

# **Pandemic Emergency Plan**

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## **Section 1: Infectious Disease Outbreak/Pandemic Emergency: Preparedness and Response**

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 has developed strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic. The following guidelines outline the facility's preparedness and response plan for all infectious disease outbreaks, epidemics, and pandemics.

### **Infection Prevention and Control Program**

The facility has an established Infection Prevention and Control Program with the goal of preventing, controlling and eliminating the development and transmission of contagious, infectious, or communicable diseases. Facility administration shall ensure staff competency and allocation of necessary resources to support an effective program on an ongoing basis and during an infectious disease outbreak in both the community and the facility. The facility will continue to review/revise and enforce existing infection prevention control and reporting policies.

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 administration 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 Facility's Infection Control Prevention plans.

**NOTE:** Refer to facility Infection Control Manual for further information on the Infection Prevention and Control Program.

All departments, as well as administration, will be responsible for the overall infection prevention and control program as carried out on a day-to-day basis and during an infectious disease/pandemic emergency. Each department in the facility will adhere to infection prevention and control policies and procedures in order to maintain a clean and sanitary environment and to eliminate the spread of infections.

Any employees are not to care for residents when they themselves are suffering from a communicable disease.

### **Infection Prevention and Control: Responsibilities**

As part of the facility's Comprehensive Emergency Management Program, the facility utilizes the Nursing Home Incident Command System (NHICS) to ensure an organized response with clarity in roles during an emergency, especially one that may cause death or injury to any person, threaten property and/or impact business operations. NHICS roles associated with specific departments are listed in parentheses below.

#### **A. Administration (Incident Commander)**

1. Shall notify the Infection Prevention Control Committee members of all pertinent infection data.
2. Shall ensure that adequate aseptic techniques for the prevention and control of infections are carried out.
3. Shall ensure adequate stock of medications, EPA-approved environmental cleaning agents, personal protective equipment, and other equipment as necessary are procured and maintained in the facility and/or in a facility owned warehouse/storage unit. (Refer to "Section 3: Supplies" of this manual.)
4. Will ensure that appropriate signage is visible in designated areas. (Refer to "Section 7: Guidance, Signage, and Advisories" of this manual.)

#### **B. Medical Director (Medical Director)**

1. Shall act as chairperson of the Infection Prevention and Control Committee.
2. Shall confer, when necessary, with the attending physicians when residents have an infectious process.
3. Shall review and implement transmission-based precautions concerning residents, visitors and employees who are exposed to a communicable disease.
4. Shall investigate and implement measures and procedures to prevent and control the spread of infections in the facility.
5. Shall consult periodically with local epidemiologist to ensure any new regulations and/or areas of concern as related to Infection Prevention and Control are incorporated into the facility's Infection Control and Prevention plans.
6. Inform all attending physicians to evaluate their residents for potential infectious disease symptoms.
7. Take cultures if appropriate.
8. Oversee that progress notes are written for each resident relating to the patient's infectious status.

#### **C. Infection Preventionist/Nursing Services (Planning Chief, Operations Chief, Nurse Leaders)**

1. Shall follow all policies and procedures related to infection prevention and control during resident care, including proper hand washing techniques, transmission-based isolation procedures and others as outlined in the manual.
2. Shall periodically assess staff adherence to Infection Prevention and Control Guidelines.
3. Inform the Administrator immediately if any additional equipment is needed.
4. Inservice all shifts on proper use of this equipment, Infection Prevention and Control guidelines, as well as the nature of the illness.
5. Observe procedures being carried out to make sure they are done properly.
6. Set up a special care plan for each affected resident to be used for the duration of the illness.
7. Develop a system to identify any new cases that may develop.
8. Shall cohort staff, or assign specific personnel to care only for residents known to be exposed to, or infected with the same microorganism. Such personnel would not

participate in the care of residents who had not been exposed to, or infected with, that microorganism.

