



**Department  
of Health**

# VillageCare Rehabilitation and Nursing Center

## Comprehensive Pandemic Emergency Management Plan

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**VILLAGECARE**  
Rehabilitation and Nursing Center

## **Annex E: Infectious Disease/Pandemic Emergency**

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.

The following Infectious Disease/Pandemic Emergency Checklist outlines the hazard-specific preparedness, response, and recovery activities the facility should plan for that are unique to an incident involving infectious disease as well as those incidents that rise to the occasion of a pandemic emergency. The facility should indicate for each checklist item, how they plan to address that task.

The Local Health Department (LHD) of each New York State county, maintains prevention agenda priorities compiled from community health assessments. The checklist items noted in this Annex include the identified LHD priorities and focus areas. Nursing homes should use this information in conjunction with an internal risk assessment to create their plan and to set priorities, policies and procedures.

This checklist also includes all elements required for inclusion in the facility’s Pandemic Emergency Plan (PEP), as specified within 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.

To assure an effective, comprehensive and compliant plan, the facility should refer to information in Annex K of the CEMP Toolkit, to fully understand elements in the checklist including the detailed requirements for the PEP.

A summary of the key components of the PEP requirements for pandemic situations is as follows:

- 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.

Finally, any appendices and documents, such as regulations, executive orders, guidance, lists, contracts, etc. that the facility creates that pertain to the tasks in this Annex, and/or refers to in this Annex, should be attached to the corresponding Annex K of the CEMP Toolkit rather than attached here, so that this Annex remains a succinct plan of action.



	Required	Preparedness Tasks for Infectious Disease Events	Site Specific Details
1.	✓	<p><b>In accordance with PEP requirements,</b> Develop/Review/Revise a <u>Pandemic Communication Plan</u> that includes all required elements of the PEP</p>	<p>The Administrator in conjunction with the Admission's Office maintain an electronic version of the resident's/patient's demographic information as part of the EMR. This also includes information on the next of kin and/or legal representative. During the admission's process, the Admission's Office/Social Worker will request from the resident and/or their representative details on how they wish to receive communication, i.e., hard copy; via text, email or other method. Should the family member/guardian not wish to receive updates, this will be documented in the EMR.</p> <p>The Human Resources Department will maintain an updated staff contact list to notify all staff of any pandemic activity. This listing will be made available to all managers for notification purposes.</p> <p>The facility will obtain and maintain current guidance, signage advisories from NYSDOH and CDC on disease specific actions.</p> <p>The Infection Control Preventionist/designee will ensure that appropriate signage is visible in designated areas. Signage will address newly emergent infectious agents as well as cough etiquette, hand washing techniques, and other hygiene measures in high visibility areas.</p>
2.	✓	<p><b>In accordance with PEP requirements,</b> Development/Review/Revise <u>plans for protection of staff, residents/patients and families</u> against infection that includes all required elements of the PEP.</p>	<p>The Vice President of Clinical Services in conjunction with the Infection Control Preventionist (ICP) is responsible for reporting communicable diseases via the Nosocomial Outbreak Reporting Application (NORA) reporting system on Health Commerce System (HCS)</p> <p>The Infection Control and Prevention policies and procedures outline how to protect residents/patients, staff and families against infection. These include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Providing ongoing staff education verbally, in writing or electronically;</li> <li>Providing staff with re-education as often as necessary;</li> </ul>



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			<p>Reviewing all newly identified infections and antibiotic usage; reporting to the facility's Quality Assurance/Performance Improvement Committee;</p> <p>Daily screening of all residents/patients and staff for any potential signs of infection;</p> <p>Reporting communicable diseases to the Department of Health;</p> <p>Restricting visitors/vendors as indicated and in accordance with NYSDOH and CDC recommendations;</p> <p>Identifying a staffing plan for minimum staffing needs and prioritizing critical and non-essential services based on the resident's needs and essential facility operations;</p> <p>Clearly identifying areas for contaminated waste as clearly defined by NYSDOH guidelines;</p> <p>Demonstrating the proper use of personal protective equipment (PPE) including donning and doffing of PPE, and hand washing techniques;</p> <p>Ensuring adequate supply of PPE onsite for a period of no less than two months based on the burn rate during the height of the last pandemic;</p> <p>Imposing grouping of residents/patients and staff potentially exposed to infectious a disease (cohorting).</p>
3.	✓	<p><b>In accordance with PEP requirements</b>, 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:</p>	<p>Under the direction of the Vice President for Communication and Branding, the Pandemic Emergency Plan (PEP) will be provided on the VCRN homepage. Across the top banner, there is a specific link to all Coronavirus-related (COVID-19) details including an Information Hot Line 212.337.5905 for families or visitors. The information on the hotline is updated daily. A separate link for the PEP will be added as of</p>

