

PANDEMIC EMERGENCY PLAN

PEP Overview; Purpose and Scope

ALL-RISK PANDEMIC EMERGENCY PLAN

I. Introduction

Organizations across the Nation perform essential functions and services that may be adversely affected in the event of a natural or man-made disaster. In such events, organizations should have continuity plans to assist in the continuance of their essential functions. Continuing to perform essential functions and provide essential services is vital to an organization's ability to remain a viable entity during times of increased threats from all hazards, manmade or natural. Since the threat to an organization's continuity of operations is great during a pandemic outbreak; it is important for organizations, in particular Heritage Communities, to have a Pandemic Emergency Plan in place to ensure it can carry out its essential functions and services. While organizations may be forced to suspend some operations due to the severity of a pandemic outbreak, an effective plan can assist an organization in its efforts to remain operational, as well as, strengthen the ability to resume operations.

II. Purpose and Scope

This plan provides guidance to Heritage Communities and may serve as the plan for maintaining essential functions and services during a pandemic event. This guidance neither replaces nor supersedes any current, approved facility continuity plan; rather it supplements it, bridging the gap between the traditional, all-hazards continuity planning and the specialized continuity planning required for a pandemic by addressing additional considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This guidance stresses that essential functions can be maintained during a pandemic outbreak through mitigation strategies, such as social distancing, increased hygiene, the vaccination of employees and their families, and similar approaches. Certain pandemic events may not, in itself, require a traditional continuity response, such as partial or full relocation of the organization's essential functions, although this response may be concurrently necessary due to other circumstances.

III. Concept of Operations

Heritage will monitor the severity of the pandemic and establish continuity activation triggers to address the unique nature of the pandemic threat. The Plan will be implemented as needed to support the continued performance of essential functions. This plan is to be read in conjunction with the facility's Emergency Operations Plan (EOP) and Hazard Vulnerability

PANDEMIC EMERGENCY PLAN

Assessment (HVA), as appropriate. It supplements the EOP & HVA by addressing considerations and elements specific to pandemic events and emerging infectious diseases.

IV. Continuity Planning

All organization personnel are to be informed regarding protective actions and/or modifications related to this plan. Messaging and risk communications during a pandemic will be conducted by Heritage. Guidance and instructions on established infection control measures such as social distancing, personal protective equipment, cohorting residents, and enhanced cleaning protocol are provided by the facility to assist in limiting the spread of disease at the worksite.

Within the workplace, social distancing measures could take the form of: modifying the frequency and type of face-to-face employee encounters (e.g., placing moratoriums on hand-shakings, substituting teleconferences for face-to-face meetings, staggering breaks, posting infection control guidelines); establishing flexible work hours or worksite (work from home); promoting social distancing between employees and customers to maintain six-feet (6 feet) spatial separation between individuals; and implementing strategies that request and enable employees that are ill to stay home at the first sign of symptoms.

Organizations are encouraged to communicate with their employees, particularly any who are in harm's way. The messages should follow the CEO and President's message, should echo that message's themes, and should be in the same voice employees' associate with their leader.

Frequent daily contact is important to keep employees informed about developments in the organization's response, impacts on the workforce, and to reassure employees that the organization is continuing to function as usual.

Planners and pandemic response teams should include deliberate methods to measure, monitor, and adjust actions to changing conditions and improved protection strategies.

- Implement a formal worker and workplace protection strategy with metrics for assessing worker conformance and workplace cleanliness.
- Monitor and periodically test protection methods.
- Track and implement changes in approved or recommended protection measures.
- Pre-position material and equipment onsite.
- Ensure essential personnel are at the primary worksite.
- Reaffirm that essential suppliers have their material and personnel on-hand and are able to respond and support as planned.
- Coordinate with local public health and emergency response points of contact to ensure open, adequate communications.

PANDEMIC EMERGENCY PLAN

V. Pandemic Planning Assumptions

A. *NATIONAL STRATEGY FOR PANDEMIC IMPLEMENTATION ASSUMPTIONS:*

- Susceptibility to the pandemic will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- The clinical disease attack rate will likely be 30 percent or higher in the overall population during the pandemic. Illness rates will be highest among the vulnerable elderly. Among working adults, an average of 20 percent will become ill during a community outbreak.
- Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who become ill sought care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) will vary for each pandemic.
- Persons who become ill may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.