**D. Dietary (Nutritional Supplies Officer)**

1. Shall comply with state and federal regulations/standards for safe food storage, procurement, preparation, handling, and serving.
2. Shall periodically assess staff adherence to Infection Prevention and Control Guidelines.
3. Use disposable equipment if necessary.
4. Make any diet modifications as may be ordered by the physician.

**E. Environmental Services/Housekeeping/Laundry (Damage Assessment/Control Officer, Safety/Security Officer)**

1. Shall comply with policies and procedures for maintenance of sanitary conditions in resident care, treatment, and support areas.
2. Shall comply with policies and procedures for waste disposal, including storage, collecting, and transportation of infectious waste.
3. Use disposable equipment whenever possible.
4. Review and revise procedures for handling infectious waste and linen as needed.
5. Shall comply with the facility's policies and procedures for the safe handling, storage, and transportation of clean and soiled linens.
6. Shall enforce state and federal standards regarding department workflow, room ventilation, room layout, department equipment, processing times, water temperatures, and separation of clean from soiled materials.
7. Shall periodically assess staff adherence to Infection Prevention and Control Guidelines.

**F. Maintenance (Logistics Chief)**

1. Shall provide environmental support for infection prevention and control procedures such as maintaining sinks to facilitate hand washing, providing storage for supplies, and maintaining air handling systems for control of airborne-spread agents.
2. Shall plan for protection of residents and employees during construction and/or renovation activities.

**G. Social Services (Dependent Care Officer, Public Information Officer, Staff Support Officer)**

1. Shall assist in the process of resident/family notification of an infectious outbreak and/or need of post-exposure prophylaxis.
2. The social services designee will maintain contact with residents in isolation to prevent any de-socialization.

**H. Therapeutic Recreation (Psychological Support Team)**

1. Shall be aware of isolation precautions requirements in relation to individual resident/group

- participation.
2. Shall maintain contact with residents in isolation to prevent any de-socialization.

#### **I. General Consultants**

1. Shall maintain work areas and surfaces in clean, sanitary condition.
2. Shall adhere to appropriate sterilization and disinfection procedures as well as practice precautions for the prevention of blood-borne pathogens.
3. Shall be responsible for the proper disposal of syringes/needles/scalpels.

#### **J. Pharmacy Consultant**

1. Shall develop and review policies and procedures for safe and sanitary administration of medication.
2. Shall conduct ongoing monitoring of storage of drugs and biologicals and the preparation of medication and treatment.

#### **K. Rehabilitation**

1. Ensure that all residents are cared for in a manner that prevents or minimizes the transmission of infection from an individual and/or environment to another person.
2. Reinforce the importance of minimizing environmental contamination by residents' excretions and secretions by ensuring that common equipment are being cleaned with appropriate disinfection wipes in between resident use.
3. May provide rehab treatment for infected residents in their units to reduce transmission of infection.
4. Shall cohort staff, or assign specific personnel to care only for residents known to be exposed to, or infected with the same microorganism. Such personnel would not participate in the care of residents who had not been exposed to, or infected with, that microorganism.
5. Shall periodically assess staff adherence to Infection Prevention and Control Guidelines.

#### **L. Beauty/Barber Services (If Permitted)**

1. Shall maintain sanitizing and disinfectant procedures for the cleaning of equipment and reusable items.
2. Shall dispose of all refuse/soiled linen according to facility protocol.
3. Shall follow written policies and procedures concerning the appropriate cleaning of equipment and non-disposal items that come in contact with resident's skin.
4. Shall follow all Federal/State/Local guidance.

#### **M. Religious Services (If Permitted)**

1. Shall maintain sanitizing and disinfectant procedures for the cleaning of equipment and reusable items.
2. Shall dispose of all refuse according to facility protocol.

3. Shall follow written policies and procedures concerning the appropriate cleaning of equipment and non-disposal items that come in contact with resident's skin.
4. Shall follow all Federal/State/Local guidance.

### **Infectious Disease Surveillance and Testing**

The facility will conduct ongoing infection control surveillance, which is defined as the continuous scrutiny of all aspects of the occurrence and spread of disease that are pertinent to effective control. The facility has established a program which investigates, controls, and prevents infections, decides what precautionary measures are to be instituted, and enables the facility to analyze clusters and/or significant increases in the rate of infections.

