



**Department
of Health**

HAVEN MANOR HEALTH CARE CENTER

Pandemic Emergency Plan (PEP)

2020

1441 Gateway Blvd, Far Rockaway, NY 11691

Approval and Implementation

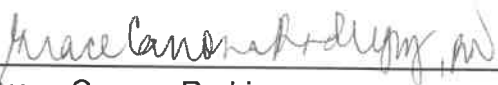
This Pandemic Emergency Plan (PEP) has been approved for implementation by:


Mr. Aaron Cytryn
Administrator

9/15/20
Date


Dr. Alvin Holcomb
Medical Director

9/15/20
Date


Grace Canosa Rodriguez
Director of Nursing

9/15/20
Date

Annex E: Infectious Disease/Pandemic Emergency

POLICY:

It is the policy of this facility to prepare and implement a Pandemic Emergency Plan (PEP) in the event of a determined worldwide spread of a new disease. The PEP will include all elements required in the new subsection 12 of Section 2803, Chapter 114 of the Laws of 2020 for infectious disease events that rise to the level of a pandemic.

PURPOSE:

This PEP provides guidance to the facility's healthcare professionals (HCP) and employees on how to prepare for new or newly evolved infectious diseases whose incidence in humans has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of infection to the residents, families, and staff of the facility. This PEP aims to protect the residents, families, and staff from harm resulting from exposure to an emergent infectious disease while they are in the facility.

GENERAL INFORMATION:

The World Health Organization defines a pandemic as "the worldwide spread of a new disease."

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics and pandemics. The facility must plan effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic.

Residents in long-term care facilities are particularly vulnerable to complication of infectious diseases due to their age and other concurrent medical conditions. Healthcare professionals would also be affected by a serious infectious disease outbreak/pandemic. It is the responsibility of the facility to protect both residents and employees during a pandemic.

The PEP will align with the facility's Emergency Preparedness Plan, and facility planning will include processes and key components, including but not limited to:

- Preparation for caring for ill residents while managing employee illness and absences.
- Preparation of staff/volunteers /clinicians/vendors related to respective roles and responsibilities.
- Procurement of necessary supplies and resources, equipment, medications and other necessary items for the safety, health and welfare of residents and employees
- Development of a Communication Plan
- Development of protection plans against infection for staff, residents, and families, including the maintenance of a 2-month (60 day) supply of infection control personal protective equipment and supplies (including consideration of space for storage), and
- A plan for preserving a resident's place in and/or being readmitted to a residential health care facility or alternate care site if such resident is hospitalized, in accordance with all applicable laws and regulations.

The PEP outlines the hazard-specific preparedness, response, and recovery activities and tasks that are unique to an incident involving infectious disease as well as those incidents that rise to the occasion of a pandemic emergency. The PEP also includes the identified Local Health Department (LDL) prevention agenda priorities and focus areas compiled from community health assessments.

Infectious Disease/Pandemic Emergency Plan

Preparedness Tasks for all Infectious Disease Events

Provides staff education on infectious diseases (e.g., reporting requirements (see Annex K of the CEMP toolkit), exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment, regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80), and Federal and State guidance/requirements.

- The Director of Nursing (DNS)/Infection Preventionist (IP) in conjunction with In-service Coordinator/Designee must provide education on Infection Prevention and Management upon the hiring of new staff, as well as ongoing education on an annual basis and as needed should a facility experience the outbreak of an infectious disease. Special emphasis will be placed on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing
- The DNS/IP/Designee will conduct annual competency skill evaluation and performance feedback on hand hygiene and donning/doffing Personal Protective Equipment (PPE) for all staff.
- The DNS/IP in conjunction with the In-service Coordinator will provide in-service training for all staff on Infection Prevention policies and procedures as needed for event of an infectious outbreak including all CDC and State updates/guidance
- Facility employees are also educated about their individual, departmental, and facility-wide roles and responsibilities as outlined in the Emergency Preparedness Plan, Outbreak Management and Pandemic Plan.
- The facility will regularly train employees and practice the pandemic response plan through drills and exercises as part of the emergency preparedness training

Develops/Reviews/Revises and Enforces existing infection prevention, control, and reporting policies.

- The facility will continue to review/revise and enforce existing infection prevention control and reporting policies as indicated by the specific disease threat and according to current recommendations provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.
- The Facility will update the Infection Control Manual, which is available in a digital and print form for all staff, annually or as may be required during an event.
- From time to time, the facility management will consult with local Epidemiologist to ensure that any new regulations and/or areas of concern as related to Infection Prevention and Control are incorporated into the Facilities Infection Control Prevention Plans.
- New policies and procedures will be developed as new guidance from the CDC, NYSDOH and other regulatory body is available. In-service education including competency skill evaluation with feedback will be provided on any new or updated infection prevention, control, and reporting policies.

Conducts routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those rates. This will allow for immediate identification when rates increase above these usual baseline levels.

- The Quality Assurance (QA) Committee will review all resident infections as well as the usage of antibiotics, on a monthly basis so as to identify any trends and areas for improvement.
 - Identification and assessment of risk to the facility residents and employees
 - Identification, tracking and monitoring of resident condition change. Implement ongoing surveillance on frequent intervals for residents
- Identification, tracking and monitoring of employees for signs and symptoms.
- At daily Morning Meeting, the Interdisciplinary Team (IDT) will identify any issues regarding infection control and prevention.
- As needed, the DNS/Designee will establish Quality Assurance Performance Projects (QAPI) to identify root cause(s) of infections and update the facility action plans, as appropriate. The results of this analysis will be reported to the QA committee.
- All staff are to receive annual education as to the need to report any change in resident condition to supervisory staff for follow up.
- Staff will identify the rate of infectious diseases and identify any significant increases in infection rates and will be addressed.
- Facility acquired infections will be tracked/reported by the DNS/ IP.
- The facility will conduct an Infection Prevention and Control Self Assessment at least annually.
 - Long term care facility – Infection Control Self-Assessment Worksheet:
https://qsep.cms.gov/data/252/A_NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Monitors active cases in community including but not limited to hospitals and other healthcare facilities, schools, national and state surveillance, and public health surveillance.
- **Refer to Appendix A: Surveillance Program**

Develops/Reviews/Revises, as necessary, plan for staff testing/laboratory services.

