

**List of Hospital-wide/Departmental Policies and Procedures for JCC for Approval on
August 8, 2023**

Revised Hospital-wide Policies and Procedures

Status	Dept.	Policy #	Title	Notes
Revision	_LHHPP	70-01 A2	Emergency Preparedness	<ol style="list-style-type: none"> 1. Replaced "Hospital" with "Nursing Home", "the Department of Workplace Safety and Emergency Management" with "executive leadership", "Water" with "Utility" and "2" with "3" 2. Deleted ", including keeping an emergency wallet card with an out of area contact in the event that local telephone service is limited during an actual event." 3. Deleted "800 MHz radios and METS phone (Meyors Emergency Telephone System) are tested monthly." 4. Deleted "Sewage Disposal during an emergency shall implement the LHHPP 70-01 C8 Water Disruption Plan, section 5.g. Flush toilets with buckets of pool water. Pools have a total of 32,450 gallons of water. A pump is available to fill buckets on a cart that can be transported for cleaning of flushing purposes. If pool water runs out, use commodes and bedpans with liners or plastic bags under toilet seats and empty into waste bags. Follow instruction from command center for bag disposal procedures." 5. Food storage during emergency is stored in walk-in freezer #3 and walk-in refrigerator #3" 6. Added "Food storage during an emergency shall implement the LHH Nutrition Services Department 1.3 Disaster Plan, procedure section." 7. Added "There are two main kitchen storage rooms for emergencies. The main storage room stores MREs (Meals Ready-to-Eat) and enteral and supplemental formulas. The second storage room stores emergency supply of paper. The stored MREs last a period of ten years and are rotated every six months." 8. Added "Staff shall identify any food stored that have been damaged and dispose of them, as directed by the Command Center. Staff shall not remove or issue food for preparation or service until it has been inspected for damage. Staff and residents shall not drink tap water until advised of its safety. Bottled or boiled water should be used." 9. Added "The Director of Nutrition Services shall activate the seven day emergency menu as developed by the Chief Dietitian. The menu will include certain therapeutic and texture modifications diets." 10. Added "Staff shall assess any damages to kitchen equipment and respond accordingly. Staff should continue to utilize existing pots and pans for the cooking
Revision	_LHHPP	70-01 C4	Medical Surge Plan	<ol style="list-style-type: none"> 1. Changed "HICS" to "NHICS" through out the document. 2. Added "For larger numbers of injured persons, other clinical staff may be deployed to provide care" 3. Added "If community members arrive to LHH seeking first aid of injuries that surpass the ability of LHH clinicians, 911 will be called to transfer those injured to an acute care facility."

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Status	Dept.	Policy #	Title	Notes
Revision	_LHHPP	70-01 C6	Pandemic Respiratory Illness Plan	<ol style="list-style-type: none"> 1. Replaced "Influenza" with "Respiratory Illness" in policy name and throughout the document. 2. Replaced "pandemic influenza" with respiratory illness". 3. Added "Examples of pandemic include COVID-19 and". 4. Deleted "for novel influenza A viruses". 5. Added "or coronavirus or other emerging infectious disease." 6. Added "unusual respiratory illness. Case counts/summaries will include a review of" 7. Added "P" to "IC" throughout the document. 8. Addd "Communicable Disease Branch" 9. Deleted "characteristic of ILI" 10. Replaced "novel influenza A viruses" with "unusual respiratory illness". 11. Added "During surge situations, NHICS may implement a contact tracing program. If this occurs, the employee will notify their supervisor and the contact tracing team when symptoms/exposure are expected or confirmed." 12. Replcadd "influenza" with "an unususal respiratory illness (COVID-19/Influenza/RSV/Rhinovirus/etc.)" 13. Deleted "pandemic influenza, a novel influenza virus, or a suspected of confirmed avian influenza (H5N1). 14. Deleted "of contact andairborne isolation precautions plus the use of eye protection for a minimum of 14 days after onset of symptoms unless an alternative diagmosis is established of infection with influenza has been excluded." 15. Added "Isolation precautions approach. This will be driven by the facilities transmission based precautions policy following guidance from local, state, and federal guidelines" 16. Deleted "Immunocompromised residents shall be managed with a combination of contact and airborne isolation precautions plus the use of eye protection for up to 21 days or for the duration of their illness". 17. Added "This decision will be made by NHICS leadership, facility leadership and infection control experts in consultation with local, state, and federal partners." 18. Added "iv.iii.LHH has protocols that contain more specific instructions for both

