

Chase Memorial Nursing Home and Rehab

Pandemic Emergency Plan (PEP)

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.

It is the policy of Chase Memorial Nursing Home and Rehab to protect our residents and staff from harm during emergency events. In order to accomplish this, we have developed emergency procedures for specific hazards which build on cross-cutting strategies in our operations plan. This facility has effective strategies for responding to all types of infectious diseases, including those that rise to a higher level of pandemic. The facility has extensive Infection Prevention policies and procedures that direct our response to the threat of infectious disease outbreaks. If the community is impacted by a threat of an epidemic, we will activate our EOP and be guided by the following policies and procedures in addition to our infection prevention outbreak management procedures.

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:

- o development of a Communication Plan,
- o 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
- o 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.

Infectious Disease/Pandemic Emergency Checklist	
Preparedness Tasks for <u>all Infectious Disease Events</u>	
<input type="checkbox"/> Required	Provide 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. Annually all staff receive education on infectious disease that includes competencies on hand hygiene and the proper use of PPE. The education is provided through in person instruction and through online courses via Relias.
<input type="checkbox"/> Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies. All policies are reviewed annually and as needed to ensure that they reflect the most current standards of practice as well as state and federal guidance.
<input type="checkbox"/> Recommended	Conduct 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 facility infection preventionist and interdisciplinary staff will monitor for any infectious disease event and report as required to appropriate government agencies.
<input type="checkbox"/> Recommended	Develop/Review/Revise plan for staff testing/laboratory services: Chase Memorial has agreements with Bassett Medical Center and Aegis Laboratories in order to perform mass testing for both residents and staff in accordance with state regulatory requirements for testing.
<input type="checkbox"/> Required	Review and assure 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 assigned a health commerce system coordinator who ensures that facility staff are appropriately given access for reporting.

<input type="checkbox"/> Required	<p>Develop/Review/Revise 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. The facility has access and contracts with vendors to provide medications, cleaning agents, and PPE these include but are not limited to:</p> <ul style="list-style-type: none"> - McKesson - Bates Troy - Medline - The Medicine Shoppe <p>A 60 day supply of PPE will be kept at all times including but not limited to:</p> <ul style="list-style-type: none"> - N95's - Eye protection - Isolation Gowns - Surgical Masks - Disinfectants
<input type="checkbox"/> Recommended	<p>Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).</p> <p>Visitation policies are integrated into infection control policies and procedures. Requiring visitors to wear appropriate PPE, partake in required screening, and follow infection control protocol during visitation when the facility is able to have in person visitation. Human resources and the employee health nurse/ Assistant Director of Nursing track employee illness and monitor staff symptoms. Human Resources also handles issues with employee leave of absence.</p>
<input type="checkbox"/> Required	<p>Develop/Review/Revise environmental controls (e.g., areas for contaminated waste) Environmental Services and all other members of the interdisciplinary team will ensure that all waste is collected and disposed of in a manner that prevents the transmission of communicable disease.</p> <p>Terminal cleanings are performed in all high touch areas and those that are potentially contaminated per current guidelines using EPA approved disinfectant. A UV sanitation machine will also be utilized after all terminal cleanings.</p>
<input type="checkbox"/> Required	<p>Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. The facility has agreements with various organizations in order to ensure an appropriate supply of food, water, medications, and sanitizing agents:</p> <ul style="list-style-type: none"> - Bates Troy - Mckesson

	<ul style="list-style-type: none"> - Maines - Airgass - Medline
<input type="checkbox"/> Required	Develop/Review/Revise 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. If the facility cannot meet a residents medical needs transfer may be necessary when applicable by NYSDOH and CDC guidance. The facility has agreements with local hospitals where residents could stay until recovered and deemed appropriate for return to the facility.
<input type="checkbox"/> Recommended	Develop 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 has created plans for cohorting infectious residents to a dedicated wing in a negative pressure area of the nursing home. Staff will also be cohorted to this this location in the event the wing in to be utilized. Discontinuing the sharing of a bathroom with residents outside of the cohort will not be allowed.
<input type="checkbox"/> Recommended	Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated. The facility has posted signage to encourage social distancing in common areas throughout the nursing home. Six feet tape markers have also been placed on the floor to help staff and residents visualize 6 feet in order to properly socially distance throughout the facility in staff testing areas, back patio, staff break room, and dining area.
<input type="checkbox"/> Recommended	Develop/Review/Revise 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. Return to normal operations will be determined after review with NYSDOH. Normal operations will include resumption of visitation, group activities, and communal dining, as well as the opening of the unit.