- DNS/designee, Medical Director, and Administrator develops/reviews/revises plan for staff testing/laboratory services should the need arise and when directed by state and federal guideline/requirement.
- The Facility will conduct staff testing, if indicated, in accordance with NYS regulations and Epidemiology recommendations for a given infectious agent.
- The facility shall have prearranged agreements with laboratory services to accommodate any testing of residents and staff including consultants and agency staff. These arrangements shall be reviewed by administration not less than annually and are subject to renewal, replacement or additions as deemed necessary. All contacts for labs will be updated and maintained in the communication section of the Emergency Preparedness Manual.
- Administrator/ DNS/Designee will check daily for staff and resident testing results and take action in accordance with State and federal guidance.

Reviews and assures that there is, adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys.

- The facility has access to Health Commerce System (HCS), and all roles are assigned and updated as needed for reporting to NYSDOH.
- The following Staff Members have access to the NORA and HERDS surveys: Administrator, Director of Nursing, Risk Manager, and Assistant Director of Nursing.
- Should a change in staffing occur, the replacement staff member will be provided with log in access and Training for the NORA and HERDS Survey.
- The DNS/designee will enter any data in NHSN as per CMS/CDC guidance

Develops/Reviews/Revises internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary. (Include facility's medical director, Director of Nursing, Infection Control Practitioner, safety officer, human resource director, local and state public health authorities, and others as appropriate in the process).

- Medical Director, Administrator, DNS or designee, and other appropriate personnel, working with local and state public health authorities, will review and revise, as necessary, internal inventory policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.
- The facility has contracted with Pharmacy Vendor to arrange for 4-6 weeks supply of resident medications to be delivered should there be a Pandemic Emergency.
- The facility has established par Levels for Environmental Protection Agency (EPA) approved environmental cleaning agents based on pandemic usage.
- The facility has established par Levels for PPE.
- The facility will initiate supplies and equipment management plan (essential and non-essential) that would include inventory of current supplies and equipment and review of contingency supplies and par levels.
- The facility will review signed vendor agreements and communicates delivery and ordering processes with vendors and staff for supplies.

Develops/Reviews/Revises administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).

- All sick calls will be monitored by Department Heads to identify any staff pattern or cluster of symptoms associated with infectious agent. Each Dept will keep a line list of sick calls and report any issues to the DNS/designee during Morning Meeting. All staff members are screened on entrance to the facility to include symptom check and thermal screening.
- Visitors will be informed of any visiting restriction related to an Infection Pandemic and visitation restriction will be enforced or lifted as allowed by NYSDOH.
- A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional DOH planning and CMS to address widespread healthcare staffing shortages during a crisis.
- The facility will prepare updated staff lists and contacts and implements pandemic sick leave policies and procedures per NYSDOH and CDC guidance requirements.

Develops/Reviews/Revises environmental controls (e.g., areas for contaminated waste).

- The facility will follow current CDC guidelines for environmental cleaning specific to the emerging infectious disease in addition to routine cleaning for the duration of the pandemic.
- The facility will also utilize appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities
- Areas for contaminated waste are clearly identified as per NYSDOH guidelines
- The facility environmental coordinator shall follow all Department of Environmental Conservation (DEC) and DOH rules for the handling of contaminated waste. The onsite storage of waste shall be labeled and in accordance with all regulations. The handling policies are available in the Environmental Services Manual. Any staff involved in handling of contaminated product shall be trained in procedures prior to performing tasks and shall be given proper PPE.
- The facility will amend the Policy and Procedure on Biohazardous wastes and Regulated Medical wastes as needed related to any new infective agents

Develops/Reviews/Revises vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents.

- The facility will review and revise, if needed, supply plans with the vendors to ensure adequate supply of food, medications, sanitizing agents and PPE are readily available in the event of a disruption to normal business including a pandemic and in accordance to the Facility Emergency Preparedness Plan. The Administrator will review current vendor signed agreements.
- The facility currently has a 3-4 days' supply of food and water available. This is monitored on a quarterly basis to ensure that it is intact and safely stored.
- The facility has adequate supply of stock medications for 4-6 weeks.
- The facility has access to a minimum of eight (8) weeks supply of needed cleaning/sanitizing agents in accordance with storage and NFPA/Local guidance. The supply will be checked each quarter and weekly as needed during a Pandemic. A log will be kept by the Department head responsible for monitoring the supply and reporting to Administrator any specific needs and shortages

Develops/Reviews/Revises facility plan to ensure that residents are isolated/cohorted and or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance.

- The facility will work with state and local agencies to design a plan related to the physical set-up and resident placement to residents who have confirmed, suspected, unknown, and negative diagnosis of the infectious disease.
- Facility cohorting plans include using distinct areas within the facility, depending on the type of outbreak and cohorting required.
- Residents are isolated/cohorted based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control guidance.
- The facility Administration maintains communication with Local Epidemiologist, NYS DOH, and CDC to ensure that all new guidelines and updates are being adhered to with respect to Infection Prevention.
- The Cohort will be divided into three groups: Unknown, Negative, and Positive as it relates to the infectious agent.
- The resident will have a comprehensive care plan developed indicating their Cohort Group and specific interventions needed.

Develops plans for cohorting, including using of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, and discontinuing any sharing of a bathroom with residents outside the cohort.

- The Facility will dedicate a wing or group of rooms at the end of a unit in order to Cohort residents. This area will be clearly demarcated as isolation area.
- Appropriate transmission-based precautions will be adhered to for each of the Cohort Groups as stipulated by NYS DOH
- Staff will be educated on the specific requirements for each Cohort Group.
- Residents that require transfer to another Health Care Provider will have their Cohort status communicated to provider and transporter and clearly documented on the transfer paperwork.
- All attempts will be made to have dedicated caregivers assigned to each Cohort group and to minimize the number of different caregivers assigned.