Revision Hospital-wide Policies and Procedures

EMERGENCY PREPAREDNESS

POLICY:

1. Laguna Honda Hospital and Rehabilitation Center (LHH) is committed to Emergency Preparedness through a continuous cycle of planning, organizing, conducting training exercises, evaluating processes, and implementing corrective actions.
2. LHH staff is responsible for participating in training, exercises, and achievement of departmental and hospital-wide goals for emergency preparedness.
3. All City and County of San Francisco employees are mandated disaster service workers (DSWs) and are required to return to work during a disaster if called upon to do so. DSWs may be needed for their regular ~~duties, but~~ duties but may also be asked to perform other duties they are trained to perform and they may be asked to report to another location, including alternate care locations set up under an 1135 waiver. Employees are provided with a disaster service worker identification badge that provides access to alternate locations.
4. Staff are responsible for providing their current emergency contact information to the Department Manager and the Human Resources department. Department Managers are responsible for maintaining an accurate call back list.
5. The facility shall utilize the ~~Hospital-Nursing Home~~ Incident Command System (NHICS) for internal and external communication during emergency incidents and planned events.
6. Communication and coordination with the local public health department and other hospitals city wide is achieved through regular meetings, joint exercises, and coordinated planning.

PURPOSE:

To have staff trained and prepared to respond to emergency situations.

PROCEDURE:

1. Training and Exercises

- a. New employees are introduced to Emergency Preparedness concepts during their orientation.
- b. Emergency Preparedness in-service is provided at least annually.

c. Additional training is provided through exercises that include defining and practicing departmental and individual roles with the Incident Command Structure (ICS) and development of next steps based upon exercise evaluation.

~~d. Training and department specific goals emphasize continuous home preparedness development and maintenance, including keeping an emergency wallet card with an out of area contact in the event that local telephone service is limited during an actual event.~~

d.

2. Communication and Coordination

a. Each department shall assign a representative to the Emergency Preparedness Committee who is responsible for continuously enhancing and sustaining emergency preparedness.

b. Coordination of meetings and related activities is achieved through the Emergency Preparedness Coordinator under the direction of ~~the Department of Workplace Safety and Emergency Management executive leadership.~~

c. Residents are apprised of emergency preparedness and response procedures in the resident handbook, which is reviewed with the resident on admission by a social worker.

d. The department manager shall facilitate continuous updates for the emergency call back lists. The confidential call back lists are kept securely in the HICS Command Center.

e. Emergency preparedness updates are communicated to the leadership forum, executive committee, neighborhood and departmental meetings, community meetings, and residents' council as necessary.

f. ~~LHH participates in a city-wide emergency preparedness healthcare coalition to support the goal of interoperability and coordination of planning, mitigation, response, and recovery activities.~~

g. Multiple communication systems are available and practiced to achieve redundancy in the event of technology downtime and to achieve coordination city-wide. ~~800 MHz radios and METS phone (Mayors Emergency Telephone System) are tested monthly.~~

3. Re-Assessment and Planning

a. A Hazards and Vulnerability Assessment (HVA) is completed annually to identify emergency incident risks to drive training and exercise development.

- b. Opportunities to participate in state wide, city wide, DPH wide and other multi-jurisdictional exercises are incorporated into exercise plans each year for a minimum of 2 exercises annually, no more than 6 months apart. Real incidents requiring [NHICS](#) activation can substitute for exercises.
- c. Response plans for the following list of hazards have been developed by the facility and are reviewed annually for performance improvement opportunities:
 - i. Earthquake
 - ii. Mass Prophylaxis
 - iii. Fire
 - iv. Spill
 - v. Medical Surge
 - vi. [Utility](#)~~Water~~ Disruption
 - vii. Power Outage
 - viii. Heat Emergency
 - [ix.](#) Active Shooter
 - [x.](#) [Evacuation](#)
 - [ix-xi.](#) [Shelter in Place](#)

~~[Sewage Disposal during an emergency shall implement the LHHPP 70-01 C8 Water Disruption Plan, section 5. g.](#)~~

~~[Flush toilets with buckets of pool water. Pools have a total of 32,450 gallons of water. A pump is available to fill buckets on a cart that can be transported for cleaning or flushing purposes.](#)~~

~~[If pool water runs out, use commodes and bedpans with liners or plastic bags under toilet seats and empty into waste bags. Follow instruction from command center for bag disposal procedures.](#)~~
- d. Emergency Supplies
 - i. Emergency equipment and supplies are stored in a central location near Materials Management Warehouse and in the [NHICS](#) command center.