PANDEMIC EMERGENCY PLAN

- On average, infected persons will transmit infection to approximately two other people.
- A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

B. ORGANIZATIONAL ASSUMPTIONS

- Our organization will be provided with guidance and/or direction by Federal, State, and Local governments regarding current pandemic status in the area.
- Our organization will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing protocols, personal protection equipment (PPE), cohorting of residents (positive, negative, and unknown), and temporary suspension of some non-essential activities.
- Heritage will review its continuity communications programs to ensure they are fully capable of supporting pandemic and other related emergencies, and give full consideration to supporting social distancing operations, including work-from-home, and other virtual office options.
- Heritage controlled buildings will be accessible, but right of entry may be limited.
- Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may be remote or virtual, resulting in the employment of appropriate teleworking and other approved social distancing protocols.
- Travel restrictions, such as limitations on mass transit, implemented at the Federal, State, and Local levels may affect the ability of some staff to report to work.
- Additional funding will be budgeted for the acquisition of additional equipment required for a possible surge in teleworking capabilities.

VI. PANDEMIC RESPONSE

A. PANDEMIC COORDINATORS AND PANDEMIC RESPONSE TEAMS:

The Heritage Pandemic Task Force will anticipate the impacts of a pandemic on the facility and assist with developing strategies to manage the effects of an outbreak.

The facility Administrator will be assigned the role of the pandemic response coordinator working in conjunction with the Pandemic Task Force. The Pandemic Task Force is responsible

PANDEMIC EMERGENCY PLAN

for monitoring public health advisories (Federal and State) and updating the response coordinator throughout the pandemic.

The Heritage Pandemic Task Force and Pandemic Response Team is comprised of the following team members:

1. Chief Operating Officer
2. Chief Clinical Officer
3. Infection Preventionist
4. VP of Communication and Development
5. Corporate Compliance Officer
6. VP of Human Resources
7. Facility Administrator
8. Director of Nursing
9. Medical Director/Facility Clinicians

B. RISK COMMUNICATIONS:

Heritage will develop pandemic risk communications procedures for communicating with all internal and external stakeholders. This includes the use of existing notification rosters with names, telephone numbers, and e:mail addresses. These rosters are maintained and updated in the database by the VP of Communication and Development.

The facility will deploy effective communication protocol for residents and their families, loved ones, and guardians during a pandemic. Communications will be conducted regularly using the following means:

- Personal e:mail
- Robocalls or text messaging
- Phone
- Facility's website
- Facility's social media account
- Mailing a letter

Family members and guardians of infected residents will be notified at least once per day and upon a change in a resident's condition and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility, be electronic or such other means as may be selected by each authorized family member or guardian.

PANDEMIC EMERGENCY PLAN

The facility will also provide all residents with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians.

VII. ELEMENTS OF A VIABLE PANDEMIC CONTINUITY CAPABILITY

A. ESSENTIAL FUNCTIONS

Given the expected duration and potential multiple waves of pandemic outbreaks, the facility will review the process involved in carrying out essential functions and services in order to develop plans that mitigate the effects of the pandemic while simultaneously allowing the continuation of operations which support essential functions. Heritage has identified essential functions and services needed to sustain its mission and operations during a pandemic.

Essential Functions are as follows:

1. Maintaining or contracting to have at least a two-month supply of personal protective equipment (PPE).
2. Admitting or readmitting residents to the health care facility after treatment, in accordance with all applicable laws and regulations.
3. Cohorting residents into separate areas of the facility to limit the risk of exposure (Positive, Negative, and Unknown areas).

Essential PPE that may be stored off-site at another Heritage location is accessible 24/77 by calling the Vice President of Facilities Management at (716) 985-6860. Arrangements for immediate delivery will be made at that time.

B. ORDERS OF SUCCESSION

Pandemics may affect regions of the United States differently in terms of timing, severity, and duration. Heritage has identified orders of succession for key personnel as appropriate.