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			<p>September 15<sup>th</sup>, 2020 for residents/patients, representatives, staff and consultants.</p> <p>The PEP link will be found in the Coronavirus COVID-19 information section. Should the person wish to review a hard copy of the PEP, it will be made available in a binder at the Reception Desk, upon request. The PEP will also be available for print by the user onsite, upon request.</p> <p>Should any infectious disease outbreak of potential pandemic occur within the facility, VCRN will immediately update the Informational Hotline.</p> <p>A notice, prominently displayed in the lobby will direct everyone to the website for a copy of the PEP.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p>In accordance with the DAL NH 20-09 from the NYS Department of Health, copies of VCRN's Pandemic Emergency Plan are available on our website or at the Reception Desk upon request.</p> </div> <p>Information will also be shared with the Patient/Resident Council.</p>
4.	✓	<p><b>In accordance with PEP requirements</b>, the facility will utilize the following methods to <u>update authorized family members and guardians</u> of infected residents/patients (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's/patient's condition:</p>	<p>For residents/patients with a pandemic-related infection, at least once per day, and upon a significant change as determined by a member of the clinical team, the nurse will notify the authorized family member/guardian of the infected resident's/patient's condition. If no family phone is available, the family will be asked to provide an alternate means of communication, which could include an email or written communication via postal carrier requesting immediate contact to be made. Good faith effort shall be made, with documentation in the EMR. If the situation is critical, VCRN may consider asking local police to make notification to the family.</p> <p>During the admissions process, the social worker shall make inquiries on how the family member would like to be contacted. Family members are informed that they may access the Information Hotline 212.337.5905 at any time, for daily updates on</p>

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			<p>COVID-19 cases in the facility.</p> <p>A printed copy of the PEP will be provided to the resident/guardian upon admission. This will be documented in the EMR.</p> <p>The family members and guardians of non-COVID-19 residents/patients will be provided weekly updates by the nurse. The nurse will call the family member with a clinical update on the resident's/patient's condition. If there is no answer, a HIPAA compliant message without clinical details will be left and follow-up will be made the next day. This task will be divided among the day and evening shifts.</p> <p>The facility will monitor all resident/patients to identify symptoms associated with infectious agents. Cohorting of residents/patients/staff/consultants according to the infection status of the resident/patient and specific units may be required to be placed on quarantine in accordance with NYSDOH and CDC guidance.</p> <p>The facility will follow all guidance from NYSDOH regarding visitation, communal dining, and activities and educate staff accordingly. There is one centralized location into the facility to ensure all persons entering the building are safely screened and authorized.</p> <p>All staff are screened upon arrival to work to include symptom check and thermal screening. If the staff shows signs of illness, they are sent home and advised to visit their personal physician. Sick calls are monitored by the Department Heads in conjunction with the Human Resources Department to identify any staff pattern or cluster of symptoms associated with an infectious agent. Masks and hand sanitizer are provided upon entry, if needed.</p> <p>The Environmental Department 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.</p> <p>Hand sanitizer will be available on the entrance to the facility, exit from the elevators, and according to NYSDOH guidance. The Environmental staff will</p>