- ii. Food storage during an emergency shall implement the LHH Nutrition Services Department 1.3 Disaster Plan, procedure section.
 - o The kitchen maintains a 7-day food supply for 3,2000 people (residents and ancillary staff) and water to augment the 600,000 gallons of water in towers behind the 5th floor parking lot. There are two main kitchen storage rooms for emergencies. Food storage during emergency is stored in walk-in freezer #3 and walk-in refrigerator #6. The main storage room stores MREs (Meals Ready-to-Eat) and enteral and supplemental formulas. The second storage room stores emergency supply of paper. The stored MREs last a period of ten years and are rotated every six months. Food Service shall shift food items to emergency storage refrigerators.
 - o Staff shall identify any food stored that have been damaged and dispose of them, as directed by the Command Center. Staff shall not remove or issue food for preparation or service until it has been inspected for damage. Staff and residents shall not drink tap water until advised of its safety. Bottled or boiled water should be used.
 - o The Director of Nutrition Services shall activate the seven day emergency menu as developed by the Chief Dietitian. The menus will include certain therapeutic and texture modifications diets.
 - o Staff shall assess any damages to kitchen equipment and respond accordingly. Staff should continue to utilize existing pots and pans for the cooking process and serving utensils as required to serve the food. The dish-machines and pot-machine for the ware-ware washing process shall be utilized if they are functional after the initial assessment of equipment. If they are not functional, items should be washed by hand using proper dilution of chemical and rinse with a bleach-based sanitizer either in the pot-room sink and/or steam jacket kettle.
 - o The hospital's portable water supply may be used in the cooking and ware-washing process. In addition, there is an inventory par of 60 cases of half liter bottled water that can be utilized as required. Staff may utilize the usage of disposable products such as pans, plates, cups and flatware, as needed.
 - ii-o Deliveries of meals and nourishments shall be placed on hold until the Command Center approves movement through the facility. Kitchen staff shall coordinate with the Command Center to determine how meals will be transported to residents, employees, and visitors. Emergency food supplies should be provided through primary food vendor on a priority basis. Novation agreements supply back up food resources if the primary vendor is not available.
- iii. A par level of linen maintained by the Environmental Services Department.
- iv. A cache of antibiotics for LHH Pharmacy is available for delivery from DPH storage sites. All medication refrigerators with the exception of PMS and PMA

medication rooms are on emergency power. In the event of power outage, LHH to provide facility approved extension cords to PMS and PMA areas.

- v. Par levels of medical and personal patient care supplies are available through most vendors.

vi. The use of an Alternate source of energy shall implement the LHH Facility Services Department US-2 Emergency Power Generation System, procedure section.

- o During a power outage two 2000kW, 3200A emergency diesel generators (in compliance with NFPA110) will supply essential power via 5000A paralleling main switchboard MSBG to the new Hospital buildings. There are eight Auto Transfer Switches automatically switch the loads from PG&E power to the Emergency Generators.
- o Emergency Generators will automatically start and engage the load demand within 10 seconds whenever a power interruption from the PG&E Company occurs.
- o are located on site at LHH in the form of generators. The generators provide power to all red electrical outlets, emergency lighting, elevators, fire detection devices, fire extinguishing and alarm systems, and boiler controls.
- o Temperatures to protect patient safe and healthy:
 - o Facility Services continuously monitors temperatures in all spaces.
 - o Facility Services shall setup a cooling room on each unit with portable air conditioners.
- e.o. If interior temperatures exceed 80 degrees, NHICS is activated and relocation plan is implemented (LHHPP 70-01 B3 Resident Evacuation Plan).

~~f. When an emergency or disaster in the community prevents LHH from having access to water service, LHH shall implement LHHPP 70-01 C8 Water Disruption Plan, section 5.g.~~

4. Emergency Preparedness Manual Operations Program Plan

- a. Provides the policy, purpose and procedures for emergency response with appendices for pertinent details.
- b. The manual also provides lists of resources and serves as an informational tool for responding to emergencies.

5. Staff Preparedness

- a. Staff are encouraged to continuously enhance their personal preparedness.

