

Pandemic Influenza/Infection Control/Isolation Plan

A pandemic is a global disease outbreak. An influenza 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 from person to person, causes serious illness, and can sweep across the country and around the world in a very short time. It is expected that such an event could overwhelm local healthcare systems as an increased number of sick individuals seek healthcare services. In addition, the number of healthcare workers available to respond to these increased demands will be reduced by illness rates similar to pandemic influenza attack rates affecting the rest of the population.

Policy Statement

As part of the community's overall disaster plan this community has established a pandemic communications plan, education and training, surveillance and detection, a written plan and infection control measures.

Policy Interpretation and Implementation

Training and Education

1. Associate training on disaster preparedness and pandemic includes the following components:
 1. Understanding and using the disaster communications plan, including how to access information about the situation through various means of communication (e.g., phone trees and Internet);
 2. State and local emergency management agency contacts;
 3. Organizational chart and chain of command during a disaster;
 4. Performance shifts during disasters – roles of management, clinical and non-clinical associates, and practitioners;
 5. Communication with residents and resident representatives during disasters;
 6. Quarantine and/or visitor restrictions during infectious disease outbreaks;
 7. Control measures, including vaccinations and infection control precautions, to prevent infection and control outbreaks and other communicable diseases;
 8. Signs and symptoms of infection; and
 9. The implications of a pandemic at the Ascension Living community and community-at-large.

2. Local (e.g., health department, hospital-based) and long-distance (web-based) training opportunities have been identified and may be utilized for additional training.
3. Resident and resident representative education regarding pandemic may include:
 1. Internet resources for general information about pandemic situation;
 2. The community's current state of preparedness for disaster and/or pandemic; and
 3. Information regarding written policies and procedures for pandemic planning.

Surveillance and Detection

1. The Ascension Living support center will give guidance for coordinating pandemic preparedness planning, surveillance and detection.
2. At each community, the Infection Preventionist, or designee coordinates all areas of pandemic preparedness and response, including surveillance and detection of pandemic illness in residents and associates.
3. The Infection Preventionist, or designee, monitors public health advisories (federal and state) at least weekly, and is responsible for updating the Quality Assurance and Performance Improvement Committee when a pandemic has been reported in the United States and is nearing the geographic area of the community.
4. Monitoring symptoms of illness in residents and associates is included in our overall surveillance of communicable disease and is reported to the Infection Preventionist, or designee.
5. Evaluation and diagnosis of residents and/or associates with pandemic-like illness shall follow current CDC Guidelines for evaluation of symptoms and laboratory diagnostic procedures.
6. Enhanced surveillance (e.g., virologic testing) of residents and associates with pandemic-like illness will be considered on a case-by case basis in collaboration with the local public health department. Determination of enhanced surveillance will be based on the clinical presentation of symptoms, risk factors for exposure and current CDC recommendations.
7. If an outbreak in the community is suspected, virologic testing of residents may be used to determine the best course of managing the outbreak.
8. Viruses identified by laboratory analysis will be reported to the local public health department and the CDC as a Nationally Notifiable Disease, following state and federal requirements for reporting.

9. Assessment of pandemic-like symptoms is included in the evaluation of newly admitted residents. Current CDC Guidelines for isolation precautions will be followed to determine the appropriate placement of newly admitted residents with pandemic-like illness or confirmed disease.

Written Plan

1. This community has identified key components for pandemic preparedness and is continuously updating its readiness efforts.
2. The written pandemic preparedness plan includes the following:
 1. A protocol for monitoring pandemic related symptoms in associates and residents, including new admissions;
 2. A community communications plan;
 3. Education and training programs and materials for associates, residents, and resident representatives;
 4. An infection control plan for managing residents and visitors with symptoms of pandemic illness;
 5. A plan for addressing associate absences;
 6. A plan for the use of vaccine and anti-viral medications, if/when they come available; and
 7. A surge capacity determination and plan, including staffing and supplies.

Communication Plan

1. Critical points of contact have been identified for all stages of a pandemic outbreak. These points of contact include:
 1. Local health department;
 2. State health department;
 3. State long-term care professional/trade association;
 4. Local emergency and pandemic preparedness groups;
 5. State emergency and pandemic preparedness groups;
 6. Other regional emergency and pandemic preparedness groups;
 7. Local area hospitals; and
 8. Other local health care providers (other long-term care facilities; emergency medical services; etc.).

2. The infection preventionist will maintain a current list of critical contact points and periodically attend regional meetings, workshops and training sessions to obtain information on coordinating the community's plans with other pandemic plans.
3. The infection preventionist will communicate with associates, residents, and resident representatives regarding the status and impact of pandemic in the community.
4. Various communication methods will be utilized to rapidly disseminate information regarding the current or changing status of pandemic in the community. The infection preventionist will determine the most appropriate communication methods (signs, phone trees, Internet, etc.) for the situation.

Reporting

1. Infection Preventionist, or designee, to report per local, State and federal requirements.
2. COVID-19
 1. Report per NHSN within requirement by the CDC.

Infection Control Measures

1. Due to the increased risk of mortality in the frail elderly, infection control measures to prevent the introduction or spread of the influenza virus is a priority.
2. Early prevention of an outbreak consists of the following measures:
 1. Training clinical associates in the modes of transmission of the identified pathogen;
 2. Training residents, resident representatives and non-clinical associates on the symptoms of the pandemic and standard infection control precautions (e.g., handwashing, respiratory hygiene/cough etiquette, etc.);
 3. Vaccination of residents and associates, as applicable;
 4. Early detection of pandemic cases in the community;
 5. Use of antiviral medications to treat ill persons, as recommended by current clinical practice guidelines;
 6. Isolation of infected residents in private rooms or cohort neighborhoods;
 7. Use of barrier precautions during resident care; and
 8. Restriction of visitors who have been exposed to or are symptomatic.

3. If pandemic is detected in the geographic region of the community, the following measures will be taken to prevent or delay the introduction of the virus to the community:
 1. Display signs and/or posters (in appropriate languages) at the entry to the community restricting entry by any persons who have been exposed to or have symptoms of pandemic;
 2. Train associates to visually and verbally screen visitors at community entry points for symptoms of pandemic;
 3. Provide a telephone number for resident representatives to call for information regarding prevention and control strategies for pandemic;
 4. Screen associates for illness before coming on duty and send any symptomatic associates home;
 5. Increase resident surveillance for pandemic-like illness. Notify local or state health department if a case is suspected.

Planning for Surge Capacity

1. The Director of Nursing Services, or designee, has been designated as the associate responsible for evaluating and coordinating staffing needs during a pandemic outbreak in the community. This will include:
 1. Estimate the minimum number and type of associates needed to care for a single resident with pandemic illness complications on a single day; and
 2. Develop strategies for reducing the gap between available associates and staffing needs as the number of infected residents increases and associates become ill or remain home to take care of affected family members. Such strategies may include:
 1. Assigning resident-care responsibilities to administrative staff;
 2. Recruiting retired health care workers;
 3. Utilizing nursing and medical students; and/or
 4. Using resident family members in an ancillary capacity.
2. Community leaders shall collaborate with local emergency management agencies, other healthcare providers, and equipment suppliers in an attempt to maximize shared resources during a pandemic outbreak.

Planning considerations:

- Contact response partners
- Infection Control Plan
- Isolation Plan
- Immunization Policy
- Preventative measures (e.g., personal protective equipment, hand sanitizer)
- Staff absenteeism due to illness

Links:

<http://www.flu.gov/>

<http://www.ready.gov/pandemic>

<http://www.cdc.gov/flu/pandemic-resources/index.htm>