Develops/Reviews/Revises facility plan to ensure social distancing measures can be put into place where indicated.

- The facility will review/revise social distancing protocols with leadership and staff to such as:
 - Temporary suspension or cancellation of larger gatherings, and communal activities

- Temporary suspension of in-person visitations
- Alteration of workplace environment (essential and non-essential),
- Schedules to decrease community transmission and preserve a health workplace to the greatest extent possible without disrupting essential services.
- Determine essential and non-essential supplies, equipment, resources, clinical visits and operations in preparation for potential pandemic response.
- The facility will review/ revise the Policy on Communal Dining Guidelines and Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidance.
- The facility will review/revise the Policy on Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidelines. Recreation Activities will be individualized for each resident.
- The facility will ensure staff break rooms and locker rooms allow for social distancing of staff
- All staff will be re-educated on these updates as needed

Develops/Reviews/Revises a plan to recover/return to normal operations when, and as specified by, State and CDC guidance at the time of each specific infectious disease or pandemic event e.g., regarding how, when, which activities /procedures /restrictions may be eliminated, restored and the timing of when those changes may be executed.

- The facility will adhere to directives as specified by, State and CDC guidance at the time of each specific infectious disease or pandemic event e.g., regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.
- Policy updates will be made in accordance with changes to recommendations and requirements. If approval by the State is required, plans will be developed and submitted timely
- The facility will maintain communication with the local NYS DOH and CMS and follow guidelines for returning to normal operations. The decision for outside consultants will be made on a case by case basis taking into account medical necessity and infection levels in the community. During the recovery period residents and staff will continue to be monitored daily in order to identify any symptoms that could be related to the infectious agent.

Additional Preparedness Planning Tasks for Pandemic Events

In accordance with PEP requirements, Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP.

- The Administrator in conjunction with the Social Service Director will ensure that there is an accurate list of each resident's Representative, and preference for type of communication.
- Communication of a pandemic includes utilizing established Staff Contact List to notify all staff members in all departments
- **Refer to Appendix C: Pandemic Communication Plan**

In accordance with PEP requirements, Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP.

- Education of staff, residents, and representatives
- Screening of residents
- Screening of staff
- Visitor Restriction as indicated and in accordance with NYSDOH and CDC
- Proper use of PPE
- Cohorting of Residents and Staff
- **Refer to Appendix D: Protection of Staff, Residents and Families Against Infection**

Response Tasks for all Infectious Disease Events

The facility will implement the following procedures to obtain and maintain current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease:

- Once notified by the public health authorities at either the federal, state and/or local level that a pandemic is likely to or already has spread to the community, the facility will implement procedures in accordance to the current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease.
- The DNS or designee will monitor trustworthy websites as information is evolving on a regular basis. Regularly review NYSDOH, WHO, and CDC's Infection Control Guidance for Healthcare Professionals about the pandemic infectious disease for current information and ensure staff and residents are updated when this guidance changes.
- Administrator and staff with access to the Health Commerce System will also be responsible in monitoring of any current guidance and advisories provided by state and federal agencies.
- The facility will obtain and maintain current guidance, signage advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions.
- The DNS/Designee will ensure that appropriate signage is visible in designated areas for newly emergent infectious agents
- The DNS/designee will be responsible to ensure that there are clearly posted signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas.

The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19. (see Annex K of the CEMP toolkit for reporting requirements).

- The DNS or designee will review the facility's Infection Control and Prevention Policy related to Communicable Disease Reporting to ensure compliance with current reporting requirements.
- The DNS/Designee will be responsible to report communicable diseases via the NORA reporting system on the HCS
- The DNS/Designee will be responsible to report communicable diseases on NHSN as directed by CMS
- **Refer to Appendix B: Communicable Disease Reporting.**

The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting.

- The Administrator or designee will ensure that the facility meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting within the required timeframe.
- The Administrator or designee will be responsible for monitoring and login into the HCS at least daily for any reporting requirement.
- The Administrator or designee will be responsible in responding to HERDS survey within the required timeframe.

The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks, if practical.

The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies.

- Facility will Cohort residents according to their infection status
- Units will be quarantined in accordance with NYSDOH and CDC guidance and every effort will be made to cohort staff.
- Facility will follow all guidance from NYSDOH regarding visitation, communal dining, and activities and update policy and procedure and educate all staff.
- Facility will centralize and limit entryways to ensure all persons entering the building are screened and authorized.
- Hand sanitizer will be available on entrance to facility, exit from elevators, and according to NYSDOH and CDC guidance
- Daily Housekeeping staff will ensure adequate hand sanitizer and refill as needed.
- Implements facility response measures that includes the implementation of standard and Transmission-Based Precautions
- Plans for resident medical care (acute, diagnostic, interim and routine)
 - Reviews resident advance directives
 - Reviews diagnostic evaluation services, availability, facility access and response
 - Develops/reviews/revises, as needed, protocols for monitoring resident of signs and symptoms of the infections disease.
 - Follows the response and facility management of ill residents per outbreak management plan
 - Continuation of Clinician Visits per local/state health department guidance - In-Person or Virtual
- If pandemic is spreading through an airborne route, then the facility will activate its respiratory protection plan to ensure that employees who may be required to care for a resident with suspected or known case are not put at undue risk of exposure
- Engineering controls – The facility will utilize appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities

The facility will develop and implement plans to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies:

- The facility will review contingency plan that identifies minimum staffing needs, prioritizes critical and non-essential services based upon resident's health status, functional limitations, disabilities and essential facility operations.
- Reviews staffing protocols and consistent assignment per outbreak management policy.
- List essential and non-essential staff/positions
- Develops a plan of dedicated staff (work only on the designated unit) – reducing the potential for introducing the infectious disease into other areas of the facility

The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.