~~b. Key activities recommended are having a household plan, including a communication and meeting plan, as well as assembling preparedness supplies in a kit at home and as a “Go bag,” for work or the car, and completing a Red Cross Emergency Wallet Card (See Attachment A).~~

~~b.~~

c. Information and links are provided on the ~~WSEM web site on the~~ LHH intranet.

6. Resident Preparedness

Each resident admitted to LHH ~~receives a Resident Information Guidebook which describes the facility’s emergency preparedness plans. shall be provided with an individual emergency plan, which shall include:~~

~~a. A list of equipment and supplies that must be available to the resident in the event of emergency~~

~~b. A plan for placement in the event of facility evacuation~~

~~c. A list of items that must be included in the resident’s go kit if evacuated~~

ATTACHMENT:

~~Attachment A: American Red Cross Emergency Contact Card~~ None

REFERENCE:

LHHPP 70-01 B1 Emergency Response Plan

LHHPP 70-01 B3 Resident Evacuation Plan

LHH Nutrition Services Department 1.3 Disaster Plan

LHH Facility Services Department US-2 Emergency Power Generation System

Revised: 15/07/17, 15/09/08, 18/07/10, 19/03/12, 19/09/10, 20/03/17, 21/06/08,
23/07/03 (Year/Month/Day)

Original adoption: 13/05/28

MEDICAL SURGE PLAN

POLICY:

Laguna Honda Hospital and Rehabilitation Center (LHH) is committed to providing safe, quality care to its residents in the event of a city-wide or regional medical surge. LHH is also prepared to participate in a system-wide response to medical surge by receiving appropriate patients from other healthcare facilities who need decompression to manage the surge.

PURPOSE:

To provide continued quality care and participate in a system-wide response to incidents that result in a medical surge exceeding the capacity of the normal medical infrastructure.

PROCEDURE:

1. Any time the SF healthcare system is challenged by an increase in emergency calls or healthcare utilization that goes beyond the capacity to provide adequate care, LHH shall implement this Medical Surge Plan.
2. The most important goal is the safe care of LHH residents. Therefore, if a medical surge occurs as a result of a disease epidemic that is affecting LHH residents, then triage and care of these residents is the number one priority and the procedures outlined in LHHPP 70-01 C6 Pandemic Flu Plan or disease specific procedures in LHHPP 72 Infection Control shall be followed.
3. When a medical surge occurs specifically at ZSFG:
 - a. LHH will assist in accordance with LHHPP 20-11 Laguna Honda Hospital's Response to ZSFG Condition Code Yellow and Red Alerts.
 - b. The CEO/AOD shall activate [NHICS](#) if LHH resident care operations are affected by the response.
4. When a medical surge occurs throughout the San Francisco healthcare system:
 - a. LHH will participate in a coordinated response with the possibility of receiving patients from hospitals outside of the SF Health Network using the protocols that are in place in LHHPP 20-11 to determine bed availability and ensure appropriate level of care.
 - b. [NHICS](#) shall be activated to manage a response to a city-wide surge.

- c. The [NHICS](#) team shall coordinate activities and communication with hospitals and DPH through the DPH Department Operations Center (DOC) or City Emergency Operations Center (EOC).
5. In the case of a city-wide disaster such as earthquake, there may be a widespread need for first aid treatment throughout the city. If members of the community show up at LHH for first aid:
- a. [NHICS](#) shall be activated to triage and treat these patients.
 - b. Triage and treatment shall be provided in the medical clinic if the number of patients is manageable. [For larger numbers of injured persons, other clinical staff may be deployed to provide care.](#)
 - ~~b-c.~~ [If community members arrive to LHH seeking first aid of injuries that surpass the ability of LHH clinicians, 911 will be called to transfer those injured to an acute care facility.](#)
 - ~~c-d.~~ For triage and treatment of large numbers of first aid patients, a tent can be set up in the gravel parking lot. The tent is stored in storage container #6 in the parking lot and can be assembled if necessary.

ATTACHMENT:

None.