#### **Surveillance consists of the following:**

Facility staff and resident testing, as indicated.  
Collection of data.  
Evaluation, analysis and interpretation of data.  
Dissemination of the above information to appropriate persons or agencies.

#### **Surveillance includes information on the following:**

Healthcare associated infections: those which are not present or incubating when the resident is admitted or readmitted to the facility.  
Community associated infections/conditions: those which are present on admission or incubating when the resident is admitted/readmitted to the facility.  
Infections in personnel.

1. The Infection Control Program shall include a protocol to monitor and investigate cause of infection (nosocomial and those present on admission), and manner of spread.
2. Infections will be tracked and reported by the Infection Preventionist.
3. The Infection Control Preventionist/designee will review all resident infections as well as the usage of antibiotics on a monthly basis to identify any trends and areas for improvement.
4. At daily morning meeting, the IDT team will identify any issues regarding infection control and prevention.
5. Staff will identify the rate of infectious diseases and identify any significant increases in infection rates.
6. A quarterly statistical report shall be completed by the Infection Preventionist and submitted to the Infection Control Committee for its review and discussion at the quarterly Infection Control Meeting. It shall be utilized in the evaluation of effectiveness of cautionary measures instituted to control the spread of infection as well as to identify any additional problems that need to be addressed.
7. All residents are to be screened daily for elevated temperatures and other signs and symptoms of illness. Any residents with symptoms will be assessed by the RN and the physician will be notified.

### **Testing**

1. The facility will conduct staff and resident testing, if indicated, in accordance with

- Federal/State regulations and Epidemiology recommendations for a given infectious agent.
2. 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 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.
  3. Administrator/DNS/Designee will check daily for staff and resident testing results and take action in accordance with State and Federal guidance.
  4. If applicable, approved, and resources are available, the facility will attempt to conduct staff and resident testing in-house.

## **Section 2: Staff Education**

All employees are required to attend Infection Control in-service education programs as part of their initial orientation and at least annually thereafter.

Additional Infection Control training will also be provided to all facility personnel when an infectious disease emergency/pandemic is declared in the community and/or the facility, and when new protocols for infection prevention are instituted.

The Infection Preventionist/Designee will conduct competency-based education on hand hygiene and donning/doffing of Personal Protective Equipment (PPE) for all staff annually and as needed, such as during the declaration of an infectious disease emergency/pandemic.

The facility Infection Preventionist (IP), in conjunction with the In-service Coordinator, will provide in-service training for all staff on Infection Prevention policies and procedures as needed during infectious disease outbreaks, including training on all CDC and State updates/guidance.

Infection Control Education Programs include, but are not limited to, the following topics:

Principles of disease transmission (including modes of transmission, portal of entry and host susceptibility.)

Facility policies regarding transmission-based precautions.

Correct use of personal protective equipment.

Blood borne pathogens, including the facility's Exposure Control Plan.

Hand washing technique.

Personal cleanliness and hygiene.

Tuberculosis Control Program.

New practices for infection prevention.

Appropriate cleaning and disinfection protocols.

Infection reporting requirements as per state and federal guidelines.

## **Section 3: Supplies**

The Administrator, Medical Director, Director of Nursing, Infection Control Practitioner, Safety Officer, and other appropriate personnel will review the policies for stocking needed supplies.

The facility has established par levels for Environmental Protection Agency (EPA)-approved environmental cleaning agents based on infectious disease emergency/pandemic usage.



The facility has established par levels for PPE.  
The facility currently has a 4 day 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 2 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.  
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 will revise, upon need, its vendor supply plans for re-supply of: food, water, medications, other supplies, and sanitizing agents.

### **Optimizing Supply of PPE During a Shortage**

When implementing alternate PPE strategies, the facility must ensure that it is systematic, and the staff are educated to ensure consistent practices to minimize the transmission of infection. The Infection Preventionist nurse and clinical staff oversee the use of alternate PPE strategies. Per the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>), the following PPE usage guidelines are to be utilized:

Conventional capacity: measures consisting of engineering, administrative, and PPE controls that should already be implemented in general infection prevention and control plans in healthcare settings.