C. DELEGATIONS OF AUTHORITY

At the height of a pandemic wave, absenteeism may be significant; as such Heritage has established an emergency staffing plan to take into account the expected rate of absenteeism and regional nature of the outbreak to help assure continuity of operations and care over an extended time period. In addition, the facilities may utilize the 1135 waivers to meet critical care needs.

D. CONTINUITY FACILITIES

The traditional use of continuity facilities to maintain essential functions and services may not be a viable option during a pandemic. Rather, safe work practices, which include social

PANDEMIC EMERGENCY PLAN

distancing and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. Heritage has developed preventative practices such as social distancing procedures, hygiene etiquette, and cancellation of organizations non-essential activities to reduce the spread of the pandemic. Plans have also been established to isolate/relocate residents to an alternate area in the facility or to relocate a resident to an alternate facility, if applicable. See SNF COVID-19 Policy with CDC Checklist in the facility's disaster manual for further guidance.

E. CONTINUITY COMMUNICATIONS

Workplace risk can be minimized through implementation of systems and technologies that facilitate communication without person-to-person contact. Heritage has identified communication systems needed to perform essential functions. Please refer to the "COVID Communication Policy" for further guidance.

F. ESSENTIAL RECORDS MANAGEMENT

Heritage shall identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions during a pandemic outbreak. The facility has identified systems, databases, and files that are needed to ensure essential functions remain operational. Please see the facility's Emergency Operations Plan and Facility Assessment for further guidance.

G. HUMAN RESOURCES

Although a pandemic outbreak may not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization's human resources. The health threat to personnel is the primary threat to maintaining essential functions and services during a pandemic outbreak. Heritage has established plans to protect the entire employee population and their families, with additional guidance for key personnel. Please see SNF COVID-19 Policy with CDC Checklist in the facility's disaster manual for further guidance.

H. TEST, TRAINING, AND EXERCISES

Testing, training, and exercising are essential to assessing, demonstrating, and improving an organization's ability to maintain its essential functions and services. Heritage conducts annual tests, training, and exercises to ensure sustainable social distancing techniques, and to assess the impacts of reduced staff on the performance of essential functions. Heritage conducts continuity exercise to examine the impacts of a pandemic on performing essential functions, and to familiarize personnel needed to perform essential functions.

PANDEMIC EMERGENCY PLAN

I. DEVOLUTION OF CONTROL AND DIRECTION

Devolution is the process of transferring operational control of one or more essential functions to a pre-determined responsible party or parties. Pandemic outbreaks will occur at different times, have variable durations, and may differ in the severity; therefore, full or partial devolution of essential functions may be necessary to continue essential functions and services. Heritage will work with the Pandemic Task Force to establish plans and procedures for devolution, which identifies how it will transfer operations, if a pandemic renders leadership and essential staff incapable or unavailable.

J. RECONSTITUTION

Reconstitution is the process whereby an organization has regained the capability and physical resources necessary to return to normal (pre-disaster) operations. The objective during reconstitution is to effectively manage, control, and, with safety in mind, expedite the return to normal operations. Heritage will work in conjunction with local public health authorities, to ensure facilities/buildings are safe to return. The organization's reconstitution plan should consider the possibility that not all employees may be able to return to work at the time of reconstitution and that it may be necessary to hire temporary or permanent workers in order to complete the reconstitution process. Please refer to the facility's Emergency Operations Plan for further guidance.

VIII. CONCLUSION

Maintaining essential functions and services in the event of a pandemic requires additional considerations beyond traditional continuity planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an alternate operating facility, a pandemic may not directly affect the physical infrastructure of the organization. As such, a traditional "continuity activation" may not be required during a pandemic outbreak. However, a pandemic outbreak threatens an organization's human resources by removing essential personnel from the workplace for extended period so time. Accordingly, the facility's continuity plan addresses the threat of a pandemic outbreak. Continuity plans for maintaining essential functions and services in a pandemic should include implementing procedures such as social distancing, infection control, personal hygiene, and cross-training (to ease personnel absenteeism in a critical skill set). Protecting the health and safety of key personnel and other essential personnel must be the focused goal of the organization in order to enable the organizations to continue to operate effectively and to perform essential functions and provide essential services during a pandemic outbreak.