- The facility will monitor <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants> for EPA-approved disinfectant lists specific to the emerging infectious disease.

The facility will implement the following procedures to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information.

- The facility will educate residents and families on topics including information about the infectious disease, actions the facility is taking to protect them and/or their loved ones, any visitor restrictions that are in place, and actions residents and families should take to protect themselves in the facility, emphasizing the importance of hand hygiene and source control. Education will be provided during resident council meetings, scheduled care plan meetings via emails/phone calls, and in-person and memos to residents.
- Education areas to include but not limited to:
 - Infection control measures
 - Hand Hygiene
 - Respiratory Hygiene/Cough Etiquette
 - Infectious disease signs and symptoms
 - Personal Protective Equipment
 - Visitation policy and alternate visiting options (i.e. alternative communication interventions)
 - Screening policies
- Signage will be posted at entrance(s) and strategic locations in the facility regarding the infectious disease and relevant infection control and prevention practices implemented by the facility.
- All residents will receive updated information on the infective agent, mode of transmission, requirements to minimize transmission, and all changes that will affect their daily routines.

The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents.

- The facility will contact and brief all staff, vendors, contractors, and other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents that includes temporary suspension or limiting staff permitted to the facility, instructions for dropping off supplies at a dedicated location, screening policies, etc.
- Communication will be provided through multiple means of the facility's pandemic plan such as signage, letters, emails, phone calls, and recorded messages for receiving calls.
- Consultants that service the residents in the facility will be notified and arrangements made for telehealth, remote chart review, or evaluating medically necessary services until the recovery phase according to State and CDC guidelines
- Emergency staff including EMS will be informed of required PPE to enter facility.
- Vendors will be directed to drop off needed supplies and deliveries in a designated area to avoid entering the building.

Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to residents and staff.

If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement closing the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection.

- The facility will notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). The facility will designate a person responsible for implementing the visitation restriction and screening process
- The facility will limit and or restrict visitors as per the guidelines from the NYSDOH
- Residents and Representatives will be notified as to visitation restrictions and/or limitations as regulatory changes are made.

Additional Response Tasks for Pandemic Events

Ensure staffs are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures).

- All staff will be provided with re-education on the appropriate use of PPE, including donning and doffing and utilizing the appropriate PPE. Competency skill evaluation and feedback will be conducted and supervisors will monitor for compliance. Immediate re-education will occur if non-compliant practice is identified.
- The facility has an implemented Respiratory Protection Plan
- Appropriate signage shall be posted at all entry points, and on each residents', door indicating the type of transmission-based precautions that are needed.
- Infection Control rounds will be made by the DNS, IP, and designee to monitor for compliance with proper use of PPE
- The facility has a designated person to ensure adequate and available PPE is accessible on all shifts and staff are educated to report any PPE issues to their immediate Supervisor

***In accordance with PEP requirements,** the facility will follow the following procedures to post a copy of the facility's PEP, in a form acceptable to the commissioner, on the facility's public website, and make available immediately upon request.*

- The facility will submit the finalized PEP to NYSDOH on or before September 15, 2020.
- The Administrative Assistant will be responsible for transmitting the developed PEP.
- The PEP will be available upon request and a copy maintained in the Administrators office.
- All facility employees, residents, families, and stakeholders will be made aware of the PEP.

***In accordance with PEP requirements,** the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition: The facility will make phone calls, send out text messages and/or email notifications to the*

- **Refer to Appendix C: Pandemic Communication Plan**

***In accordance with PEP requirements,** the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection:*

- **Refer to Appendix C: Pandemic Communication Plan**

***In accordance with PEP requirements,** the facility will implement the following mechanisms to provide all residents with no cost daily access to remote videoconference or equivalent communication methods with family members and guardians:*

- The facility will provide residents with no cost, daily access to remote videoconference or equivalent communication methods with Representatives
- The Director of Recreation/Designee will arrange for the time for all videoconferencing
- **Refer to Appendix C: Pandemic Communication Plan**

***In accordance with PEP requirements,** the facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e):*

- Prior to Admission/readmission the DNS/designee will review hospital records to determine resident needs and facility's ability to provide care including cohorting and treatment needs

- **Refer to Appendix D: Protection of Staff, Residents and Families Against Infection**

In accordance with PEP requirements, the facility will implement the following process to preserve a resident's place in a residential health care facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e):

- **Refer to Appendix D: Protection of Staff, Residents and Families Against Infection**

In accordance with PEP requirements, the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic. As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile.

This includes, but is not limited to:

- N95 respirators*
- Face shield*
- Eye protection*
- Gowns/isolation gowns*
- Gloves*
- Masks*
- Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)*
- The facility has signed agreements with vendors who agree to supply the facility with emergency supplies and PPE as needed. Additionally, the facility has on-site storage of at least 60 – days supply of all required PPE supplies.
- **Refer to Appendix D: Protection of Staff, Residents and Families Against Infection**

Recovery Tasks for all Infectious Disease Events

The facility will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.

The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders

Hazard Annex K: Infectious Disease

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality.

The facility follows effective strategies for preventing infectious diseases. Each county Local Health Department-(LHD) has prevention agenda priorities compiled from community health assessments that can be reviewed and utilized by the facility in fully developing your CEMP Annex E, planning and response checklist for infectious disease and pandemic situations. The information within this Annex includes the identified priorities and focus areas.

Under the Pandemic Emergency Plan (PEP) requirements of Chapter 114 of the Laws of 2020, special focus is required for pandemics. Please use the template's Appendix E and this Hazard Annex, with prompts for the PEP requirements, to ensure that the plans developed meet all requirements.

