

POLICIES AND PROCEDURES MANUAL

KEYSTONE COMMUNITY RESOURCES, INC.

KEYSTONE INDEPENDENT LIVING, INC.

**Policy Title:**

Emergency, Disaster and Pandemic
Flu Contingency Plan

Chapter:

3 - Safety

Effective Date:

10-20-2008

Revision Date:

11-4-2008

Policy Number:

3-200-201

Executive Director

SCOPE:

All KCR and KIL Departments

INTRODUCTION:

Keystone Community Resources, Inc. maintains an Emergency, Disaster and Pandemic Flu Contingency Plan detailing instructions for staff to follow in case of an emergency, disaster or disease outbreak. The Plan offers directions to adhere to along with protocols to follow as described by Federal, State and Local Health Agencies.

In the event of a disaster, staff are required to follow the procedures expressed in the Plan Manual in order to protect our residents, themselves and other staff members. In cases where an evacuation is required and ordered, staff's primary responsibility is to ensure all residents, staff and visitors have been evacuated and to arrange for transportation to other care facilities/hospitals if required.

The Emergency, Disaster, and Pandemic Flu Contingency Plan will be updated on an annual basis or as need dictates during the year. The annual review shall coincide with the annual disaster drill sponsored by the Pa. Emergency Management Agency (PEMA) that is normally held in March. At this time, all staff will be trained in the elements of the plan and required to sign off on an in-service sheet that they have reviewed the plan. The disaster plan is available in all departments.

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DISCUSSION:

A Medical Emergency Signs and Symptoms

Staff are the front-line defense in assuring the health and well-being of our consumers. Staff are trained in, and are expected to use First Aid and CPR according to Red Cross guidelines. In an emergency, it is the responsibility of all staff to call 911 first before contacting nursing or supervisors.

CALL 911 IMMEDIATELY IN THE EVENT OF ANY OF THE FOLLOWING SIGNS OR SYMPTOMS:

- | | |
|--|---|
| Unconsciousness | Poisoning |
| Uncontrolled external bleeding | Fainting episode |
| Choking | Severe burns |
| Combined chest/arm/jaw pain | Stroke (suspected) |
| Pressure, fullness or squeezing chest pain lasting for more than a few minutes | Weakness on one side |
| Sudden paralysis | Persistent nausea or vomiting |
| No breathing or difficulty breathing | Fall with a suspected injury |
| Unusual difficulty with or slurred speech | Severe or worsening reaction to sting or bite |
| Trauma to head, neck, chest, back, abdomen, pelvis | Severe swelling of face, tongue, eyes |
| Seizures, recurring or uncontrolled | Sudden change in ability to walk or function in other ways with no apparent cause |
| 1 st time seizures or seizures if pregnant or diabetic | No signs of life (breathing or movement) |
| | Burns to genitals, face, neck, arms |

CPR must be initiated if the person is not breathing after two rescue breaths

B General Directions during a Declared Disaster

FOR ANY EMERGENCY NEED IN A DISASTER CALL 911.

IN DISASTER CONDITIONS, CONTACTS AND RESOURCE AVAILABILITY AND LOCATION CAN CHANGE OFTEN.

KEEP INFORMED ABOUT CHANGING RESOURCES AND CONTACT NUMBERS THROUGH RADIO AND TELEVISION MEDIA.

MANAGEMENT AND PROGRAM STAFF WILL UPDATE EACH OTHER AS CHANGES OCCUR.

C Contact/Communication Plan

An important part of our response to a disaster is the assignment of a Disaster/Pandemic Influenza Response Coordinator (DRC). The DRC meets regularly with Lackawanna County Emergency Management Agency,

Red Cross and United Way staff in joint disaster planning. The DRC monitors the ongoing status of disasters, and keeps staff informed.

Name: Don Barney, MA, SPHR
Title: Director of Information and Public Affairs
Office Phone: (570) 702-8046
Home Phone: (570) 253-3976
Cell Phone: (570) 470-8537
Fax: (570) 702-8093
Email: Work: dbarney@keycommres.com
Home: lindon151@yahoo.com

Office Address: Keystone Community Resources, Inc.
100 Abington Executive Park, Suite B
Clarks Summit, PA 18411

Home Address: 151 Young Street
Honesdale, PA 18431

The DRC monitors disaster advisory sources including Centers of Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), Pennsylvania Department of Health and Public News Sources.

In the event of a disaster, the organization must mobilize quickly to assess immediate and emerging needs and direct resources where most needed. Each person in the communication plan will be responsible to maintain a current contact list for his or her areas. Should a contact person in the chain be unavailable, the caller must assume the call responsibilities of that person to maintain the chain.

Disaster Response Coordinator

Contacts: Executive Director
Director of Health Services
Director of Facilities

Executive Director

Contacts: CEO
VP & COO
Program and Support Directors
Key administrative staff

Director of Health Services

Contacts: Nursing
Key administrative staff

Director of Facilities

Contacts: Maintenance and Fleet
Key administrative staff

Program/Support Directors

Contacts: Coordinators
Supervisors
Key administrative staff
ODP Regional Office

Coordinators, Supervisors

Contacts: Managers
Supports Coordinators
Families, Guardians

Managers

Contacts: DSPs

D Emergency Staffing Plan

In the event of emergency staffing needs during a disaster, the following “order” will be followed to staff group homes:

- DSPs/CCWs from that community living site
- DSPs/CCWs from OTHER community living sites
 - Day/Vocational Program Personnel (DPIs, Coordinators, etc.)
 - DSCs from that community living site’s area
 - DSCs from other areas
 - Clinical Personnel
 - Nursing Personnel
 - Residential Director’s from that area
 - Residential Director’s from other areas
 - Non-Residential Personnel (Human Resources, QI & Safety, Fiscal, Maintenance, Staff Development, etc.)
 - Volunteers from other Human Services Organizations
 - Volunteers from the Community

Staffing plan for nursing shortages during a disaster

- The medical secretary shall review the shortage needs and make a schedule reflecting the same. (The secretary shall be versed on the priority needs of agency).
- The Director of Nursing will assume responsibility of approving these schedules.
- Covering nursing shifts may include hiring nurses from a Temp. Service.

