**PANDEMIC POLICY:**

03/2020

* The purpose of this campus/facility Pandemic Policy is to limit the spread of infection within the community.

**Definitions**

* **Pandemic**- an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population : a pandemic outbreak of a disease.
* **Isolation** – Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.
* **Quarantine** – Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease.
* **Screening**-questions/procedure provided to staff and visitors to assist facility in exposure risk assessment.

**PROCEDURE:**

*Notification of a Pandemic Outbreak in community*

**Person In Charge**

* Gather information at notification time regarding the situation.
* Notify Administrator, or designee (See Emergency Phone Contact List), Director of Nursing, or designee (See Emergency Phone Contact List), and Infection Preventionist (See Emergency Phone Contact List)
* If Administrator, Director of Nursing, or Infection Preventionist, or designee is not available-Gather members of the campus/facility leadership team and inform them of the situation.
* Encourage staff to report any resident/tenant experiencing fever or acute respiratory signs/symptoms to charge nurse for assessment.
* Assign staff to gather additional Kleenex, masks, PPE supplies as necessary, for potential visitors
* Notify Medical Director (see Emergency Phone List)
* Monitor communications, TV, radio, for additional updates.

**Administrator/Director Or Designee,**

* Assumes role of COVID-19 Response Coordinator.
* Call for emergency meeting of facility Infection Control Committee to address COVID-19 preparedness planning.
* Notify Consulting Company (See Emergency Phone Contact List)
  + After Business Hours (See Emergency Phone Contact List)
* Contact/monitor communications for situational updates with/not limited to: Iowa Department of Health, CDC, CMS, local county department of health (See Emergency Phone List)
* Update facility leadership as necessary
* Communicate, educate, update residents, tenants, families by means of informational letters, phone calls, direct discussions (as applicable), social media postings, word of mouth, & etc.
* Implement applicable screening (see below) of employees, visitors, vendors as recommended by IDPH, Medical Director, CDC, CMS, and other healthcare providers.
* Alter facility visitations as per results of screenings and/or recommendations of medical director, county & state IDPH, Healthcare associations & etc.
* Limit facility access to one entry as able.
* Provide remote communication for residents as necessary (Additional cell phones, texting, Skype, Zoom, Facebook & etc.)
* Communicate infection control items within facility leadership via morning meetings, weekly meetings as needed.
* Develop contingency staffing plan by consulting with

**Director of Nursing, or Infection Preventionist, or designee**

* Call for emergency meeting of Infection Control Committee (if not yet done)
* Contact/monitor communications for situational updates with/not limited to: Iowa Department of Health, CDC, CMS (See Emergency Phone List)
* Update facility leadership & personnel as necessary.
* Coordinate with EMS and your local hospital to develop and document a plan for emergency transport for patients with acute respiratory illness who may need a higher level of care.
* Coordinate education and training of employees. Maintain record of personnel attendance.

**All employees**

* Practice good handwashing with soap/water or hand sanitizer prior and after resident/tenant contact, use of restrooms, meal service, breaks, before/after work shift, and as necessary.
* Monitor/report immediately to facility leadership if you are experiencing or are aware of residents/tenants, families, or visitors having signs/symptoms of difficulty breathing, coughing, reports of fever (100.4°) or higher
* Direct any and all questions from the public to Administrator or designee.

*Notification of a Pandemic Outbreak within facility*

**Person In Charge**

* Gather information at notification time regarding situation.
* Notify Administrator, or designee (See Emergency Phone Contact List), Director of Nursing, or designee (See Emergency Phone Contact List), and Infection Preventionist (See Emergency Phone Contact List), and/or resident/tenant Physician (See Emergency Phone List).
* Implement immediate respiratory isolation of resident (s)/tenant (s) within their respective rooms (See Infection Control Policies).
* Assign specific staff members to care for affected resident (s).
* Provide applicable PPE (mask, gowns, gloves, googles) cart (see Infection Control Policies) outside of resident room.
* Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
* If Administrator, Director of Nursing, or Infection Preventionist, or designee is not available-Gather members of the campus/facility leadership team and inform them of the situation.
* Report any possible COVID-19 illness in residents and employees to the local health department and IDPH.
* Direct any and all questions from the public to Administrator or designee.

**Administrator/Director Or Designee,**

* Implement Emergency Operations Plan
* Call for emergency meeting of Infection Control Committee to address COVID-19
* Notify Management Company (See Emergency Phone Contact List)
  + After Business Hours (See Emergency Phone Contact List)
* Contact/monitor communications for situational updates with/not limed to: Iowa Department of Health, CDC, CMS, DIA, IDPH, local county health department, local hospital (See Emergency Phone List)
* Update residents, tenants, families as necessary
* Discontinue group activities, as indicated
* Implement applicable screening (see below) of employees, visitors, vendors as recommended by IDPH, Medical Director, CDC CMS, and other healthcare providers.
* Alter facility visitations as per results of screenings and/or recommendations of medical director, county & state IDPH, Healthcare associations & etc.
* Provide community updates daily or as able.
* Limit facility access to one entry as able.
* Provide remote communication for residents as necessary (Additional cell phones, texting, Skype, Zoom, Face book & etc.)
* Communicate infection control items within facility and leadership (morning meetings, weekly meetings) as needed.
* Conduct a daily assessment of staffing status and needs
* Develop a continency plan for managing an increased need for postmortem care and disposition or deceased residents/tents.
* Identify a temporary morgue within the facility.
* Discuss plans for expanding morgue capacity with local and reginal planning contacts.
* Refer/implement 1135 Waiver Request Communication Policy as necessary.

