



Pandemic Management

Procedure

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1 Introduction

1.1 Purpose

To provide procedures and protocols for the management of our healthcare facilities during a regional public health emergency, epidemic, or pandemic, such as, but not limited, to the following:

- Influenza
- Pertussis (whooping cough)
- Measles
- Streptococcus (strep throat)
- COVID-19 (coronavirus)
- Ebola
- SARS
- H1N1 (Swine Flu)

[The Facility] recognizes that unlike natural disasters, the disruption to healthcare and business operations in a pandemic scenario is going to be patient and human-resource orientated, and thus, has created a plan that accounts for staff absences for periods of approximately two weeks to two months at the height of a pandemic wave without compromising the quality of care we provide to our patients. Staff may be either sick or need to stay home to care for someone who is sick. In the event of a severe pandemic, local public and private schools may be closed, and this could potentially be another factor that impacts staff absenteeism.

The purpose of planning for a pandemic scenario is to ensure [The Facility] is capable and ready to meet the healthcare and psychosocial needs of our patients as outlined in our policies and procedures and required by state and federal law. [The Facility] values its relationships with its employees, patients, and other partners and wants to ensure we do not fail at meeting our obligations and commitment to provide quality health care services.

Contact information for [The Facility] management responsible for Coronavirus planning and responses, along with local, state, and public agencies (including links to their websites) is included in this procedure, and shall be updated as the guidance from these agencies continue to develop. Introductory calls should be made to local authorities, with follow-up calls at least twice a year to remain up-to-date on staffing changes and agency recommendations.

Information and resources from the Centers for Disease Control and Prevention (“CDC”) should be monitored on a daily basis in order to remain aware of vulnerabilities and recommended best practices.

1.2 Scope

This procedure is applicable to each [The Facility] location regardless of whether there are confirmed cases in the community. This includes employees, patients, and other visitors who may visit a location. [The Facility] shall designate an individual to serve as the Emergency Management Coordinator (“EMC”) for purposes of fulfilling training, oversight, and responses described in this procedure.

1.3 Key Concepts

- It is expected that the lifecycle of each wave and the cause(s) of the pandemic remain the same regardless of region.
- There is no currently existing vaccine against the illness causing the pandemic.
- There is a shortage of testing kits for diagnosing the illness.

2 Policy Statement

[The Facility] employees must remain vigilant to identifying signs and symptoms of a Coronavirus outbreak. Posters will be displayed throughout the facility to remind employees what to look for. [The Facility] will alert employees of increased levels of concern via email.

Management should take appropriate precautions to ensure other healthcare processes are not dramatically affected - for example, ensuring payroll is turned in on time, so employees receive their paychecks as scheduled.

Employees whose work duties can be completed from home should submit an email request to their respective managers¹. Employees may not work from home without prior managerial approval. Employees whose job responsibilities require them to be physically present at the facility should report to work as scheduled unless ill or otherwise informed by their manager.

[The Facility] employees should make every effort possible to avoid traveling into areas which have high infection rates². Meetings, when possible, should take place via video conferencing software or desktop sharing.

2.1 Roles and Responsibilities³

Role	Responsibilities
Everyone	Wash hands often with soap and water for at least 20 seconds, use bend

¹ See, **Appendix A—Approved Telecommuting Positions**

² See, **Appendix B—CDC-Identified COVID-19 High-Risk Regions**

³ See, **CDC Steps to Prevent Illness**, <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html> (accessed Mar. 10, 2020).