E Supplies and Equipment Plan

During a disaster, staff must expect that normal sources for food, goods and services will be disrupted. Stores and services may be in short supply or not operational for a length of time.

Each department of Keystone has developed a list of necessary items. These items would be stockpiled/stored for emergency use. Each residence and Hickory (PEP), (Keystone's designated alternative acute care site), will maintain 1 week of emergency supplies including food and water. Other departments have evaluated their material needs and have supplied themselves accordingly. Emergency supplies need to be rotated and replaced as items become available with time and are purchased. For example, if there were no cans of tomato soup, and the staff used two cases of soup from the emergency supply, when soup becomes available two cases will be purchased to replace what was used and maintaining the on hand supply.

When a lengthy disruption occurs in the marketplace, Keystone will closely monitor the supply situation through various communication channels, such as television, radio, print and electronic means. In an emergency, the public's shopping pattern may deplete usual sources quickly, requiring staff to use secondary or unfamiliar resources. For example, if familiar large stores are out of stock, staff may need to shop at convenience stores, flea markets or other small retail sources. Other alternative sources of essential goods will include national, state and local agencies, Staff should monitor local conditions closely for supply sources and be in contact with management staff as to availability of needed supplies.

Keystone staff and consumers should continue to purchase necessary items, such as food, water and other supplies at stores (grocery, convenient, etc.) until stores are out of items and demand has exceeded supply. After stores have been used and items are limited or not available, other supply alternatives such as government or other assistance resources will be exhausted prior to the use of the on hand, one week emergency supplies.

Points of Dispensing, (PODS), is part of the Pennsylvania Department of Health. These pre-stocked containers will be located at area high schools, and be available to the local community. Although they do not contain food or water supplies, medical and other items such as hand sanitizers, first aid kits, garbage bags, latex gloves, flashlights, batteries, etc. will be available to the public. Keystone has been recognized at the County level and given status as a "push" priority, meaning we have persons with special needs.

When supplies become unavailable, each department will use emergency stockpiles set aside.

Keystone has in place, for every home and program Temporary Relocation and 24-72 Hour Emergency Procedure Plans. These plans will be updated every 6 months or as needed for changes. These plans outline what steps staff are to take in the event of an emergency, which confines them to the home or requires them to leave the home. Staff are trained annually in regards to the specifics of the plan and on common sense emergency response planning and actions.

A majority of the Agency's Nursing department is located at Hickory Street. If a consumer is relocated to Hickory Street, the emergency supplies will stay at that consumer's home. PEP will have a one-week supply for incoming persons, up to surge capacity, which is 105.

Personal items, such as clothing, medications, eyeglasses, dentures, adaptive equipment, etc. will follow the consumer to PEP. An inventory of those personal items will be completed by the home staff prior to relocation and

shared with the PEP program staff. If social distancing is mandated during a disease pandemic, most consumers will be required to remain at home. Other day services, such as KVTC and Penn Industries will likely close.

F Natural Disaster Guidelines

Severe Winter Conditions

In the event of a power failure at home:

- Use battery powered flashlights instead of candles
- Do not use gas or charcoal grill indoors
- Preserve heat in the house. When extra ventilation is not needed, keep windows, doors to outside, doors to extra rooms, and draperies shut. Cover cracks under doors and windows with towels and rags.
- Help prevent pipes from freezing. Open cabinet doors under sinks and leave all water taps slightly open so that they drip continuously.

Keep everyone warm:

- Wear extra layers of clothing and blankets.
- Serve warm beverages or broth.
- Avoid caffeine; it can cause your body to lose heat more rapidly.

If stranded in a vehicle:

- Avoid being stranded by not traveling in the first place. If you must travel, let your coworkers know your destination and estimated time of arrival.
- Do not panic. Be a source of calm for the people in your care.
- Stay in the vehicle along with the others who are with you.
- When you must be outside, consider wind chill factor to avoid hypothermia and frostbite. Wind in cold weather drives the apparent temperature down. Be outside for the minimum time necessary, **no more than 30 minutes in any case when the temperature is below freezing**
- If you have a cell phone, call the police for help, but be careful not to run down your battery if you cannot get through.
- Run the heater for about 10 minutes every hour, depending on how much fuel you have.
- Leave a window cracked to let in air, and to prevent the vehicle from being sealed from heavy ice and snow.
- If you are stuck during the day, place an orange or red flag on your antenna. At night, leave your dome light on only when the car is running.
- Occasionally check your tailpipe to make sure it is free from snow. Clean the pipe to avoid carbon monoxide poisoning when the car is running.
- If there is more than one staff in the vehicle, take turns sleeping. If you are alone in the vehicle, do not sleep while the engine is running.
- Move your arms and legs periodically to keep your circulation going. Encourage others with you to do the same.
- When the snow has stopped, clear the snow off the vehicle so that it is visible.