Contingency capacity: measures that may be used temporarily during periods of anticipated PPE shortages. Contingency capacity strategies should only be implemented after considering and implementing conventional capacity strategies. While current supply may meet the facility's current or anticipated utilization rate, there may be uncertainty if future supply will be adequate and, therefore, contingency capacity strategies may be needed.

Crisis capacity: strategies that are not commensurate with U.S. standards of care but may need to be considered during periods of known PPE shortages. Crisis capacity strategies should only be implemented after considering and implementing conventional and contingency capacity strategies. Facilities can consider crisis capacity strategies when the supply is not able to meet the facility's current or anticipated utilization rate.

## **Section 4: Infection Reporting**

It is the policy of the facility to report a single community-associated case of a disease on the Communicable Disease Reportable list to the local Health Department.

### **A. Recognize infectious outbreak:**

- One case of an infection that is highly communicable.
- Trends that are 10% higher than the historical rate of infection.
- Occurrence of three or more cases of the same infection over a specified length of time.

### **B. Notify members of the Infection Control Committee**

C. Organize an emergency meeting as soon as possible

Identify the nature of the problem.

Try to identify common factors.

Set up procedures to contain and confine illness. (Refer to CDC Guidelines).

**Administration responsibilities:**

Report the outbreak to the State Department of Health.

Ensure there is adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (ie. Nosocomial Outbreak Reporting Application (NORA), HERDS surveys), and CDC NHSN.

Have the following information available to save time:

- Date and time of onset.
- Number of residents involved.
- Number of cases per day (this information can be graphed to help show progress).
- Nature and severity of symptoms (include how many residents required hospitalization).
- Location of cases within the facility.
- Complete plan of intervention.
  - What has been done to date.
  - What steps are yet to be implemented.

Keep DOH informed.

Have frequent meetings of the Infection Control Committee. These meetings can be Ad-Hoc involving only a few members of the committee. A final meeting is needed to determine when precautions can be lifted.

Ensure all reporting requirements are met 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 Infection Preventionist/designee will be responsible to report communicable diseases via the NORA reporting system on the HCS.

The Infection Preventionist/designee will be responsible to report communicable diseases on NHSN as directed by CMS.

## **Section 5: Limiting Exposure**

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. (See “Section 6: Cohorting of Residents/Staff” of this manual.)

Units will be quarantined in accordance with NYSDOH and CDC guidance and every effort will be made to cohort staff.

Facility will monitor all residents to identify symptoms associated with infectious agent.

Facility will follow all guidance from NYSDOH regarding visitation, communal dining, beauty/barber services, religious services, and activities. The facility will update policies

and procedures and educate all staff as needed.

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.

The Facility will use PPE in conjunction with CDC guidelines to protect staff and residents, and all residents who require precautions for other illnesses are respected and care planned for.

All staff are to perform proper hand hygiene and sanitize residents' hands for residents who cannot do so themselves. Residents will receive education on the importance of proper hand hygiene as appropriate.

### **If Social Distancing is Recommended During Infectious Disease Emergency:**

The facility will review/revise the policy on Communal Dining Guidelines 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, as needed.

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.

## **Section 6: Cohorting of Residents/Staff**

It is the policy of the facility, when practical, to cohort residents who are known, suspected, or confirmed to be negative with the same pathogen. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent.

Please Note: To ensure residents' rights are upheld, any room transfers will comply with CDC and DOH guidelines and will be discussed with resident and resident representatives. Orientation to new room and roommate will be conducted by Social Work/Designee. All room transfers will be documented in accordance with state and federal regulations.

### **DEFINITION:**

Cohorting is defined as the practice of grouping residents infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible residents (cohorting residents). Healthcare staff may be assigned to a specific cohort of residents to further limit opportunities for transmission (cohorting staff).