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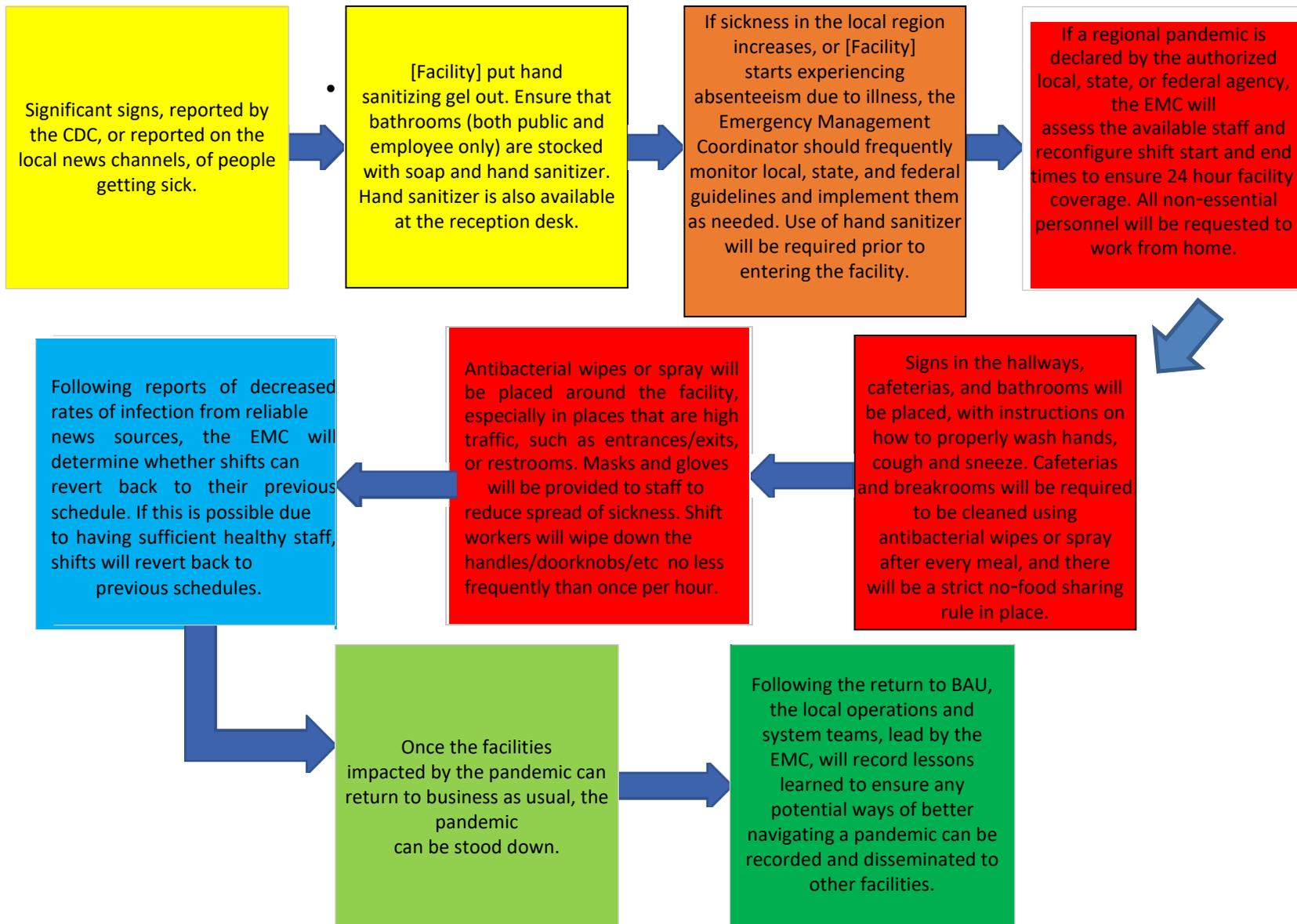
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	<p>of arm or tissues to cover sneezes and coughs, keep surfaces sanitized, stay home if sick. If soap and water is not readily available, use a hand sanitizer which contains at least 60% alcohol.</p> <p>Use of hand sanitizer is required prior to entering the facility. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands.</p> <p>If you are not sick, please do not wear a facemask unless you are caring for someone who is sick and unable to wear a facemask. Facemasks are in short supply and should be reserved for healthcare providers and other caregivers.</p>
Employees	<p>Employees with household members who are medical personnel, first responders, or children should, at the beginning signs of an outbreak, epidemic, or pandemic, inform their managers of said household members. This will allow for managers to ensure sufficient standby staff is available in case the employee needs to call out.</p> <p>Employees who have symptoms such as cough, fever, or difficulty breathing are required to stay home and not return to work until they are asymptomatic for 24 hours. If an employee develops these symptoms during the work day, the employee will immediately be isolated and sent home.</p> <p>Employees who have had potential or actual exposure to an individual infected with COVID-19 are required to stay home for 14 days, which is the incubation period for the virus to manifest. The Facility's current leave of absence policy will apply.</p> <p>Employees diagnosed with COVID-19 by a healthcare profession must remain home and not return to work until medically cleared.</p>
Emergency Management Coordinator	<p>Frequently monitor local, state, and federal guidelines and implement them as needed.</p> <ol style="list-style-type: none">1. Centers for Disease Control and Prevention ("CDC")2. National Institutes of Health ("NIH")3. Occupational Safety and Health Administration ("OSHA")4. Department of Health and Human Services ("HHS") <p>Frequently monitor U.S. cases to determine locations of new diagnoses.</p>