Keystone Fleet Grounding Procedure

Road conditions are monitored and reported to homes through email and phone calls to program leadership by the Director of Safety. If conditions are not favorable for driving, The Director of Safety or designee will

alert all staff via email, program leadership by phone and by posting an "emergency transportation" phone message on the Transportation Hot Line 570-702-8193.

When alerted, all Keystone vehicles will be restricted from use until notified that conditions are safe for driving.

Flooding

Flood Advisories

- Flood Watch – current or developing conditions are favorable for flooding in and close to the watch area, but the occurrence is neither certain or imminent.
- Flood Warning – flooding is in progress, imminent or highly likely
- Flash Flood – a rapid and extreme flow of high water into a normally dry area or a rapid water level rise in a stream or creek above a predetermined flood level, beginning within 6 hours of the causing event (rainfall, dam failure, ice jam). Ongoing flooding can intensify to flash flooding where heavy rainfall results in a rapid surge of rising floodwaters.
- Major Flooding – A general term including extensive inundation and property damage. Usually requires the evacuation of people and livestock and the closure of both primary and secondary roads.

Flood Procedures and Evacuation

- Be aware of streams, drainage channels and other areas around your home known to flood suddenly. Flash floods can occur in these areas with or without such typical warning as rain clouds or heavy rain. If there is a possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.
- Secure the home. If you have time, bring in outdoor furniture. Move essential items to an upper floor.
- Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances, unless wet or standing in water.
- Do not walk through moving water. 6 inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving.
- Use a stick to check the firmness of the ground in front of you.

Do Not Drive in Flood Waters

- “Turn Around, Don’t Drown” – Each year more deaths occur due to flooding than from any other severe weather hazard. More than half of all flood related deaths result from vehicles being swept downstream.
- Do not underestimate the force and power of water. If floodwaters rise around your vehicle, abandon the vehicle and move to higher ground if you can do so safely. You and your vehicle can be quickly swept away in as little as 6 to 12 inches of water, even vans, SUV’s and pick-ups.

G Temporary Relocation Plan

In the event that temporary relocation from your home is necessary, Keystone has contracted with the following hotels that we have accounts with in case of an emergency. You will also find an address and phone number for each hotel. Understandably we are going to look to the hotel that is closest to that specific group home, but if at all possible please try to follow this order with hotel #1 being your first choice, #2 being second and likewise for # 3-5.

Contact the hotel in advance so that they are aware of your anticipated stay. At the front desk and/or over the phone you will have to mention that you are an employee of Keystone Community Resources and that there is an existing account. You must bring your Keystone ID badge with you for further verification.

Refer to the Incident Management Manual for HCSIS reporting requirements and procedures.

Dunmore:

1. Sleep Inn and Suites
102 Monahan Avenue
Dunmore, P.A., 18512
(570) 961-1116

Scranton:

2. Clarion Hotel
300 Meadow Avenue
Scranton, P.A., 18505
(570) 344-9811

You will be asked for our agency code, on the phone or at check-in, which is – **KCR**. You must bring your Keystone ID badge with you for further verification.

Scranton:

3. Econo Lodge
1175 Kane Street
Scranton, P.A., 18505
(570) 348-1000

Scranton:

4. Red Carpet Inn
320 Franklin Avenue
Scranton, P.A., 18503
(570) 346-7061

Dunmore:

5. Holiday Inn-Scranton East
200 Tigie Street
Dunmore, P.A., 18512
(570) 343-4771

Below is a listing of the amenities each hotel has to offer. Keep in mind the needs of your individuals and the accessibility or options, both in the hotel and outside, that will best meet the needs of the individuals that you work with:

1. Sleep Inn and Suites (570) 961-1116

<u>Amenities / Needs</u>	<u>Availability</u>
---------------------------------	----------------------------

Handicap Accessible	√
Microwave	√
Refrigerator	√
Stove/Oven	
Kitchen	
Laundry Room	√
Safe box inside room	√
Restaurant inside hotel	
Restaurant in close proximity	√
Continental Breakfast	√
Grocery/Convenience store in close proximity	√
Adjoining rooms	√
Animals/Pets (OK)	√
Smoking/Non-Smoking rooms	√
Short walk or elevator ride to a smoking area	√
Suites	√

2. Clarion Hotel (570) 344-9811

<u>Amenities / Needs</u>	<u>Availability</u>
Handicap Accessible	√
Microwave	√
Refrigerator	√
Stove/Oven	
Kitchen	
Laundry Room	√
Safe box inside room	
Restaurant inside hotel	√
Restaurant in close proximity	√
Continental Breakfast	√
Grocery/Convenience store in close proximity	√
Adjoining rooms	√
Animals/Pets (OK)	√
Smoking/Non-Smoking rooms	√
Short walk or elevator ride to a smoking area	√
Suites	√

3. Econo Lodge (570) 348-1000

<u>Amenities / Needs</u>	<u>Availability</u>
Handicap Accessible	√ (Some rooms are not fully accessible)
Microwave	√
Refrigerator	√
Stove/Oven	
Kitchen	
Laundry Room	
Safe box inside room	√
Restaurant inside hotel	
Restaurant in close proximity	√
Continental Breakfast	√
Grocery/Convenience store in close proximity	√
Adjoining rooms	√
Animals/Pets (OK)	√
Smoking/Non-Smoking rooms	√
Short walk or elevator ride to a smoking area	√
Suites	