Chapter 114 of the Laws of 2020 (full text):

Section 2803 of the public health law is amended by adding a new subdivision 12 to read as follows:

12. (a) each residential health care facility shall, no later than Ninety days after the effective date of this subdivision and annually thereafter, or more frequently as may be directed by the commissioner, prepare and make available to the public on the facility's website, and immediately upon request, in a form acceptable to the commissioner, a pandemic emergency plan which shall include but not be limited to:

(i) a communication plan:

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

(b) that includes a method to provide all residents with daily access,

At no cost, to remote videoconference or equivalent communication methods with family members and guardians; and

(ii) protection plans against infection for staff, residents and families, including:

(a) a plan for hospitalized residents to be readmitted to such residential health care facility after treatment, in accordance with all applicable laws and regulations; and

(b) a plan for such residential health care facility to maintain or contract to have at least a two-month supply of personal protective equipment; and

(iii) a plan for preserving a resident's place in a residential healthcare facility if such resident is hospitalized, in accordance with all applicable laws and regulations.

(b) the residential health care facility shall prepare and comply with the pandemic emergency plan. Failure to do so shall be a violation of this subdivision and may be subject to civil penalties pursuant to section twelve and twelve-b of this chapter.

The commissioner shall review each residential healthcare facility for compliance with its plan and the applicable regulations in accordance with paragraphs (a) and (b) of subdivision one of this section.

(c) within thirty days after the residential health care facility's receipt of written notice of noncompliance such residential healthcare facility shall submit a plan of correction in such form and manner as specified by the commissioner for achieving compliance with its plan and with the applicable regulations. The commissioner shall ensure each such residential healthcare facility complies with its plan of correction and the applicable regulations.

(d) the commissioner shall promulgate any rules and regulations necessary to implement the provisions of this subdivision.

§ 2. This act shall take effect immediately.

1. Communicable Disease Reporting:

1.1. Importance of Reporting

- NYSDOH is charged with the responsibility of protecting public health and ensuring the safety of health care facilities.
- Reporting is required to detect intra-facility outbreaks, geographic trends, and identify emerging infectious diseases.
- The collection of outbreak data enables the NYSDOH to inform health care facilities of potential risks and preventive actions.
- Reporting facilities can obtain consultation, laboratory support and on-site assistance in outbreak investigations, as needed.

1.2. What must be reported?

NYSDOH Regulated Article 28 nursing homes:

- Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.⁸
- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be reported to NYSDOH. This can be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, facilities may fax an Infection Control Nosocomial Report Form (DOH 4018) on the DOH public website.
 - Facilities are expected to conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Healthcare associated infection outbreaks may also be reported to the LHD.

A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) must be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it must also be reported to the NYSDOH. This can be done electronically via the NORA, or, by faxing an Infection Control Nosocomial Report Form (DOH 4018).

- Reports must be made to the local health department in the county in which the facility is located (as the resident's place of residence) and need to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.
- Categories and examples of reportable healthcare-associated infections include:
 - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
 - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
 - Foodborne outbreaks.
 - Infections associated with contaminated medications, replacement fluids, or commercial products.

⁸ A list of diseases and information on properly reporting them can be found below.

- Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
 - A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
 - Clusters of tuberculin skin test conversions.
 - A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
 - Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
 - Closure of a unit or service due to infections.
- Additional information for making a communicable disease report:
 - Facilities should contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here: https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.
 - Call your local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.
 - For facilities in New York City:
 - o Call 1 (866) NYC-DOH1 (1-866-692-3641) for additional information.
 - o Use the [downloadable Universal Reporting Form \(PD-16\)](#); those belonging to NYC MED can [complete and submit the form online](#).

2.0. PEP Communication Requirements

As per the requirements of the PEP, a facility must develop external notification procedures directed toward authorized family members and guardians of residents.

To adequately address this requirement, the facility will need to develop a record of all authorized family members and guardians, which should include secondary (back-up) authorized contacts, as applicable.

Under the PEP, facilities must include plans and/or procedures that would enable them to (1) provide a daily update to authorized family members and guardians and upon a change in a

resident's condition; and (2) update all residents and authorized families and guardians at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19).

Such updates must be provided electronically or by such other means as may be selected by each authorized family member or guardian. This includes a method to provide all residents with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians.

3.0 PEP Infection Control Requirements

In addition to communication-related PEP requirements address above, the facility must develop pandemic infection control plans for staff, residents, and families, including plans for (1) developing supply stores and specific plans to maintain, or contract to maintain, at least a two- month (60 day) supply of personal protective equipment based on facility census, including consideration of space for storage; and (2) hospitalized residents to be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80. .

Additional infection control planning and response efforts and that should be addressed include:

- Incorporating lessons learned from previous pandemic responses into planning efforts to assist with the development of policies and procedures related to such elements as the management of supplies and PPE, as well as implementation of infection control protocols to assist with proper use and conservation of PPE.
- All personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents. COVID-specific guidance on optimizing PPE and other supply strategies is available on CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. Supplies to be maintained include, but are not limited to:
 - N95 respirators;
 - Face shield;
 - Eye protection;
 - Gowns/isolation gowns;
 - gloves;
 - masks; and
 - sanitizers and disinfectants ([EPA Guidance for Cleaning and Disinfecting](#)):

Other considerations to be included in a facility's plans to reduce transmission regard when there are only one or a few residents with the pandemic disease in a facility:

- Plans for cohorting, including:
 - Use of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, such as at the end of a hallway
 - Discontinue any sharing of a bathroom with residents outside the cohort
- Proper identification of the area for residents with COVID-19, including demarcating reminders for healthcare personnel; and
- Procedures for preventing other residents from entering the area.

4.0 Other PEP Requirements

PEP further requires that facilities include a plan for preserving a resident's place at the facility when the resident is hospitalized. Such plan must comply with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e)

Appendix A: SURVEILLANCE PROGRAM

POLICY:

The Infection Control Program includes a comprehensive, total surveillance protocol that is based on the principles of epidemiology.

PURPOSE:

To provide a systemic method of collecting, consolidating and analyzing data concerning the distribution and determinants of a given disease or event followed by dissemination of that information to those who can improve the outcomes. The program is designed to prevent, investigate and control infections within the facility through routine monitoring and determination of the appropriate measures to be implemented for residents with infections as a means of limiting exposure to staff and other residents.