### **PROCEDURE:**

1. A dedicated floor, unit, wing, or a group of rooms at the end of the unit will be used to cohort residents into three groups: those that are confirmed, negative, and unknown infection status.

2. Sharing of any bathroom between residents on different cohorts will be discontinued.
3. All new admissions and readmissions will have a review of hospital information prior to admission to determine if infection prevention and treatment needs can be met at the facility.
4. The facility will close the facility to new admissions in accordance with any NYSDOH directives relating to disease transmission.
5. All residents being admitted will be placed in isolation, either in a private room or a semi-private room alone until the facility can determine the resident's infectious status. All new admissions and readmissions will be tested (if applicable test is available) at least 24 hours after admission, regardless of having a history of being infected or not.

New admissions that have no history of infection should be placed in isolation on a unit without infected patients until the facility can determine the resident's infectious status.

Once the facility determines the resident's infectious status (or results from the test are received), residents will then be moved to the appropriate unit - either negative or positive unit.

6. New admissions and re-admissions with a diagnosed communicable infection will be reviewed to determine if they are still considered to be infected.
7. Any resident presenting with signs or symptoms of the communicable infection will be assessed by PMD/NP/PA. In addition, any new case developed in the facility without hospitalization will be investigated by Infection Preventionist to determine source through contact tracing.
8. Identification, early work-up, including testing as indicated, and treatment will be initiated by clinical staff for all residents with suspected or confirmed infection.
9. Appropriate PPE donning and doffing between resident contacts and before leaving the cohorted area is enforced. Transmission-based precautions are to be observed.
10. Proper use of gloves with glove changing between all residents, and hand hygiene performed before donning new gloves.
11. Shared equipment (ie. glucometers, blood pressure machines and cuffs, thermometers) should be thoroughly cleaned and disinfected after each use.
12. The facility will continue to promote consistent staffing assignments as below:
  - The staffing coordinator, in conjunction with the DNS/RNS, will make every effort to have residents that have (un)confirmed infection status to be grouped into one assignment.
  - When possible, personnel assigned to care for residents in the cohorted area should not care for other residents during their assigned shift and/or until the outbreak is over.

13. Residents who are confirmed or suspected of a communicable disease will have the signage on the door indicating appropriate transmission-based precautions with designated PPE and alcohol-based hand sanitizer readily available inside and outside room.
14. The facility Administration will maintain 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.
15. Each resident will have a comprehensive care plan developed indicating their cohort group and specific interventions needed.
16. Appropriate transmission-based precautions will be adhered to for each of the Cohort Groups as stipulated by NYS DOH.
17. Staff will be educated on the specific requirements for each cohort group.
18. Residents that require transfer to another Health Care Provider will have their cohort status communicated to the provider and transporter and clearly documented on the transfer paper work.

## **Section 7: Guidance, Signage, and Advisories**

The facility Administrator/Infection Preventionist/Designee shall obtain and maintain current guidance, signage, and advisories from NYSDOH and the CDC on disease-specific response actions, e.g., management of residents and staff suspected or confirmed to have disease, through the monitoring of the Health Commerce System and contact with local health departments.

Facility administration 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 Infection Preventionist/Designee will ensure postings and signs regarding hand hygiene, appropriate precautions, etc. are on all units.

## **Section 8: Communication During an Infectious Disease Outbreak**

The facility will implement 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.

Residents who are deemed cognitively appropriate 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 including agencies, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents and staff.

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.

The facility's list of external stakeholders, vendors, and staff will be maintained by the facility Administrator/designee.

Per DOH and CMS requirements, the facility will provide ongoing communication and notification to residents' families/representatives as well as facility staff, physicians and clinicians.

The department heads will be informed daily of any new information from CDC or DOH and of any changes in the infection prevention plan as part of daily quality assurance.

## **Section 9: Personnel Management**

All sick calls will be monitored by department heads to identify any staff pattern or cluster of symptoms associated with infectious agent.

Each department will keep a line list of sick calls and report any issues to the IP/DNS.

All staff members will be screened upon entrance to the facility, which can include, but is not limited to, a symptom check of the infectious process.