4. Red Carpet Inn (570) 346-7061

<u>Amenities / Needs</u>	<u>Availability</u>
Handicap Accessible	√
Microwave	√
Refrigerator	√
Stove/Oven	
Kitchen	
Laundry Room	
Safe box inside room	√
Restaurant inside hotel	
Restaurant in close proximity	√
Continental Breakfast	√
Grocery/Convenience store in close proximity	√
Adjoining rooms	√
Animals/Pets (OK)	√
Smoking/Non-Smoking rooms	√
Short walk or elevator ride to a smoking area	√
Suites	

5. Holiday Inn-Scranton East (570) 343-4771

<u>Amenities / Needs</u>	<u>Availability</u>
Handicap Accessible	√ (Some rooms are not fully accessible)
Microwave	√
Refrigerator	√
Stove/Oven	
Kitchen	
Laundry Room	√
Safe box inside room	
Restaurant inside hotel	√
Restaurant in close proximity	√
Continental Breakfast	
Grocery/Convenience store in close proximity	√
Adjoining rooms	√
Animals/Pets (OK)	√
Smoking/Non-Smoking rooms	√
Short walk or elevator ride to a smoking area	√
Suites	√

H Protocol for Surge Capacity Medical Care During a Disaster

Consumers shall remain in their group homes for routine medical treatment that will be provided by the direct care workers with oversight from the Nursing Dept.

In the event that a consumer needs alternate acute care services when the local hospitals become unavailable, the alternate placement shall include Hickory street day services/nursing building, unless directed otherwise by authorities.

Hickory street capacity: Aprox. 115 consumers

The Red Cross shall provide cots and blankets

I Pandemic Flu

1. General Background Information

Avian Influenza (Bird Flu)

What is Avian Influenza (bird flu)?

Bird flu is an infection caused by avian (bird) influenza (flu) viruses such as the Influenza A (H5N1) virus. These flu viruses occur naturally among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. However, bird flu is very contagious among birds and can make some domesticated birds, including chickens, ducks, and turkeys, very sick and kill them.

How does bird flu spread?

Infected birds shed flu virus in their saliva, nasal secretions, and feces. Susceptible birds become infected when they have contact with contaminated excretions or surfaces that are contaminated with excretions.

How are bird flu viruses different from human flu viruses?

All known subtypes of flu A viruses can be found in birds. However, when we talk about “bird flu” viruses, we are referring to influenza A subtypes chiefly found in birds. They do not usually infect humans, even though we know they can.

When we talk about “human flu viruses”, we are referring to those subtypes that occur widely in humans. There are only three known A subtypes of human flu viruses (H1N1, H1N2, and H3N2); it is likely that some genetic parts of current human influenza A viruses came from birds originally. Influenza A viruses are constantly changing, and they might adapt over time to infect and spread among humans.

Bird Flu in Humans

Do bird flu viruses infect humans?

Bird flu viruses do not usually infect humans, but several cases of human infection with bird flu viruses have occurred since 1997. It is believed that most cases of bird flu infection in humans have resulted from contact with infected poultry or contaminated surfaces. The spread of avian influenza viruses from one ill person to another has been reported very rarely, and transmission has not been observed to continue beyond one person.

What are the symptoms of bird flu in humans?

Symptoms of bird flu in humans have ranged from typical flu-like symptoms (fever, cough, sore throat and muscle aches) to eye infections, pneumonia, severe respiratory diseases (such as acute respiratory distress), and other severe and life-threatening complications. The symptoms of bird flu may depend on which virus caused the infection.

What is the risk to humans from bird flu?

The risk from bird flu is generally low to most people because the viruses occur mainly among birds and do not usually infect humans. However, during an outbreak of bird flu among poultry (domesticated chicken, ducks, turkeys), there is a possible risk to people who have contact with infected birds or surfaces that have been contaminated with excretions from infected birds.

In 1997, the first case of spread from a bird to a human was seen during an outbreak of bird flu in poultry in Hong Kong. The virus caused severe respiratory illness in 18 people, six of whom died. Since that time, there have been other cases of H5N1 infection among humans. Recent human cases of H5N1 infection that have occurred in Cambodia, Thailand, Vietnam and Indonesia have coincided with large H5N1 outbreaks in poultry.

How is bird flu in humans treated?

Studies done in laboratories suggest that the prescription medicines approved for human flu viruses should work in preventing bird flu infection in humans. Two other antiviral medications, oseltamavir and zanamavir, would probably work to treat flu caused by the H5N1 virus.

Flu viruses can become resistant to these drugs, so these medications may not always work. For example, the H5N1 virus currently infecting birds in Asia that has caused human illness and death is resistant to amantadine and rimantadine, two antiviral medications commonly used for influenza. Additional studies are needed to prove the effectiveness of these medicines.

Is there a vaccine to protect humans from H5N1 virus?

There currently is no commercially available vaccine to protect humans against the H5N1 virus that is being seen in Asia and Europe. However, vaccine development efforts are taking place. Research studies to test a vaccine to protect humans against H5N1 virus began in April 2005, and a series of clinical trials is underway.

What is a Flu Pandemic?

Because these viruses do not commonly infect humans, there is little or no immune protection against them in the human population. If the H5N1 virus were able to infect people and spread easily from person to person, an influenza pandemic (worldwide outbreak of disease) could begin.

Have we ever had a Flu Pandemic before?

During the 20th century, the emergence of several new influenza A virus subtypes caused three pandemics, all of which spread around the world within a year of being detected.

- 1918-19, "Spanish flu," This outbreak caused the highest number of known influenza deaths. More than 500,000 people died in the United States, and up to 50 million people may have died worldwide. Many people died within the first few days after infection, and others died of secondary complications. Nearly half of those who died were young, healthy adults. Influenza A (H1N1) viruses still circulate today after being introduced again into the human population in 1977.
- 1957-58, "Asian flu," First identified in China in late February 1957, the Asian flu spread to the United States by June 1957, causing 70,000 deaths.
- 1968-69, "Hong Kong flu," This virus was first detected in Hong Kong in early 1968 and spread to the United States later that year causing about 34,000 deaths. Influenza A (H3N2) viruses still circulate today.

