



Policy: IC-CSH Pandemic Response Plan/Surge Capacity Plan (Policy)

Type: Care of Patient (COP) / Infection Prevention and Control

Applicable To: Children's Specialized Hospital

Policy Owner: Director of Infection Prevention and Control

Effective Date: September 2022

Approved by: Infection Prevention and Control Committee

1. Policy Statement:

1) Background

Children's Specialized Hospital is a pediatric rehabilitative and habilitative organization serving inpatients and outpatients at multiple sites throughout New Jersey. Due to the population served, broad catchment area, liberal visitation and frequent community contacts, CSH patients, visitors and staff are at increased risk of transmission of influenza or other infectious disease.

A pandemic is a global outbreak of a disease that occurs when a new virus appears in the human population resulting in worldwide transmission from person-to-person and development of illness. Pandemics are different from seasonal outbreaks or "epidemics" as subtypes of viruses that already exist among people, whereas a pandemic outbreak is caused by a new subtype that has never circulated among a population or has not caused seasonal outbreaks in the past. Additionally, pandemics may occur outside of expected seasons and populations.

This document has been developed to ensure that Children's Specialized Hospital is prepared to implement an effective response before a pandemic arrives. This includes decision-making and coordination, surveillance, vaccine and antiviral use, and communications. The intent of the plan is to help minimize morbidity and mortality, and maintain the operations of essential services in the event of a pandemic. The plan has been developed to complement the CSH Emergency Operations Plan.

In view of the potential for significant impact of an infectious disease pandemic on Children's Specialized Hospital and the community which it serves, the following Pandemic Response Plan/Surge Capacity Plan (herein after referred to as "the Plan") will be activated in the event of such an occurrence.

The Infection Prevention and Control Committee and the Environment of Care Committee are responsible for review and revision of this Plan.

2) Surveillance

The Infection Preventionist will be responsible for surveillance.

- a) The Infection Preventionist will monitor for reports of increased rates of infectious diseases in patients.
- b) The Infection Preventionist will monitor communications regarding infectious disease rates on the federal and local level. Communications from the federal Centers for Disease Control and Prevention, as well as state and county agencies such as NJDOH (New Jersey Department of Health), NJHA (New Jersey Hospital Association) and county LINCS (Local Information Network and Communications System) will be included.

3) Activation

- a) The Plan will be activated when surveillance indicates that the organization is likely to be impacted by pandemic infectious disease.
- b) The Infection Preventionist or designee will notify the VP and COO and the Infection Prevention and Control Committee Chairman.

- c) The organization has identified the VP and COO as the leader to oversee emergency management operations and activation of the Emergency Operations Plan, including opening incident command as outlined in the Emergency Operations Plan.
 - d) Upon activation of the Emergency Operations Plan, the Command Post will be activated and procedures as described in the Emergency Operations Plan will be followed.
- 4) Communication
Responsibility for external and internal communication is outlined in the Emergency Operations Plan.
Person responsible for updating public health reporting – Infection Preventionist
- 5) Facility Access

Facility access is outlined in the Emergency Operations Plan
- 6) Employee Health Plan

The Employee Health Coordinator regularly monitors illness in employees. If an increased incidence of pandemic infectious disease is observed, the Employee Health Coordinator will immediately report these findings to the Infection Preventionist (refer to 2.a.).
Corporate care is responsible for:
- a) system for assessing employees with symptoms of documented pandemic infectious disease
 - b) when personnel may return to work after having a pandemic infectious disease
 - c) when personnel who are symptomatic but well enough to work will be permitted to continue working
 - d) developing a method for furloughing or altering the work locations of personnel who are at high risk pandemic infectious disease complications (e.g., pregnant women, immunocompromised healthcare workers).
- 7) Management of pharmaceutical supplies

Management of pharmaceutical supplies is outlined in the Emergency Operations Plan
- 8) Staff Support Services

Staff support service is outlined in the Emergency Operations Plan
- 9) Triage/ Admission Plan
- a) Children's Specialized Hospital does not provide Emergency Services. Persons approaching the facility with a possible pandemic infectious disease will not be permitted to enter the facility, but will be directed to appropriate facilities, or if necessary triaged in a specified location outside of the facility.
 - b) Current inpatients and long-term care residents with signs and symptoms of a pandemic infectious disease will be assessed for acuity. Patients requiring additional medical support will be transferred to acute care facilities if feasible.
 - c) Inpatients and long-term care residents with signs and symptoms of a pandemic infectious disease who remain at Children's Specialized Hospital will be placed on transmission-based precautions and cohorted as appropriate as advised by health authorities.
- 10) Admission of patients will follow the Emergency Operations Plan

11) Surge Capacity

a) Staffing Needs

- I. Non-privileged medical staff will be accorded privileges as described in the Medical Staff bylaws.
- II. Appropriate personnel from the labor pool may be utilized to fill staffing needs to care for patients affected by pandemic infectious disease. For example, registered nurses or therapists that usually work in outpatient settings or management positions may be utilized. Professional staff agreements with agencies are also in place and may be utilized.

b) Increased Bed Capacity

Increased bed capacity may be indicated during an infectious disease pandemic.

The following bed capacity can occur in the New Brunswick facility:

Phase 1:

Admitting age will be increased to 25 years of age

Additional bed capacity for pediatric patients within the facility is 6 additional patients

Rooms 204,213, 304, 313 – single negative pressure rooms will be converted to double room to increase capacity

Medical treatment rooms 252 and 352 can be converted to patient rooms

Max capacity = 74

Phase 2: Use of non clinical areas for patient care

Identified areas to be converted to patient care areas: auditorium and multipurpose room

These non-clinical areas add an additional capacity of 36 patients

There are no ancillary support services in these areas. If these non-clinical areas are used, support services such as hand washing sinks, suction, and medical gases will need to be added.

Max Capacity = 110

12) Durable and Consumable Resource Needs

- a) As stated in the Hospital's Emergency Operations Plan, procedures are in place for the procurement of additional supplies including:
 - I. Food and water
 - II. Pharmaceuticals
 - III. Medical supplies and equipment

2. Acronyms:

NJHA	New Jersey Hospital Association
NJDOH	New Jersey Department of Health
LINCS	Local Information Network and Communications System

3. Related Documents:

Document Type	Document Name



Associated Procedures:	N/A
Resources:	<p>McArthur Behler, Donna (2019), Emerging Infectious Diseases, Nurs Clin N AM 54, (2019), p.297-311</p> <p>Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic updated September 10, 2021. Accessed Sept. 21, 2021</p>
Job Aids:	
Regulatory references:	<p>Centers for Disease Control and Prevention Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html Updated Feb. 16, 2021. Accessed Sept. 21, 2021.</p> <p>Coronavirus Disease 2019 (COVID-19) Hospital Preparedness Checklist for Coronavirus Disease 2019. Assessment Tool, February 2020. https://www.cdc.gov/coronavirus/2019-ncov/downloads/HCW_Checklist_508.pdf</p> <p>WHO. Pandemic Phase Descriptions and Main Actions by Phase https://www.who.int/influenza/resources/documents/pandemic_phase_descriptions_and_actions.pdf Accessed Sept. 21, 2021.</p> <p>The Joint Commission Comprehensive Manual on Hospital Accreditation (2019): EC 01.01.01,IC 01.06.01</p>
Reviewed and Approved Date:	September 2022