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 implement procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.

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.

## **Section 10: Visitation**

The facility will closely monitor federal and state guidelines on visitation in nursing homes.

Visitors will be informed of any visiting restriction related to an infectious disease outbreak/pandemic and visitation restriction will be enforced/lifted as allowed by NYSDOH.

Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors and vendors to limit/discontinue 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 procedures to close 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.

## **Section 11: Environmental Controls**

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. Any staff involved in handling of contaminated products 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 as needed related to any new infective agents. The facility will conduct cleaning/decontamination in response to the infectious disease utilizing cleaning and disinfection product/agent specific to infectious disease/organism in accordance with any applicable NYSDOH, EPA, and CDC guidance.

## **Section 12: Pandemic Events**

### **Infection Control and Protection Measures During**

When a pandemic illness is detected in the geographic region of the facility, aggressive infection control measures will be implemented to prevent introduction of the infection to residents, staff and visitors, as well as to ensure a sustainable healthcare response.

#### **Policy Interpretation and Implementation**

Due to the increased risk of mortality from viral illnesses i.e. COVID-19, Influenza, MERS, RSV and other potential pandemic-related illnesses, infection control measures will be implemented to prevent the introduction and/or transmission spread of the infection as part of our Emergency Response policies.

Early prevention of transmission and outbreak during a pandemic event consists of the following measures:

1. Display signs and/or posters (in appropriate languages) at the entry to the facility restricting entry by any persons who have been exposed to or have symptoms of a pandemic-related infection.
2. Train staff to visually and verbally screen visitors at facility entry points for symptoms of a pandemic-related infection.
3. Screen all employees for pandemic-related illness before coming on duty and send any symptomatic employees home.
4. Monitor employee absences and contact Medical Director, clinical consultants and or Division Medical Director as necessary.
5. Increase resident surveillance for illness. Notify local or state health department if a case is suspected.
6. Train clinical staff in the modes of transmission of the pandemic infection.

7. Train residents, families and non-clinical staff on the symptoms of the infection and standard infection control precautions (e.g., handwashing, respiratory hygiene/cough etiquette, etc.)
8. Train staff on proper use of PPE (ie. proper fit, appropriate choice of PPE per procedures and precautions.) (See “Section 2: Staff Education” of this manual.)
9. Influenza vaccination of residents and staff will be encouraged.
10. Early detection of influenza and other viral illness in the facility.
11. Use of antiviral medications relative to detection of Influenza A or B to treat ill persons, as recommended by current clinical practice guidelines.
12. Isolation of infected residents and quarantine of units to prevent transmission. (See “Section 6: Cohorting of Residents/Staff” of this manual.)
13. Use of appropriate barrier precautions during resident care.
14. Restriction of visitors who have been exposed to or are symptomatic of suspected pandemic-related illness, including influenza. (See “Section 10: Visitation” of this manual.)

<b>OBRA Regulatory Reference Numbers</b>	§483.73(a) Emergency plan.; §483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	E-0004; F880
<b>Other References</b>	<a href="http://www.cdc.gov">www.cdc.gov</a> <a href="http://www.cms.gov">www.cms.gov</a>

### **Personal Protective Equipment (PPE)**

The facility has implemented procedures to maintain at least a two-month (60 day) supply of PPE (including consideration of space for storage), or adhere to any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements during a specific disease outbreak or pandemic.

This includes, but is not limited to:

- N95 respirators
- Face shield
- Eye protection
- Isolation gowns
- Gloves
- Masks
- Sanitizer and disinfectants (meeting EPA Guidance current at the time of the



pandemic)

The facility will calculate daily usage/burn rate to ensure adequate PPE.

The facility will adjust its supply based upon census (not capacity) as well as expected hospitalized residents to be admitted or readmitted, and will include considerations of facility's space for storage.

The facility has arranged storage of the two-month (60 day) supply of personal protective equipment (PPE) in a facility owned warehouse/storage unit.