Viruses containing a combination of genes from a human flu virus and a bird flu virus caused both the 1957-58 and 1968-69 pandemics. The 1918-19 pandemic viruses appear to have originated in birds.

No one can predict when a pandemic might occur. However, experts from around the world are watching the H5N1 situation in Asia very closely and are preparing for the possibility that the virus may begin to spread more easily and widely from person to person.

What is the risk to people in the United States from the H5N1 bird flu outbreak in Asia and Europe?

The current risk to Americans from the H5N1 bird flu outbreak in Asia is low. The strain of H5N1 virus found in Asia and Europe has not been found in the United States. There have been no human cases of H5N1 flu in the United States.

So far, spread of the current bird flu virus from person to person has been rare and has not continued beyond one person. However, because all influenza viruses have the ability to change, scientists are concerned that the H5N1 virus one day could be able to infect humans and spread easily from one person to another.

It is possible that travelers returning from affected countries in Asia could be infected if they were exposed to the virus. Since February 2004, medical and public health personnel have been watching closely to find any such cases.

Pandemic Flu Preparedness in Pennsylvania

What does the PA Department of Health recommend regarding the H5N1 bird flu outbreak?

The Department of Health currently advises that travelers to countries with known outbreaks of bird flu, influenza A (H5N1), to avoid poultry farms, contact with animals in live food markets, and any surfaces that appear to be contaminated with feces from poultry or other animals. DOH does not recommend any travel restrictions to affected countries at this time.

For prevention of several forms of infection or disease, including possible contact with bird flu, staff and residents should avoid contact with any dead birds or animals.

What is the PA Department of Health doing to prepare for a possible H5N1 flu pandemic?

- Working in concert with other state agencies the Department of Health is conducting a three-prong approach.
- Bird Flu Surveillance taking place currently and preplanning with future human surveillance candidates.
- Building regional awareness and planning with hospitals and other healthcare organizations concerning future pandemics.
- Educating the public about the differences between influenza, pandemics and the bird flu.

2. Monitoring Seasonal Influenza

A protocol has been developed for weekly monitoring of seasonal influenza-like illnesses in residents. Having a system for tracking illness trends will ensure that the facility can detect stressors that may affect operating capacity, including staffing and supply needs.

Monitoring symptoms of influenza-like illnesses, can aid in tracking illness trends within the agency. These illnesses may include vomiting, diarrhea, upper respiratory infections and sinus infections. A form has been developed to document these illnesses in the community homes.

This monitoring system shall be used to maintain an accurate record of consumers diagnosed with seasonal influenza-type illnesses. It shall also be used to document any trends of symptoms in our agency, as well as to prevent exposure of these symptoms to our staff and other consumers.

The procedure shall include a report of all seasonal influenza- type illnesses to a medical professional, such as a medical doctor or a nurse. The staff shall use the appropriate form to document these illnesses. This form

shall be copied and forwarded to the administrative assistant in the nursing department. The original form shall be kept in the communication book.

Weekly monitoring for seasonal influenza-type illnesses

Purpose:

1. To maintain an accurate record of consumers diagnosed with seasonal influenza-type illnesses.
2. To document any trends of symptoms in our agency.
3. To prevent exposure of these symptoms to our staff and other consumers.

Procedure:

1. Seasonal symptoms shall be reported to a medical professional (a nurse and /or medical doctor).
2. Staff shall use the **Seasonal Influenza-type illness** form to document all symptoms related to these types of illnesses.
3. Tracking shall include:
 - Vomiting
 - Diarrhea
 - URI (cough and congestion)
 - Sinus infection
 - Antibiotic Prescription

Notes:

- This form shall be copied and forwarded to the administrative assistant in the nursing department. The original form shall be kept in the communication book

3. Diagnosis of Pandemic Flu

Symptoms of avian flu infection in humans depend on the particular strain of virus. In case of the H5N1 virus, infection in humans causes more classic flu-like symptoms, which might include:

- Cough (dry or productive)
- Sore throat
- Fever greater than 100.4°F (38°C)
- Difficulty breathing
- Diarrhea
- Runny nose
- Headache
- Malaise
- Muscle aches

Signs and Tests

Call your health care provider if you develop flu-like symptoms within 10 days of handling infected birds or traveling to an area with a known avian flu outbreak. Let your health care provider know you may have been infected with avian flu. This will give the staff a chance to take proper precautions that will protect them and other patients.

In February 2006, the U.S. Food & Drug Administration approved a new, faster test for diagnosing strains of bird flu in people suspected of having the virus. The test is called the Influenza A/H5 (Asian lineage) Virus Real-time RT-PCR Primer and Probe Set. The test gives preliminary results within 4 hours. Older tests required 2 to 3 days.

Your doctor might also perform the following tests:

- Chest x-ray
- Nasopharyngeal culture
- Blood differential
- Auscultation (to detect abnormal breath sounds)

Other tests may be done to look at the functions of your heart, kidneys, and liver.

Diagnosis of Pandemic Flu in Consumers

Purpose:

1. To maintain an accurate count of consumers diagnosed with Influenza.
2. To document any trends of Influenza contraction.