REFERENCE:

LHHPP 70-01 B1 Emergency Response Plan
LHHPP 70-01 B2 Continuity of Operations Plan (COOP)
LHHPP 70-01 C5 Emergency Responder Dispensing Plan
LHHPP 70-01 C6 Pandemic Influenza Plan
LHHPP 20-11 Laguna Honda Hospital's Response to ZSFG Condition Code Yellow and Red Alerts
LHHPP 72 Infection Control

Revised: 18/09/11, [23/07/03](#) (Year/Month/Day)

PANDEMIC ~~INFLUENZA~~ RESPIRATORY ILLNESS PLAN

POLICY:

1. Laguna Honda Hospital and Rehabilitation Center (LHH) is committed to minimizing the impact of a pandemic on the health and well-being of its residents and staff.
2. LHH is prepared to provide support to the city-wide health care system in managing a pandemic that results in a medical surge for emergency departments in hospitals throughout San Francisco.

PURPOSE:

To establish procedures by which LHH will collaborate with the San Francisco Department of Public Health (SFDPH), San Francisco Emergency Response services, other emergency response and public health agencies, and other health care facilities in response to pandemic ~~influenza~~ or any other infectious respiratory disease epidemics affecting San Francisco.

LHH does not provide emergency services to the public; its role in responding to pandemic ~~influenza~~ or any other infectious respiratory disease epidemic is limited to the following objectives:

1. Monitoring the scope and spread of ~~pandemic influenza~~ respiratory illness in the community for planning purposes.
2. Identifying and reporting cases of illness in residents and/or staff;
3. Containing outbreaks of illness in residents and/or staff;
4. Participating in a regional response to associated medical surge according to LHHPP 70-01 C4 Medical Surge Plan.

DEFINITION:

A ~~n influenza~~ pandemic is a global outbreak ~~of a new~~ Examples of pandemic include COVID-19 and influenza A virus. Pandemics typically occur ~~happen~~ when ~~new~~ (novel) novel (new) influenza A-viruses emerge which are able to infect people easily and spread from person to person in an efficient and sustained way.

PROCEDURE:

1. Case Identification in Residents

- a. Residents who have symptoms characteristic of influenza-like illness (ILI) including fever, fatigue, cough, congestion, sore throat, myalgias and headache shall be considered at risk ~~for novel influenza A viruses.~~
- b. Residents and clinic outpatients are also considered to be at risk if they have:
 - i. had direct contact with poultry; or
 - ii. had close contact with a person with confirmed or suspected novel influenza or coronavirus or other emerging infectious disease.

Laboratory testing will be conducted according to Centers for Disease Control and Prevention (CDC) Guidelines for the specific pandemic using our most current laboratory procedures in the Zuckerberg San Francisco General Hospital (ZSFG) Lab Manual found at <http://labmed.ucsf.edu/sfghlab/>.

2. Monitoring and Reporting of Influenza Case Rates in Residents:

- a. LHH Infection Control and Prevention (ICP) staff will review ~~incident~~ resident incidents/cases of unusual respiratory illness. Case counts/summaries will include a review of ILI with positive rapid test results as often as possible daily.
- b. Initial concerns regarding ~~pandemic—respiratory~~ pandemic respiratory illness influenza with the potential to impact LHH will be reported to LHH ICP staff.
- c. The ICP Staff or Medical Staff will notify the Chief Executive Officer (CEO) or Administrator on Duty (AOD) of any signs of pandemic ~~respiratory~~ respiratory illness influenza affecting the LHH community.
- d. Concerns regarding pandemic respiratory illness influenza will be reported to the SFDPH Communicable Disease Branch by the CEO or AOD and the Nursing Home Hospital Incident Command System (NHICS) will be activated according to the LHHPP 70-01 B1 Emergency Response Plan.

3. Identification of Employee Cases

- a. Employees who have symptoms ~~characteristic of ILI~~ including fever, fatigue, cough, congestion, sore throat, myalgias and headache shall be considered at risk for unusual respiratory illness novel influenza A viruses.
- b. Employees with symptoms shall not report to work while they have these symptoms and should be medically evaluated.
- c. If an employee believes that their illness is caused by workplace exposure to an ill resident or co-worker, they should report the illness to their supervisor according to the LHHPP 73-01 Injury and Illness Prevention Program. Medical evaluation of

occupationally exposed employees will be provided by ZSFG OHS according to the LHHPP 73-07 Aerosol Transmissible Disease Exposure Control Plan.

~~c.i.~~ During surge situations, NHICS may implement a contact tracing program. If this occurs, the employee will notify their supervisor and the contact tracing team when symptoms/exposure are expected or confirmed.

d. Employees with unusual respiratory illness ~~ILL~~ without a work-related exposure should be evaluated by their primary care provider.

e. Health care workers diagnosed with an unusual respiratory illness (COVID-19/Influenza/RSV/Rhinovirus/etc.) ~~influenza~~ shall report the diagnosis to their supervisor, who will notify the Infection Control Nurse.