During a pandemic event, the facility will base its PPE needs on DOH existing guidance and regulations. In the absence of such guidance, the facility will utilize the Center for Disease Control and Prevention (CDC) PPE burn rate calculator. The Personal Protective Equipment (PPE) Burn Rate Calculator is a spreadsheet-based model use to plan and optimize the use of PPE for response to COVID-19.

- To use the calculator, enter the number of full boxes of each type of PPE in stock (gowns, gloves, surgical masks, respirators, and face shields, for example) and the total number of residents at the facility. The tool will calculate the average consumption rate, also referred to as a "burn rate," for each type of PPE entered in the spreadsheet. This information can then be used to estimate how long the remaining supply of PPE will last, based on the average consumption rate and enable order projections for future needs.

The Director of Housekeeping/Supply Coordinator will monitor and manage necessary supplies and PPE, and in coordination with the Infection Preventionist, will implement infection control protocols to assist with proper use and conservation of PPE. (See COVID-specific guidance on optimizing PPE and other supply strategies).

For information regarding staff training of proper PPE usage, refer to "Section 2: Staff Education" of this manual.

## **Resident Admissions/Readmissions**

- The facility will implement processes 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).
- The facility will implement processes/procedures to ensure 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(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.
- The facility will follow any state or federal superseding guidelines regarding admitting/readmitting residents during a pandemic emergency.

## **Section 13: Pandemic Communications Plan**

As part of the facility's overall disaster plan, the Pandemic Planning Committee has established a pandemic response plan and a pandemic communications plan.

Pandemic outbreaks may include: Influenza, COVID-19, Corona Virus, Mers, RSV and any other pandemic spread.

Critical points of contact have been identified for all stages of a pandemic outbreak. These points of contact include:

Local health department;

State health department;

State long-term care professional/trade association;

State emergency and pandemic preparedness groups: CMS, CDC, NYSDOH;

Other regional emergency and pandemic in preparedness groups;

Local area hospitals and other LTC Facilities.

The Facility will name a "Pandemic Response Coordinator" who will maintain a current list of critical contact points and periodically (as determined by the Pandemic Planning Committee) attend regional meetings, workshops and training sessions to obtain information on coordinating the facility's plans with other pandemic plans.

The Pandemic Response Coordinator/designee will maintain a current Pandemic Planning Committee Roster, including the names, titles, departments, and contact information as needed.

The Pandemic Response Coordinator/designee will communicate with staff, residents, and families regarding the status and impact of the pandemic in the community as well as in the facility if indicated.

Various communication methods will be utilized to rapidly disseminate information regarding the current or changing status of the pandemic in the facility.

The Pandemic Response Coordinator will determine the most appropriate communication methods (signs, phone trees, internet, etc.) for the situation to prevent transmission and maintain appropriate care of our residents.

The Pandemic Response Coordinator will maintain a current list of facility residents and contact information of resident family members for effective communication.

In conjunction with DOH and CMS requirements, the facility will provide ongoing communication and notification to residents' families/representatives as well as facility staff, physicians and clinicians.

1. The facility will 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.

2. The PEP plan will be available for review and kept in a designated area in the Administrator and/or Director of Nursing office.

**NEW RESIDENT OR RE-ADMISSION:**

1. The Admission department will obtain information from the referring hospital regarding the resident's status.
2. The RN Supervisor/designee will notify the family of the resident's arrival to the facility along with the resident's infectious status and final/pending test results as available, and document in medical record.
3. New admissions to the facility and family/representative will be informed on admission if the facility has pandemic-related cases and our protocols for preventing transmission and providing protection to our residents.
4. Residents will be given a CDC Fact Sheet with signs and symptoms of the pandemic infection, the facility's current visitation policy, and ways communication can be maintained with their family/representative as part of the admission package.

**RESIDENT TRANSFERRED TO THE HOSPITAL:**

1. The Admission department will provide information to the receiving hospital regarding the resident's infectious status.
2. The RN Supervisor/designee will notify the family of the resident's infectious status and final/pending test results as available and document the interaction in the resident's medical record.

