to help increase hospital bed capacity in the community.
 - a. Agreements have been established with area hospitals for admission to the facility of non-pandemic patients to facilitate utilization of acute care resources of more seriously ill patients.



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- b. Facility space has been identified that could be adapted for use as expanded inpatient beds and information has been provided to local and regional planning contacts.
- c. Capacity for deceased residents has been determined, formal agreement with MacArthur Funeral Home to secure deceased, if necessary.

ADMISSION/READMISSION:

The facility will determine if it can accommodate new admissions in relation to the pandemic or outbreak. Any hospitalized patient, will have an opportunity to pay privately to hold their bed. All other hospitalized residents will be readmitted to the first available appropriate bed, when medically stable, in accordance with all applicable laws and regulations, including but not limited to section 505.9(d) of 18 NYCRR, section 86-2.40(ac)(4), 415.3(i)(3)(iii), 415.19, and 415.26(i) of 10 NYCRR, and 42 CFR 483.15(e), 483.80, regarding bed reservation and return to facility. Additionally, pursuant to 10 NYCRR section 415.26, the facility will only accept and retain those residents for whom the facility can provide adequate care.

New admissions and re-admissions will be placed in the same cohort and placed on observation. All residents that leave the facility for scheduled appointments, or hospital ED will likely need placement in the same cohort and placed on observation.

Certain Phases of a Pandemic Alert Should Include Specific Precautions:

1. When a novel strain of the pandemic virus has been detected in the United States with increased and sustained human-to-human spread:
 - a. All prospective residents and employees will be screened if they have had recent travels or close contact with other ill persons who have recently traveled to a previously affected area.
 - b. Infection prevention and control training will be initiated for Pandemic Preparedness.
 - c. When a novel strain of the pandemic virus is increasing and sustaining human-to-human spread in the United States and cases are occurring in the facility's state:
 - a. All prospective residents and employees will be screened to identify exposure to the pandemic virus Fever and respiratory symptoms will be screened following exposure protocols.
 - b. Residents, employees, contract employees, and visitors will be evaluated daily for symptoms. Employees will be instructed to self-report symptoms and exposure.
 - c. Guidelines will be established as to when infected employees can return to work.
 - d. Adherence to infection prevention and control policies and procedure is critical.
 - e. Signs will be posted to remind staff, residents and visitors of cough etiquette. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of pandemic influenza is a must.
 - f. The Infection Preventionist will determine when to restrict admissions and visitations. Communicate this to the affected parties.
 - g. Local and state health departments will be contacted to discuss the availability of vaccines and antiviral medications, as well as recommendations of usage.
 - h. Adequate supplies of food, water, and medical supplies will be available to sustain the facility if pandemic influenza occurs in the geographic region or at the facility.
 - i. Residents and employees will be cohorted as necessary.
 - j. Contingency staffing plans will be implemented as needed.



The Pavilion at
**ROBINSON
TERRACE**

References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	F517; F518
Other References	www.pandemicflu.gov
Related Documents	Pandemic Influenza Communications Plan Pandemic Influenza Surveillance and Detection Pandemic Influenza Training and Education Pandemic Influenza Written Plan Pandemic Influenza, Infection Control Measures During Long Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist
Version	1.3 (PEMAPR0004)