Procedure:

1. Consumers shall be diagnosed by a medical professional.
2. Staff shall use the **Influenza Tracking Form** for all consumers diagnosed with Influenza.
3. Tracking shall include :
 - Name of group home
 - Name of consumer
 - Date of illness
 - Date of death of a consumer related to an influenza complication
 - Notes:
 - This form shall be copied and forwarded to the administrative assistant in the nursing department.
 - The original form shall be kept in the Communication book.

4. Influenza Admissions Policy

Purpose:

To maintain disease control of consumers being considered for admission

Procedure:

1. Each consumer shall have a physical examination prior to admission
2. Consumers listed as having a communicable disease shall be assessed on an individual basis for admission.
3. In the event that a new admission has been diagnosed with influenza, or an influenza-like disease, isolation of this consumer shall include:
 - recovery period at the group home
 - An exam to release the consumer into day services

5. Infection Control Plan

Respiratory Hygiene/Cough Etiquette

Human influenza is thought to transmit primarily via large respiratory droplets. Standard Precautions plus Droplet Precautions is recommended for the care of patients infected with human influenza.

- Employees shall cover their coughs or sneezes with a tissue, or cough and sneeze into their upper sleeves of their shirt, (if a tissue is unavailable).
- Employees shall dispose of all tissues in a covered trash receptacle.
- Employees shall wash their hands or use a hand sanitizer after they cough, sneeze or blow their noses.

Rationale for Enhanced Precautions

Given the uncertainty about the exact modes by which avian influenza may first transmit between humans additional precautions for healthcare workers involved in the care of patients with documented or suspected avian influenza may be prudent. The rationale for the use of additional precautions for avian influenza as compared with human influenza includes the following:

- The risk of serious disease and increased mortality from highly contagious avian influenza may be significantly higher than from infection by human influenza viruses.
- Each human infection represents an important opportunity for avian influenza to further adapt to humans and gain the ability to transmit more easily among people.
- Although rare, human-to-human transmission of avian influenza may be associated with the possible emergence of a pandemic strain.

Isolation Procedures At Home

Patients who do not require hospitalization for medical indications may be isolated at home. Continue the infection control precautions outlined below until 10 days following resolution of fever (given respiratory symptoms are absent or resolving) or until the health department has determined that home isolation precautions can be safely discontinued.

- Patients should not leave the home for the duration of the isolation period, except as necessary for follow-up medical care. When movement outside the home is necessary, the patient should wear a mask, if tolerated, and should not use public transportation.
- Separate the patient from other persons in the household to the extent possible. There should be a bathroom in the home for use by the patient and household members only. If there are multiple bathrooms, one should be designated solely for the patient's use, especially if the patient has diarrhea.
- Limit the number of persons in the household to those who are essential for patient support. Other household members should either be relocated or minimize contact with the patient in the home. This is particularly important for persons at risk of serious complications (e.g., persons with underlying heart or lung disease, diabetes mellitus, older age).

- Unexposed persons who do not have an essential need to be in the home should not visit.
- If the home is a multiple family dwelling (e.g., apartment building), the area in which the patient will be housed should have a separate air-handling system (if one is present).

Infection Control Precautions for Patients Isolated at Home

- Hand hygiene -- All persons in the household should carefully follow recommendations for hand hygiene (i.e., hand washing with soap and water or use of an alcohol-based hand rub) after touching body fluids (e.g., respiratory secretions, stool, urine, vomit) and potentially contaminated surfaces and materials (e.g., linen). Hand hygiene supplies (soap/water, alcohol-based hand rub, and disposable towels) should be available and replenished as needed.
- Source control -- Patients should cover the nose/mouth when coughing and dispose of tissues in a lined waste container. If possible, the patient should wear a surgical mask when others are present. If the patient cannot wear a mask, persons in close contact with the patient should wear a mask. Masks should fit snugly around the face and should not be touched or handled during use. If masks will be reused by persons in the home, procedures for identifying each person's mask and containing it between uses should be in place. A supply of masks should be available based on the volume needed each day.
- Gloves and other protective attire -- Use of disposable gloves should be considered for any direct contact with the body fluids of a patient. **However, gloves are not intended to replace proper hand hygiene.** Immediately after gloves are removed, they should be discarded and hand hygiene should be performed. Gloves must never be washed or reused.
- Laundry (e.g., bedding, towels and clothing) -- Towels and bedding should not be shared. Laundry may be washed in a standard washing machine with warm water and detergent; bleach may be added but is not necessary. Gloves should be worn when handling soiled laundry, and care should be used when handling soiled laundry to avoid direct contact of skin and/or clothing with contaminated material. Soiled laundry should not be shaken or otherwise handled in a manner that may aerosolize infectious particles.
- Dishes and other eating utensils -- Objects used for eating should not be shared, but separation of eating utensils for use by the patient is not necessary. Soiled dishes and eating utensils should be washed either in a dishwasher or by hand with warm water and soap.
- Household waste -- Gloves, tissues, and other waste generated in the care of a patient should be bagged and placed in another container for disposal with other household waste.
- Cleaning and disinfection of environmental surfaces -- Environmental surfaces that are frequently touched by the patient or are soiled with body fluids should be cleaned and disinfected with a household disinfectant. The bathroom used by the patient should be cleaned daily, if possible. Household utility gloves should be worn during the cleaning process.

Procedures for Care Givers and Others in Close Contact with Patients

- Household members and other close contacts of patients should be vigilant for fever (i.e., measure temperature at least daily) and/or respiratory symptoms.
- If household contacts develop fever or respiratory symptoms, arrangements should be made immediately for a medical evaluation. **In advance of the evaluation, healthcare providers should be informed that the person (and those who may accompany him or her) is a close contact of an influenza patient so arrangements can be made, to prevent transmission to others in the healthcare setting.**
- Symptomatic household or other close contacts should follow the same precautions recommended for the patient.
- In the absence of fever or respiratory symptoms, household contacts need not limit their activities outside the home, unless otherwise required by quarantine regulations.