**IN-HOUSE RESIDENT TESTED FOR PANDEMIC INFECTION (IF APPLICABLE):**

1. The licensed nurse will notify the resident and representative of physician's order for a test to be performed.
2. The physician will notify the resident and family of the test results within 24 hours of receipt of the test results if resident tested positive for a pandemic infection.
3. The licensed nurse will communicate the test results to the resident and representative and document the notification in the resident's medical record.
4. Social Work will verify notification of results to family/designated representative.

**SYMPTOMATIC OR PRESUMED POSITIVE FOR PANDEMIC INFECTION WITHOUT TESTING:**

1. The physician will notify the resident and family of suspected infection.
2. The licensed nurse will communicate the same to the resident and family/representative. A validating note will be documented in the medical record.

### **PANDEMIC INFECTION-RELATED DEATH:**

1. The physician will notify the resident's family/representatives within 24 hours of any pandemic infection-related death. Documentation will be written in medical record for validation.

### **SOCIAL SERVICE DEPARTMENT:**

1. Will provide updates to all facility residents' families/representatives and address the emotional and psychological strain being experienced by families/representatives.
2. Will facilitate weekly communication to all facility residents' families/representatives explaining what is occurring in the facility and what steps the facility is taking.
3. Will inform all facility residents' families/representatives of different ways to communicate with their resident such as phone calls, Skype, Face Time, etc.

### **ADDITIONAL PROTOCOLS:**

1. As required, the facility will update its telephone greeting to direct families to its website to obtain information related to 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. The greeting also reminds families to contact the Social Work department if they need any additional pandemic-related information or specific information regarding their resident.
2. The facility will develop a record of all authorized family members and guardians, including secondary (back-up) authorized contacts, as applicable.
3. The facility will utilize its website to provide updates to families and the community at large. The facility's web page will also include pandemic-related information and communication resources as required pursuant to DOH/CDC guidelines.
4. The facility will communicate facility pandemic response updates to residents' representatives via letters and/or calls/robocalls as per their preference. The facility will utilize a weekly automated messaging service instructing residents' families/representative to access the website for pandemic-related information per above.
5. As required, the facility will update authorized family members and guardians of infected residents at least once per day and upon a change in a resident's condition.
6. As required, the facility will update all residents, authorized families, and guardians at least once a week on the number of infections and deaths at the facility, by electronic or such other means as per their preference via letters and calls/robocalls.
7. All residents will be provided with daily access to communicate with their families/representatives. The type of communication will be as per the resident's preference i.e. video conferencing/telephone calls, and/or email. Social

Service/Therapeutic Recreation will be responsible for scheduling and administering resources necessary to facilitate.

8. The facility Social Workers and psychologists will continue to provide visits to the residents in order to meet their psycho-social needs. All visits will be documented in the medical record for validation.
9. The tracking tool for positive or presumed positive pandemic-infected residents will be shared by the Director of Nursing with the Social Service department to ensure compliance to proper notification of resident's family/representative.
10. Notification to facility staff will be done via memo, e-mail, meetings and/or during unit rounds by leadership staff and supervisors to ensure all policy revisions concerning resident care are effectively communicated.
11. Social distancing, as appropriate, and infection prevention measures will be observed for all staff-to-resident interactions and resident-to-resident interactions.

	§483.73(c) The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually.
	E-0029
	F880
	Pandemic Virus Planning Committee Roster Pandemic Virus Critical Contact Points
	1.0 (H5MAPL1005)

## **Section 14: Infectious Disease Outbreak/Pandemic Emergency: Recovery**

The facility will adhere to, maintain, review, and implement procedures and directives as specified by State and CDC guidance at the time of each specific infectious disease or pandemic event regarding how, when, and which activities/procedures may be restored,

and the timing of when those changes may be executed.

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.

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

The facility will ensure that during the recovery phase, all residents and staff will be monitored and tested, as applicable, to identify any developing symptoms related to the infectious agent in accordance with State and CDC guidance.

The facility will screen and test, as applicable, outside consultants that re-enter the facility, as per the NYS DOH guidelines during the recovery phase.