**Director of Nursing, or Infection Preventionist, or designee**

* Call for emergency meeting of facility Infection Control Committee (if not yet done)
* Monitor communications regarding situational updates with/not limed to: Iowa Department of Health, CDC, CMS, DIA, AHCA, IHCA, local hospitals (See Emergency Phone List)
  + Notify medical director and/or healthcare provider on site.
  + Assigning nursing personnel to same residents’ group for the duration of the outbreak (as possible).
* Update facility leadership & personnel.
* Monitor facility supplies and PPE daily
  + Maintain listing of identified cases;
  + Assigning nursing personnel to same residents’ group for the duration of the outbreak (as possible).
* Initiating precautions as directed or as necessary.
* Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
* Monitor/Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a facemask (if tolerated).
* Coordinate with EMS and your local hospital to develop and document a plan for emergency transport for patients with acute respiratory illness who may need a higher level of care.

**All employees**

* Practice good handwashing with soap/water prior and after resident/tenant contact, restroom (employee), meal service, breaks, before/after work shift, and as necessary.
* PPE usage is mandatory for care of affected resident (s)/tenant (s) and respective room environments. Restock PPE at the end of each shift or when shortages are noted.
* Monitor/report immediately to facility leadership if you are experiencing or are aware of residents/tenants, families, or visitors having signs/symptoms of difficulty breathing, coughing, reports of fever (100.4°) or higher.

**Disclaimer:** It is important to note that each situation is going to be different, and that a situation may not allow for the above procedures to be implemented in this specific order. At a time of a disaster, during, and recovery, it is imperative that the Administrator be contacted in order to give staff proper direction. This policy and procedure is written so that there are clear guidelines for providing resident care and ensuring their safety in the event of a disaster. Sound judgment and common sense are the best practices in an emergency. Therefore, the Administrator and charge persons will have to make the best judgment at that time. This plan should be in cooperation with the American Red Cross, the County Emergency Agency, Government office, and local Police and County Sheriff's/Fire Departments.

# Screen (Admission) for Coronavirus 2019 (COVID-19)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer all of the questions below:

1. Do you have a fever or respiratory symptoms (for example cough, shortness of breath and sore throat)?

Temperature:

1. Did you travel from an affected geographic area within 14 days of getting sick? (affected areas will change, check IDPH website)
2. Did you have close contact with a person laboratory confirmed or under investigation for COVID-19?

* Upon admission, residents answering “yes” to 2 of the above questions should wear a mask, as tolerated, and remain in a private room with the door closed. Standard, contact, and airborne precautions must be immediately initiated. Contact the IDPH and resident’s medical provider immediately.

Screener Signature

Date: \_\_\_\_\_

Screen (Non-resident) for Coronavirus 2019 (COVID-19)

1. Do you have a fever (100.4° or higher)?
2. Do you have respiratory symptoms (fever, sore throat, cough, or new shortness of breath)?
3. In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or someone ill with respiratory illness?
4. In the last 14 days have you travelled internationally to countries with sustained community transmission?
5. Do you reside in a community where community-based spread of COVID-19 is occurring?
6. Have you visited or worked in another healthcare setting with confirmed COVID-19 cases?

Upon screening, if fever of 100.4° or higher, you will be restricted from remaining within the facility at this time.

If you are experiencing respiratory symptoms or answered “Yes” to any question, you will be restricted from remaining within the facility at this time.

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| **Facility**  **Staff Screening Log for COVID-19.** | | | | | |
| **Date/Time** | **Name (Print)** | **Temp.** | **Restricted Entry** | | **Signature** |
|  |  |  | * **Yes** | * **No** |  |
|  |  |  | * **Yes** | * **No** |  |
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| **Facility**  **Resident/Tenant Screening Log for COVID-19.** | | | | | |
| **Date/Time** | **Name (Print)** | **Temp.** | **Restricted Entry** | | **Signature** |
|  |  |  | * **Yes** | * **No** |  |
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| **Facility**  **Vendor Screening Log for COVID-19.** | | | | | |
| **Date/Time** | **Name (Print)** | **Temp.** | **Restricted Entry** | | **Signature** |
|  |  |  | * **Yes** | * **No** |  |
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| **Facility**  **Visitor Screening Log for COVID-19.** | | | | | |
| **Date/Time** | **Name (Print)** | **Temp.** | **Restricted Entry** | | **Signature** |
|  |  |  | * **Yes** | * **No** |  |
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