3 Pandemic Management

3.1 Process Checklist

- Monitor employees, patients, and employees for fever, cough, and/or difficulty breathing.
- Provide hand sanitizer with at least 60% alcohol throughout each facility.
- Provide CDC-approved or EPA-registered disinfecting wipes and spray throughout each facility.
- Immediately send any symptomatic employees or visitors home.
- Display posters throughout each facility describing handwashing and cough etiquette.
- Sanitize frequently touched areas, equipment, and other hard, non-porous items with CDC-approved or EPA-registered disinfecting wipes and spray throughout each facility.



3.2 Procedure or Process Steps

1. Employees should be encouraged to pay attention to local news sources to stay aware of the ongoing Coronavirus outbreak in the local regions. The CDC website is also a good source of information.
2. [The Facility] will communicate a “Yellow” alert if there is an increase in international cases reported. [The Facility] will implement an email communication plan on steps employees can take to decrease the risk of contracting an illness. [The Facility] will make available hand sanitizer throughout the facilities, and ensure that tables, doorknobs, and restrooms are more frequently cleaned using antibacterial wipes or spray. Hand sanitizer will also be made available.
3. [The Facility] will communicate an “Orange” alert if reported cases of illness in the country increase.
4. Any employee or visitor who appears with signs and symptoms of Coronavirus will be asked to leave the premises immediately.
5. [The Facility] will communicate a “Red” alert if an international pandemic is declared. The CMS will assess the available staff to reconfigure shift times to ensure adequate patient care coverage. All non-essential personnel will be instructed via email to work from home until such time as notified by the EMC.
6. Antibacterial wipes and/or spray will be placed around the facility, especially in high traffic areas, and the staff on shift will ensure that areas with high traffic are wiped or sprayed down at least once per hour (depending on traffic levels).
7. Signs will be placed in the hallways, cafeteria(s), breakroom(s) and restrooms instructing on how to properly wash hands and sneeze. Food surfaces will be required to be cleaned after food preparation of meal times. Food must not be shared.
8. In situations where there is a high morbidity or mortality rate, management may implement plans to roll over any backlogged or current workloads to ensure maximum operational and financial sustainability.
9. [The Facility] will communicate a “Blue” alert following reports of decreased infection rates. The EMC, along with management, will determine whether and when shifts can go back to their previously scheduled times and days. If management and the EMC determine it is possible due to overall health of the majority of staff members, they will communicate that the shifts will revert to their usual schedule.
10. [The Facility] will communicate a “Green” alert once the appropriate agency confirms there is no longer a pandemic threat. The EMC will communicate such to the employees, and the facility will return to normal operating status.

APPENDIX A
Approved Telecommuting Positions

[Facilities should identify positions within their organization appropriate for telecommuting, i.e. working from home, and those which still require physical presence. Once identified, both categories should be including on this page]

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APPENDIX B

COVID-19 Risk Factor Evaluation for Employees

In the last 14 days, have you or any of your household members:

- a. Traveled from China, Iran, Italy, Japan, South Korea, and/or any other [high-risk region](#)?
- b. Had close contact with a person under investigation for or sick with a confirmed case of COVID-19 (novel Coronavirus)?

If the answer to either question is “Yes,” please immediately send the employee home to self-quarantine for 14 days.

CDC Risk Levels:

Level 3: Avoid Nonessential Travel—Widespread Community Transmission

Level 2: Practice Enhanced Precautions—Sustained Community Transmission

Level 1: Practice Usual Precautions—Risk of Limited Community Transmission

Region	Risk Level
China	3
Iran	3
Italy	3
South Korea	3
Japan	2
Hong Kong	1
Continental U.S. and remaining regions/countries	1