PROCEDURE:

A. Data Sources

Sources of data for infection surveillance include but are not limited to the following:

1. Clinical records
2. Microbiology reports
3. Antibiotic reports
4. Radiographic report
5. Activity logs / 24-hour report
6. Clinical rounds / staff reports
7. Closed medical records / autopsy reports

B. Data Collection and Tabulation

1. A line listing form is maintained for each unit. It is a concise summation of the information gathered from the above sources.
2. Potential as well as actual infections are listed on this form.
3. Statistics are kept on a monthly basis; therefore, a new line listing is begun each month.
4. Infections are tabulated according to body site and geographic location.
5. Acquisition source is identified (i.e., facility, hospital or community acquired).

C. Analysis and Interpretation of Data

1. Infection rates are calculated per unit per body site.
2. Analysis and interpretation includes comparison to previous rates within the facility and identification of patterns / trends with methods used to prevent the spread of infection within the facility.
3. Review of all data to include medication review / use of antibiotics – whether or not use is appropriate and effective.

D. Report Preparation and Dissemination

1. Reportable occurrences may include an increase or decrease in infection rates, clustering of infections, increase in the numbers of a single pathogen and one more report of multiple antibiotic resistance organisms.
2. The Administrator, Medical Director and Director of Nursing are informed of surveillance findings on an ongoing basis but no less than monthly.
3. The Infection Control Committee / Q&A Committee receive a quarterly report. At each meeting comparisons are made with infection rates from the previous month, years or year-to-date.
4. Tables and graphs are utilized along with verbal explanation.

E. Procedure Related Process Surveillance

1. Compliance with specific procedures related to infection control, i.e., dressing change, isolation precautions is evaluated on an ongoing basis.
2. All or selected steps of the procedure are observed and competency / compliance is recorded.
3. In addition to providing data, procedure related surveillance serves as an educational and training tool for infection control practices.

F. Environmental Surveillance

1. Routine environmental cultures are not done.
2. Routine environmental rounds, emphasizing careful observation of the entire facility, are done on a monthly basis by the IC Nurse.
3. Daily environmental rounds are done by the Unit Supervisors and reported to the IC Nurse.

G. Intervention and Performance Improvement Action

1. When a problem is identified, the facility develops an action plan and implements a corrective plan. A plan for follow-up is included.
2. As needed, the QA Committee or the IC sub-committee will review problems, trends and/or patterns identified.
3. A plan will be developed and implemented to prevent transmission of infection inclusive of device and procedure related infections.
4. Policies and procedures are reviewed annually and as needed. Revisions are made as needed to maintain compliance with current accepted standards of practice.

H. Calculation of Nosocomial Rates

1. Outbreak Infection Rates

Numerator = the number of Nosocomial infections that occurred

Denominator = the number of persons at risk during the known period of time (i.e., number of residents on unit).

Number of Nosocomial Infections
Population at Risk $\times 100 =$ Attack Rate

Ex.: $\frac{13 \text{ Eye Infections}}{240 \text{ Residents}} \times 100 = 5.4\%$

2. Nosocomial Infections per 1,000 Patient Care Days

Numerator = the number of Nosocomial infections that occurred

Denominator = the number of patient care days in a specific period of time (month)

Ex.: $\frac{5 \text{ Eye Infections}}{2000 \text{ Patient Care Days}} \times 1000 = 2.5 \text{ infections per } 1000 \text{ patient care days}$

Appendix B: Communicable Disease Reporting

POLICY:

The facility will comply with New York State Health Department requirement for the reporting of communicable diseases, outbreaks or significant increases in Health Care Acquired infections.

PURPOSE:

To prevent secondary transmission, identify new emerging infections, identify outbreaks and evaluate the effectiveness of control measures and comply with the New York State Department of Health reporting requirements.

PROCEDURE:

- A. Report to the NYC – DOH all communicable diseases including sexually transmitted diseases and tuberculosis via the universal reporting form.
- B. All cases of poisoning are to be reported.
- C. Notify the Department of Health and Mental Hygiene is to be notified if there is a known outbreak or suspected outbreak of any disease or condition whether or not the source is known, which may present a danger to public health. (A suspected outbreak is to be considered when there is a disease identified in 3 or more persons or any unusual manifestation of a disease in a single individual).
- D. Multiple cases, clusters, outbreaks and / or increased incidents of Nosocomial Acquired infections in both residents and staff are to be reported to the NYS – DOH via the Nosocomial Outbreak Reporting Application (NORA). This report is to be filed electronically via the Health Commerce System (HCS).
- E. The Infection Control Committee and the Medical Director will determine the determination of a facility outbreak or significant increase in Health Care Acquired Infections.
- F. Reporting should be initiated within 24 hours of determining the presence of an outbreak, communicable disease or significant increase of Health Care Facility Acquired infections.
- G. Persons associated with the clinical recognition of known or suspected cases of AIDS shall have the responsibility of notifying the NYS – DOH via mail (AIDS Confidential Case Report) or by phone.
- H. The NYS – DOH requires facilities to report suspected cases of West Nile Virus, Eastern Equine Encephalitis and pesticide poisoning.
- I. Cases of pesticide poisoning are to be reported to the NYS – DOH Pesticide Poisoning Registry within 24 hours of treating the affected individual (1-800-322-6850).
- J. During mosquito season (June 1 – November 1) the facility shall report immediately any

evidence of viral encephalitis or viral meningitis. At all other times, they are considered routine reportable conditions.

K. Following Flu season (September 1 – March 31) vaccine administration reporting is required. (Refer to Flu Prevention Program for reporting procedures re: vaccine administration and suspected outbreaks).

L. For further information on reporting, contact the NYSDOH Regional Epidemiology and Infection Control Program Offices:

Capital District	(518) 408-5396	Central New York	(315) 477-8166
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Metropolitan Area	(914) 654-7149	Western New York	(716) 847-4503
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Appendix C: Pandemic Communication Plan

POLICY:

The facility will implement effective, accurate, and ongoing communication with residents, family members and designated representatives during a pandemic that aligns with the current Emergency Preparedness Plan of the facility. The communication plan also includes the required elements for notifications as described in the subsection 12 of Section 2803, Chapter 114 of the Laws of 2020.