6. Vaccine and Antiviral Use Plan

Vaccination against Human Influenza

Staff involved in the care of patients with documented or suspected avian influenza should be vaccinated with the most recent seasonal human influenza vaccine. In addition to providing protection against the predominant circulating influenza, getting a flu shot will reduce the chance of an avian flu virus mixing with a human flu virus, which would create a new virus that may easily spread.

Antiviral and Vaccine Plan

- Specified person will monitor Web site for notification of a pandemic emergency in the United States
- Director of medical services shall contact the Pharmacy immediately at the first notification from the CDC that pandemic type influenza has reached the United States.
- **Pharmacy:** Prime Care Pharmacy
310 Adams Ave.
Second Floor
Scranton, Pa. 18503
Phone: (570) 207-6860
Pharmacist: Michael Ruane / Michelle Brunischeski
- **Vaccine Supplier:** SS Interprise (Sanofi-Pharmaceuticals)
Swift Water, Pa.

7. Local State Regional Emergency Contact List

The following list of contacts have been identified for information during a disaster/pandemic outbreak

Local Health Department and Emergency Preparedness Groups

Department of Health

Lackawanna Ave., Scranton, Pa. 18503

Phone: (570) 826-2062

Contacts:

- Mary Theresa Tenorantz
- Bill Miller
- Joe Shamansky
- Bob Flannigan (County Pandemic Head/Host) (County Government For Lackawanna Department of Health) –(570) 307-7330 or (570) 961-5511
- Thomas D. McGroarty (Public Health Preparedness Coordinator for Department of Health) – (570) 826-2062
- Lackawanna County Public Safety Center – 570-207-0104

American Red Cross (Scranton) 570-344-7281 www.redcross.org

- Bob Haber – (Scranton Chapter American Red Cross) – (570) 207-0104

Wayne-Pike Chapter
1111 Main Street, Honesdale, PA. 570-253-2310

Valley Chapter
150 Broad Street, Waverly, PA 570-565-9310

United Way

- Gary Drapec 570-343-1267
- Tom Coleman 570-343-1267 - *223

Catholic Social Services (Scranton) 570-207-2283

Diocese of Scranton 570-207-2283

Jewish Family Services – Lacka. Co. 570-344-1186

Salvation Army (Pittston) 570-655-5947

Hospital and Medical Contacts

Primary Hospitals

Community Medical Center
1800 Mulberry Street, Scranton, PA
www.cmchealthsys.org

- General Information 570-969-8000
- Emergency Department 570-969-8121
- Patient Information 570-969-8222

Mercy Hospital
746 Jefferson Avenue, Scranton, PA
www.MercyHealthPartners.com

- General Information 570-348-7100
- Emergency Department 570-348-7951
- Patient Information 570-348-7295

Moses Taylor Health Care System
700 Quincy Avenue, Scranton, PA
www.mth.org

- General Information 570-340-2100
- Emergency Department 570-340-2900
- Patient Information 570-340-2200

Secondary Hospitals

Marian Community Hospital
100 Lincoln Avenue, Carbondale, PA
www.mariancommunityhospital.org

- General Information 570-281-1000
- Emergency Department 570-281-1030
- Patient Information 570-281-1000

Mid Valley Hospital
1400 Main Street, Peckville, PA
www.mth.org

- General Information 570-383-5500
- Emergency Department 570-383-5511
- Patient Information 570-383-5500

Medical Supplies

Prime Care Pharmacy

310 Adams Ave., Scranton, Pa. 18503

Phone: (570) 207-6860

Fax: (570) 207-6968

Pharmacy contacts:

- Michelle Brunischeski (Pharmacist)
- Michael Ruane (Pharmacist and Owner)
- SS Interprise (Sanofi-Pharmaceuticals in swift-water) for flu vaccines
- Rochester Drugs- contact for gloves and masks

Andrew Browns Home Health Care Center

Medical Supplies

Pittston Ave, Scranton, Pa. (570) 346-7319

Medline Plus

Medical Supplies 1-800-633-5463

Williams Industrial Supply

1420 Meylert Avenue, Box 286, Scranton, Pa. 570-347-2015

MENTAL HEALTH/FAITH BASED RESOURCES

LOCAL

Scranton Counseling Center 570-348-6100

NATIONAL/REGIONAL

HMS Employee Assistance 1-800-343-2186 www.hmsincorp.com

FEMA (short term services) 1-800-621-3362 www.fema.gov/rrr/inassist.shtm

CDC 1-800-232-4636 www.cdc.gov

National Mental Health Info Center 1-800-789-2647

National Center/Domestic Violence 1-800-537-2238 www.PCADV.org

Alcoholism/Drug Dependence 1-800-622-2255 www.ncadd.org

Families Anonymous, Inc. 1-800-736-9805 www.familiesanonymous.org

Foundation for Suicide Prevention	1-888-333-2377	www.afsp.org
Suicide Prevention Lifeline	1-800-273-8255	www.suicidepreventionlifeline.org
National Hopeline Network	1-800-SUICIDE	www.helpline.org
Eating Disorders Association	1-800-931-2237	www.nationaleatingdisorders.org
National AIDS Hotline	1-800-342-AIDS	www.ashastd.org
AfterLoss (Bereavement)	1-800-423-8811	www.afterloss.com
National Victim Assistance	1-800-879-6682	www.try-nova.org
Sidelines National Support Network	1-888-447-4754	www.sidelines.org

J Coping with a Critical Incident

Provided by Human Management Services, Inc. (HMS) your EAP

1-800-343-2186

Overview

Ways employees can find support after a critical incident.