4. Response and Containment

~~a.~~ Residents:

~~i.~~ Residents with known or suspected pandemic influenza respiratory illness, a novel influenza virus, or suspected or confirmed avian influenza (H5N1) shall be managed with a combination of contact and airborne isolation precautions plus the use of eye protection for a minimum of 14 days after onset of symptoms unless an alternative diagnosis is established or infection with influenza has been excluded. isolation precautions approach. This will be driven by the facilities transmission based precautions policy following guidance from local, state, and federal guidelines.

~~a.~~

~~ii.~~ Immunocompromised residents shall be managed with a combination of contact and airborne isolation precautions plus the use of eye protection for up to 21 days or for the duration of their illness.

~~iii.i.~~ Residents will be placed according to the LHHPP 72-01 B5 Transmission-Based Precautions and Resident Room Placement; and isolation rooms will be managed according to the LHHPP 73-07 Aerosol Transmissible Disease Exposure Control Plan.

~~ii.~~ Elective admissions and procedures may ~~will~~ be deferred until the local outbreak resolves. This decision will be made by NHICS leadership, facility leadership and infection control experts in consultation with local, state, and federal partners.

~~iv.iii.~~ LHH has protocols that contain more specific instructions for both Influenza and COVID-19 that should be referenced in the event of an event. Links to those documents are included below as attachment 1 and 2.

b. Healthcare Workers:

- i. Healthcare workers (HCWs) with likely or confirmed ~~influenza~~respiratory illness must not return to work ~~-while ill and should reference policy until 7 days after symptom onset according to~~ LHHPP 72-01 D4 Evaluation of Communicable Illness in Personnel. In the event of ~~pandemic-respiratory pandemic-influenza~~, off-work policies will be reviewed and aligned with the local, state and federal guidance. ~~SFDPH~~.
 - ii. In the event of a suspected pandemic outbreak, ~~ICP~~ staff will communicate with all managers regarding the need to test symptomatic employees. Depending on the diagnostic tests available, testing may occur in LHH Medical Clinic, ZSFG Occupational Health, ZSFG Urgent Care, the ZSFG Emergency Department, or another venue based on specific circumstances.
 - iii. HCWs receive ongoing training and education regarding infection control practices during non-pandemic periods. In the event of suspected or confirmed pandemic ~~-pandemic-respiratory illness influenza~~, HCWs will be provided additional training regarding specific, recommended infection control measures.
 - ~~iv.~~ iv. If possible, pregnant and other staff at high risk for complications of respiratory illness~~influenza~~ shall be reassigned to low-risk duties (e.g., non-influenza and/or COVID-19 resident care, administrative duties that do not involve resident care) or placed on furlough.
 - ~~v-iv.~~ v-iv. ~~Staff who have recovered from pandemic influenza may be assigned to the care of residents with active pandemic influenza and its complications and to residents who are at risk for serious complications from influenza (e.g. immunocompromised residents).~~
 - ~~vi-v.~~ vi-v. HCW quarantine will be considered ~~in extreme circumstances~~ according to the specific situation and recommendations from Health and Human Services (HHS), the CDC, California Department of Public Health (CDPH), and local public health authorities.
- c. Visitors
- i. Visitors with upper respiratory symptoms shall be asked to refrain from visiting LHH until afebrile for 24 hours (without the use of antipyretic medications) and improvement of symptoms. Special considerations may be given to close family members and persons essential for the resident's well-being. Testing may be required but this decision will be driven by recommendations from local, state and federal partners.
 - ii. Family members who visit residents with ~~influenza-like-respiratory~~ illness shall wear surgical masks at all times, follow the transmission based precautions expectations while interacting with ~~including in the resident's room.~~ the resident.