The following elements will be included in the PEP Communication Plan:

- Plan to update authorized family members of guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition
- Plan to update all residents and authorized family members of guardians once per week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection
- Plan to provide all residents with no cost daily access to free remote videoconferencing, or equivalent communication methods, with authorized family members and guardians, and
- Communication must be by electronic means or other methods selected by each family member or guardian.

PROCEDURE:

1. The facility will abide by all HIPPA regulations when disseminating information with regards to individual residents.
2. To adequately address this requirement, the facility will develop a record of all authorized family members and guardians, which should include secondary (back-up) authorized contacts, as applicable.
3. The facility will review and update the resident list and emergency contact. The Social Service Director and the Administrator will be responsible in maintaining an up-to-date current record on file.
4. The following mechanisms will be utilized to inform residents, family members and designated representatives:
 - Letters sent via the mail
 - Telephone conversations and messages
 - Robocalls
 - Emails
 - Daily updates in the recorded voice message at facility number
 - Face to face meetings with residents using Social Distancing and appropriate PPE
 - The Overhead Paging System
5. The SW and IDT Team will determine the Resident Representative/Guardians preferred method of contact and document same in medical record/CCP.

6. The Unit RNS/designee will contact family members of residents with an infection because of a pandemic daily.
7. Families/Representatives will be notified by RNS for any change in resident condition within 24 hours.
8. The facility will contact all resident representatives at least one a week via an automated call or preferred communication method to provide an update on the status of residents including # of infections of staff and residents and any deaths related to the pandemic.
9. Residents will be notified by Recreation and Social Service with regards to the number of cases and deaths in the facility unless they verbalize that they do not wish to be notified. This will be documented in the medical record/CCP
10. The following information will be disseminated:
 - Any newly confirmed pandemic infections in the past 24 hours
 - The occurrence of 3 or more residents or staff members with new onset of symptoms within a 72-hour period.
 - The actions that the facility is taking to prevent and/or reduce the risk of transmission
 - Cumulative updates on a weekly basis
 - Deaths in the facility that occurred related to the pandemic
11. Incoming calls that are not answered at the unit level will be forwarded to DNS/designee with instruction to leave a message and a return call will be made within 24 hours or less.
12. Representatives and family members provided with direct cell phone number for Director of Nursing and Administrator as per their request.
13. Documentation of communication will be made in the Medical Record for each resident in Progress notes and/or CCP.
14. Weekly phone calls or Letter will be done by Social Work in conjunction with IDT Team to families and representatives to review current infection status at the facility, outline measures the facility is taking regarding infection prevention, as well as facility plans to assist in meeting residents' physical and psychosocial needs during the pandemic. The weekly update will include information to contact designated persons at the facility with contact number and regarding any concerns to designated department head.
15. Residents, family members, and designated representatives will be offered the opportunity to connect via videoconferencing (e.g. FaceTime, WhatsApp, Zoom, etc.) or via traditional telephone call at no cost. All residents' requests will be forwarded to the Director of Recreation.

Cross Reference Policy:

Refer to Emergency & Disaster Preparedness Plan Policies:

- Communications – Internal
- Communications – Residents and Family
- Communications – Notifying External Authorities



Appendix D - Protection of Staff, Residents and Families against Infection

The facility's Pandemic protection plan against infection includes:

- a. A plan for hospitalized residents to be readmitted to such residential health care facility after treatment, in accordance with all applicable laws and regulations; and
- b. A plan for such residential health care facility to maintain or contract to have at least a two-month supply of personal protective equipment; and
- c. A plan for preserving a resident's place in a residential healthcare facility if such resident is hospitalized, in accordance with all applicable laws and regulations.

A. General considerations for protection staff, residents and families against infection

- Post signs at the entrance instructing visitors not to visit if they have symptoms of the infectious disease. Individuals (regardless of illness presence) who have a known exposure to someone with a confirmed case or who have recently traveled to areas with virus transmission should not enter the nursing home or health center.
 - Visitors who enter the facility will be reminded of the importance of practicing appropriate hand hygiene for their safety.
- Reinforce sick leave policies. Ask employees to stay home if they have symptoms of the flu or are ill. They should call rather than coming in for medical advice. Management should monitor sick calls for compliance. If they notice an employee exhibiting signs of infection, they should send that person home.
- Follow CDC guidelines for screening international travelers. As these guidelines change rapidly, the Medical Director/Designee will provide updates on at least a weekly basis.
- If required by the Centers for Disease Control (CDC) or federal, state or local authorities, all employees who have travelled within the time period set out by the authorities to impacted countries/states/locations will be screened for international travel.
 - If they have traveled to restricted areas, they should be sent home, educated about the risk of their exposure. Medical Director should be contacted to assess whether or not NYCDOHMH should be informed.
- The facility will monitor all entrances and screen those entering as per Pandemic Screening policy, including staff, visitors and vendors.
- When circumstances warrant it, the Administrator will decide when it is appropriate to allow some or all those non-essential staff to work from home.
- No travel – business or personal – should be allowed for all facility employees that are in managerial position or above.
- Avoid as much as possible all in person meetings, instead use conference calls and other electronic methods.