A critical incident is any sudden or unexpected traumatic event that affects people's emotional lives, feelings of safety, and ability to cope. It might be a robbery or assault that occurred in the workplace, a sudden accident or death at work, the murder or suicide of a co-worker, or domestic abuse that impacts the workplace. Floods, fires, hurricanes, acts of terrorism, and airplane crashes are other examples of critical incidents.

If you have recently experienced a critical incident, you may be feeling a number of emotions. You may be feeling sad, upset, afraid, angry, or alone. You may have trouble concentrating, or feel overwhelmed by your emotions. All of these feelings are normal reactions to traumatic events. What's important to remember at this difficult time is that there are steps you can take to seek support for yourself and find help.

Common Reactions after a Traumatic Event

If you have experienced a critical incident or traumatic event, you may be affected for days, weeks, or even months afterwards. At first, it's normal to feel overwhelmed by the event. You may have difficulty sleeping, feel distracted, and feel afraid or unsafe. You may experience symptoms of stress. The signs and symptoms of stress can be physical, mental, or emotional.

Physical symptoms can include

- nausea
- upset stomach
- tremors in your lips or hands
- feeling uncoordinated
- profuse sweating
- chills

- diarrhea
- dizziness
- rapid heart beat
- head and muscle aches
- chest pain (chest pain should be checked at a hospital immediately) Emotional symptoms can include feelings of
- anxiety
- fear
- guilt
- grief
- depression
- sadness and crying
- anger
- irritability
- shock
- loss or abandonment
- numbness
- isolation or feeling alone
- worry about others
- wanting to hide
- wanting to limit contact with others

Mental symptoms can include

- slowed thinking
- difficulty making decisions
- difficulty with problem-solving
- confusion
- disorientation (especially about place and time)
- difficulty concentrating
- memory problems
- difficulty naming common objects
- distressing dreams
- poor attention span

What You Can Do

- If you are experiencing any of these symptoms, it is important that you take steps to help yourself cope and recover.
- Have someone stay with you for at least a few hours after the critical incident.
- Realize that what you are experiencing is normal. You may feel fear, shock, anger, confusion, or depression. These feelings are normal, and will usually ease with time.
- Avoid comparing yourself with others—everyone is different and reacts differently to a traumatic event.

- Avoid using alcohol or non-prescription drugs to handle your emotions.
- Don't try to fight reoccurring thoughts, dreams, or flashbacks. They are normal and they will decrease over time and become less painful. Dreaming of the incident is common. There may be times when you think or feel that the incident is recurring, sometimes like a "mini-flashback."
- Maintain as normal a schedule as possible. Staying with normal routines will help you recover from a critical incident.
- Use company resources to help you through this difficult time. Ask your supervisor or human resources (HR) representative about company resources for people coping with a critical incident.
- Take care of yourself. You may be more vulnerable to illness or fatigue when coping with a traumatic event. Eat nutritious food and drink plenty of water, even when you don't feel like it.
- Exercise. Physical activity of any kind helps relieve stress.
- Use a relaxation that works for you. You might find help from yoga, meditation, or some other relaxation technique.
- Be alert for signs that you may need help coping, such as becoming teary all the time.

Finding Support

- Contact your employee assistance program (EAP). Your EAP, HMS (Human Management Services) 1-800-343-2186, can offer free, confidential support 24 hours a day to help you cope with your feelings and reactions to the critical incident. Your EAP can also provide helpful materials, referrals to local resources, counseling, and long-term counseling, if necessary. This benefit also extends to your spouse and children.
- Talk about your feelings with co-workers, your manager, family, or friends. Don't try to hide or ignore your emotions.
- Consider seeing a counselor if your feelings become prolonged, or if you are having trouble coping or handling your feelings.

K Post Disaster Debriefing

After the disaster has passed, Keystone will convene a committee led by the Director of Facilities to review the strengths and needs of our disaster response and revise our plan and procedures based on our experience. A report will be presented to the Executive Team for their review.

L Plan Development Approach

The Central Safety Committee identified Emergency, Disaster and Pandemic Influenza Preparedness as a goal for incorporation into Keystone's overall emergency management planning. The Central Safety Sub Committee for Emergency Preparedness was formed as a multidisciplinary team for this purpose and began meeting September 11, 2007 to develop the present plan. The Committee members represent a variety of program and support departments.

The Sub-Committee Members

Don Barney, MA, SPHR, Sub-Committee Chair, Facility Management
Disaster/Pandemic Influenza Response Coordinator
Pat Brokenshire, Safety, Purchasing, Maintenance, Transportation
Leighton Chung, Quality Assurance
Kristine Durkin, Staff Training and Orientation
Ellen Edmondson, RN, Nursing Administration, Infection Control, Pharmacy Services
Cathy Mahoney, Safety
Christina Masters, Human Resources
Theresa Messarosh, Supported Living
Christine Roche Shygelski, Safety, Occupational Health
Katie Strelecki, Residential, Facility Staff Representative
Tina Williams, Supported Living
Cathy Wright, Clinical Services

For Pandemic Flu Planning, the committee followed the US Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) document “Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist” as the preferred tool for developing this plan. The present plan follows the checklist outline, adapted to the specific needs of Keystone Community Resources, Inc.

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