They shall also adhere to hospital hand hygiene practices. Family members should be educated during outbreak to ensure they understand the risks, benefits, and care expectations of residents during an outbreak/surge of unusual respiratory illness.

d. Personal Protective Equipment (PPE):

- i. Respiratory protection including N95s and powered air purifying respirators (PAPRs) shall be worn in accordance with the LHHPP 73-09 Respiratory Protection Program and the LHHPP 73-07 Aerosol Transmissible Disease Exposure Control Plan.
- ii. Surgical masks or procedure masks are not respirators and will not protect staff from airborne exposure to influenza virus, ~~but~~ may provide some protection from splashes or droplets. Decisions regarding the required PPE will be made based upon the circulating respiratory illness following local, state, and federal guidelines.
- iii. Other PPE, such as gloves, gowns, and eye/face protection shall be used for standard, contact, or droplet precautions according to LHHPP 72-01 B5 Transmission-Based Precautions and Resident Room Placement and LHHPP 72-01 C1 Alphabetical List of Diseases/Conditions with Required Precautions.

e. ~~Influenza~~-Vaccine Use in a Pandemic:

- i. Before a vaccine containing the circulating pandemic virus strain becomes available, pre-pandemic vaccine from the hospital supply may be considered if this vaccine contains the pandemic subtype or is partially cross protective to the pandemic virus. These decisions will be driven by local, state, and federal guidelines after consultation with LHH pharmacy and NHIC leadership.
- ii. Once a pandemic vaccine becomes available, CDPH will distribute vaccine according to their Pandemic ~~Influenza~~-Operations Plan.
- iii. Once LHH has received the vaccine from CDPH, the vaccination of designated priority groups will begin. Note that persons who would not likely be protected by vaccination may be excluded. Priority groups include:
 - Hospital staff who have direct resident contact and/or are involved in support services essential for resident care.
 - Residents that are at most risk of having severe complications from infection including:
 - Those > 65 years with 1 or more ~~influenza~~ high-risk conditions.

- Those 18 years to 64 years with 2 or more [influenza](#) high-risk conditions.
 - Those 18 years or older with a history of hospitalization for pneumonia or influenza or other [influenza](#)-high-risk condition in the past year.
 - Residents and health care workers who are pregnant.
- iv. Once priority groups have been vaccinated, remaining vaccine will be stored for future use and/or administered to other residents and staff in accordance with CDC recommendations for vaccine use at that time.
- f. Antiviral Use:
- i. The effectiveness of antiviral medications in the treatment and prophylaxis of disease caused by avian influenza (H5N1) or other potential pandemic strains is unknown.
 - ii. The use of antiviral drugs for both residents and health care workers will be managed according to availability with guidance from HHS, the CDC, CDPH, and local department of public health officials.
 - iii. Because of the potential effectiveness of treatment with antiviral drugs and the greater efficiency of treatment in the setting of limited supply, the use of antivirals for prophylaxis will be restricted to maximize health benefits.
- g. Surge Procedures:
- i. If the total number of LHH residents needing healthcare assessment and treatment exceeds the immediately available resources of the hospital, LHH will activate the Emergency Response Plan and appropriate surge capacity plans and procedures including cancellation of clinics, discharge of less acute residents, activation of alternate care areas, facility lock-down, co-horting of residents as needed, and adjustment of staffing ratios and implementation of austere care if warranted for a healthcare emergency.
i. [See respiratory illness/COVID-19 surge protocol for additional information](#)
 - ii. LHH will work with the SFDPH and other local and regional healthcare providers to direct residents to appropriate alternate care locations whenever possible.
 - iii. In the event that a pandemic has impacted San Francisco, but has not had a direct effect on LHH residents, LHH will activate its Medical Surge plan (LHHPP

70-01 C4 Medical Surge Plan) and be available to receive admissions from ZSFG to increase the number of beds available for influenza cases coming in to their emergency department.

- iv. If a surge leads to a shortage of PPE, the procedures for accessing PPE in the LHPP 73-07 Aerosol Transmissible Disease Exposure Control Plan, section 6 will be followed.

ATTACHMENT:

None

<https://sfgov1.sharepoint.com/sites/DPH-LHH/SitePages/IPC.aspx>

REFERENCE:

70-01 B1 Emergency Response Plan

70-01 C4 Medical Surge Plan

72-01 Infection Control Manual

73-07 Aerosol Transmissible Disease Exposure Control Plan

73-09 Respiratory Protection Program

UCSF Departments of Pathology & Laboratory Medicine's Lab Manual for SFGH

CDPH, CID, DCDC Pandemic Influenza Operations Plan

[Awaiting Approval:](#)

[Flu Protocol](#)

[COVID-19 Protocol](#)

Revised: 08/08/25, 15/01/13, 17/05/09, [23/06/30](#) (Year/Month/Day)

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