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			<p>ensure adequate amounts of hand sanitizer are readily available and refilled, as needed.</p> <p>Infection control protocols require that all shared equipment be cleaned and sanitized before and after each use. Should a piece of equipment show signs of breakage/cracks or damage, the equipment will be removed from the unit until repaired and cleaned/sanitized.</p>
5.	✓	<p><b><i>In accordance with PEP requirements</i></b>, the facility will implement the following procedures/methods to <u>ensure that all residents and authorized families and guardians are updated at least once a week</u> on the number of pandemic-related infections and deaths at the facility, including-residents/patients with a pandemic-related infection who pass away for reasons other than such infection:</p>	<p>All residents/patients and/or authorized representatives are updated at least once each week on the number of pandemic-related infections and deaths at the facility, by electronic or such other means as may be selected by each authorized family member or guardian.</p> <p>On a daily basis at 11:59 pm, the nursing supervisor reconciles the census against the electronic list generated by SigmaCare.</p> <p>If necessary, VCRN will implement procedures to ensure that as much as possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.</p>
6.	✓	<p><b><i>In accordance with PEP requirements</i></b>, the facility will implement the following mechanisms to <u>provide all residents/patients with no cost daily access to remote videoconference</u> or equivalent communication methods with family members and guardians:</p>	<p>VCRN provides all residents/patients with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians.</p> <p>Activities staff help residents/patients log onto social media and other related platforms; the Patient Experience Associate meets with every resident/patient upon admission; schedules “window” visits and if necessary, provides phone or iPad. Residents/Patients who are not technologically savvy are helped with technology issues on their own equipment; and those with disabilities (e.g., vision, hearing, sensory disabilities; altered mental state) or language barriers are assisted, as well by the Patient Experience Associate.</p>

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			If needed, staff assist with communication boards; make all possible accommodations; provide access to the language lines for translation, including sign language.
7.	✓	<b>In accordance with PEP requirements</b> , the facility will implement the following process to <u>preserve a resident's/patient's place in a residential health care facility if such residents/patients is hospitalized</u> , 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):	All residents/patients /guardian/representatives are informed of the bed-hold policy that reserves their bed should their care require hospitalization. In accordance with 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e), VCRN will reserve the bed for any resident that has established residency after 30 days. Upon notification by the hospital that the resident is stable enough to return to VCRN, the room will be prepared for return.
8.	✓	<b>In accordance with PEP requirements</b> , the facility will implement the following process/procedures to <u>assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment</u> , 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):	VCRN assures the resident/patient that if they are hospitalized, they will be admitted or readmitted to the facility after treatment. Although VCRN is a short-term rehabilitation facility, most residents do not achieve "bed-hold" status as they would require a stay of at least 30 days. In the latter case, the resident is readmitted to the next available bed.  The Admission's policy on Bed-Hold is shared with family/guardian upon admission and any changes would be relayed to the family in writing, by phone or a method of their choosing.  On a daily basis, VCRN checks on the status of the hospitalized residents/patients to determine an approximate date of return. In the event of a COVID-19 residents/patients the bed will be held until the resident/patient is COVID-19 free. This information is tracked by SigmaCare and reported via the DOH HERDS reporting system.
9.	✓	<b>In accordance with PEP requirements</b> , the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day)	The Director of Strategic and Performance Excellence established procedures to maintain or contract to have at least a two-month (60-day) supply of PPE (including consideration of space for storage). VCRN maintains a supply of more than

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		<p>supply of personal protective equipment (including consideration of space for storage) <u>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</u>. 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:</p> <ul style="list-style-type: none"> <li>- N95 respirators</li> <li>- Face shield</li> <li>- Eye protection</li> <li>- Gowns/isolation gowns</li> <li>- Gloves</li> <li>- Masks</li> <li>- Non-flammable sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)</li> </ul>	<p>60 days of PPE onsite and at other locations within a two mile radius.</p> <p>Infection Control and Prevention rounds are conducted by the VP of Clinical Services, Infection Control Preventionist or designee to monitor for compliance with proper use of PPE. A designated staff is responsible for maintaining par levels on each of the unit. Additionally, the Central Supply clerk tracks usage on a daily basis. The facility's Inventory Supply Management System establishes par levels based on prior usage and generates orders as needed. Excess storage is provided off-site.</p> <p>Staff receive general infection prevention and control training upon hire based on Federal, state and local guidance/requirements. The extent of the training is based on the role of the staff member. Subsequently, additional staff training is provided annually or upon revisions to policies or procedures; upon introduction of new materials/equipment e.g. respiratory masks, ventilators or when care to the resident may require additional training, i.e., wound care, or special pathogens.</p>