- Family members may be restricted from visitation if mandated by NYSDOH or other agency for their protection. When visitation is allowed or the facility is re—opened to visitors under certain circumstances, the Visitation Policy will be followed.
- Standard Precautions, Contact Precautions, Airborne Precautions, and Eye Protection should be used in caring for an infected person. This means wearing a gown, gloves, facemask, and goggles or a face shield.
- Patients who have confirmed diagnoses or are PUIs will be cohorted in a single unit whenever possible or as required by regulation.
- Post signs on the door or wall outside of the resident room or confirmed positive wing that clearly describe the type of precautions needed and/or required PPE. Ensure proper signage is in place to demarcate that this is a restricted area to prevent residents from entering unknowingly and to ensure staff are reminded of the need for precautions.
- Provide the right supplies to ensure easy and correct use of PPE, if available. If there is a short supply then gowns, N95 masks, and or face shields or goggles should only be used on those patients that are coughing, unable to keep a face mask on, for example if they have dementia or behavioral health issues, or if they are being suctioned. In all other instances, care members should wear gloves and a surgical/face mask.
- Residents with suspected cases should be prioritized for testing, if appropriate testing is available.
- Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, to at least 3 times daily to identify and quickly manage serious infection.
- Actively monitor all residents on affected units once per shift. This monitoring must include a symptom check, vitals, and pulse oximetry.
- Patients with confirmed or possible infections should wear a surgical facemask when being evaluated medically, if tolerated.
- Avoid floating staff between units whenever possible, or when required by NYSDOH or other regulatory entity.
- Make PPE, including surgical/KN95/N95 masks, eye protection, gowns, and gloves, available immediately outside of the resident room or outside the entrance to the unit/wing.
- Have alcohol-based hand rub available in the wing/unit, preferably in each resident's room.
- Have garbage receptacles readily available near the exit inside any resident room to make it easy for employees to discard PPE.

- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed infectious disease, to a higher level of care.

B. Admissions, Readmissions and Bed Hold

In accordance with PEP requirements, the facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to the facility after treatment, in accordance with all applicable laws and regulations, including, but not limited to: 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e).

The facility has developed and put into place a thorough plan with these considerations in mind, with the overall goal of protecting all residents and staff. This includes planning for protecting residents who remain in the facility, are readmitted to the facility or are new admissions from the hospital, consistent NYSDOH and CDC directives and all regulatory requirements. This includes implementation of dedicated units/wings for residents of differing pandemic-related health status and drives the decisions for where a resident will reside upon readmission or admission from the hospital.

1. ADMISSIONS:

- Should it be necessary to accept pandemic infected positive patients from hospitals, the facility will utilize the NYSDOH and CDC guidance provided during COVID-19 as the basis for admitting new patients.
- The facility will create separate wings, units or floors by moving current residents to handle admissions from the hospital and keep current resident separate, if possible.
- Residents will be separated into cohorts of positive, negative and unknown as well as separate staffing teams to deal with COVID-19 positive residents and non-positive residents.
- The facility will develop plans for consolidating residents between facilities to create "new" facilities to accept hospital discharges that may be COVID positive or negative or harboring the virus because testing is not available.
- The facility will ask hospital partners to have patients be tested for the infectious disease before hospital discharge if not tested, they should be assumed to be infected of the disease.
- Accepting residents from the hospital is also contingent on the LTC facility having adequate staffing levels and PPE to manage COVID positive residents. If not possible, the facility should stop accepting all admissions until the facility has staffing levels and PPE to manage residents, which may not be at typical levels, prior to this pandemic.
- Admissions must be suspended if the facility is unable to meet cohorting standards or any infection control standards.
- The designated areas/units that will be used for cohorting will be clearly identified, including demarcating reminders for facility staff

2. BED HOLD /READMITTING RESIDENTS DURING A PANDEMIC

POLICY:

During a pandemic, the facility will readmit hospitalized residents safely in accordance with Federal and NYS Bed Reservation Guidance NYS code 415.3 and CMS code 483.15(d) as well as all State and Federal Infection prevention and control regulations.

PROCEDURE:

- 1) The facility, in accordance with New York State Regulations, will reserve a bed for a resident who had been transferred to the hospital, providing the conditions below are met:
 - The facility will be able to provide the care for the resident at the time of readmission. This includes clinical treatment and/or management of infectious diseases as well as provision of appropriate transmission-based precautions.
 - The facility has the ability to group residents into appropriate cohorts.
 - The facility has an available bed in an area that can provide for residents recovering from an infectious disease.
- 2) Prior to readmission, the Director of Nursing/Designee will review hospital records to determine individual resident care needs. If needed a call will be placed to transferring hospital to clarify any clinical needs and/or concerns.
- 3) Prior to readmission, Unit Charge nurse will be informed of readmission and any specific isolation and cohorting needs of the resident.
- 4) For any transfers across care transitions, the RNS will document Infection status on transfer form and notify ambulance/EMT as needed.
- 5) If the facility cannot care for the resident based on needs, the Administrator/designee will contact the NYSDOH for guidance and inform hospital and resident representative of status.

*All Medicare or Medicaid nursing home eligible residents on leave due to hospitalization, and requiring skilled nursing facility services, will be given priority readmission for the next available bed in a semi-private room. If the facility determines that a resident, who has transferred with an expectation of returning to the facility, cannot return, the appropriate discharge procedures will be followed.

C. Pandemic Emergency Plan Infection Control Considerations

Per the PEP requirements, the facility will develop pandemic infection control plans for staff, residents and families. This includes:

- Developing supply stores and specific plans to maintain, or contract to maintain, at least a two-month (60 day) supply of personal protective equipment (PPE) based on facility census, including consideration of space for storage.

- Developing a plan to ensure that hospitalized residents are admitted or readmitted to the facility after treatment in accordance with all applicable laws and regulations, including, but not limited to: 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80.

Personal Protective Equipment Supply

In accordance with PEP requirements, the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (PPE), including consideration of space for storage, or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements during a specific disease outbreak or pandemic. As a minimum, all types of PPE found to be necessary in the COVID-19 pandemic should be included in the 60-day stockpile. This includes, but is not limited to:

- N95 respirators
- Face shields
- Eye protection
- Gowns/Isolation Gowns
- Gloves
- Masks
- Sanitizer
- Disinfectants (meeting EPA Guidance current at the time of the pandemic)

A 60-day supply of necessary PPE will be maintained at the nursing home. An additional supply of PPE will be stored at an off-site facility and distributed to the Archcare facilities as the need arises.

The facility will maintain a plan for identifying what quantities of PPE will be required for 60 days.