Additional Preparedness Planning Tasks for Pandemic Events

<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements,</i> Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP. An electronic data base of contacts for each resident is maintained for weekly electronic notifications and all notification required per CMS and NYS DOH directive.</p> <p>A weekly notification is sent to all family members, residents, and staff including but not limited to:</p> <ul style="list-style-type: none"> - The number of pandemic related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection. - Any new regulations and guidance that has a direct impact on care and services provided by the facility or that has a direct impact on the families and staff practices such as visitation and staff testing. <p>Updates are provided electronically via email and by phone.</p>
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<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements,</i> Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP. A 60 day supply of PPE including but not limited to the following will be maintained at all times:</p> <ul style="list-style-type: none"> - N95's - Face shields - Eye protection - Isolation gowns - Masks - Disinfectants and sanitizers <p>All supplies will be stored in the secured supply area and storage area near the facility to allow easy accessibility and that will accommodate 60 days of PPE.</p> <p>The facility purchaser will manage inventory and ensure a 60 supply of PPE is kept at all times.</p>
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Response Tasks for all Infectious Disease Events:

<input type="checkbox"/> Recommended	<p>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:</p> <ul style="list-style-type: none"> -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
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<input type="checkbox"/> Required	<p>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).</p> <p>The Infection Preventionist/designee in collaboration with the clinical team, Human Resources and the Scheduler will monitor for any infectious disease event. Line lists for potential infectious disease processes are updated as needed to monitor for potential outbreaks. The Infection Preventionist in collaboration with interdisciplinary staff, conducts routine and ongoing monitoring of infection rates and performs any required monitoring/reporting to the NYS DOH via the Health Commerce System and staff conducts routine and ongoing monitoring of infection rates and performs any required notifications/reporting to the NYS DOH via the Health Commerce System and to the local and/or regional department of health.</p> <p>The Infection Preventionist will report any of the following issues:</p> <ul style="list-style-type: none"> -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
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	<p>virus</p> <ul style="list-style-type: none"> -Foodborne outbreaks -Infections associated with contaminated medications, replacement fluids, or commercial products -Single cases of healthcare-associated infections 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
<input type="checkbox"/> Required	<p>The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting</p> <p>The facility has assigned a Health Commerce System Coordinator(s) who ensures that key facility staff are appropriately given access and assigned to roles that allow for timely and accurate reporting of all surveys and reports as directed by the NYS DOH. As encouraged by the NYS DOH each role that allows reporting and surveys is assigned to more than one appropriate staff member to allow for back up reporters.</p>
<input type="checkbox"/> Recommended	<p>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.</p>
<input type="checkbox"/> Recommended	<p>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</p> <p>All resident's suspected or confirmed to have an infectious, communicable diseases will be placed on the appropriate precautions per the most current CDC and NYS DOH guidelines. If appropriate and/or if available, any resident in a semi-private room will be moved to a private room to decrease risk of transmission to other residents. If at any time a resident is suspected of a communicable disease that is outside the scope of the SNF to treat or contain or the resident status deteriorates beyond ability to care for the resident, the resident will be transferred after consultation with the provider and the local and State departments of Health and upon discussion with both the resident and health care proxy.</p> <p>The Facility has the ability to dedicate an area to enable cohorting. This may require temporarily having residents change rooms to be placed on one wing and/or to share a larger common space with privacy screens. These areas will be clearly demarcated as an infectious area with actions such as closing off fire doors to an end of a wing, signage and floor marking to deter other residents and unnecessary staff members from entering the</p>

	<p>area. This will enable any infected resident to be maintained away from the non-infected residents to decrease risk of transmission.</p> <p>The facility will “close” any unit that is known to have an outbreak of an infectious disease. This ceases intermingling of residents on that unit with the general population from other areas of the building. Any residents who have been deemed infectious will remain on room rest and will be provided with in-room dining. Group activities will cease per any current guidance from the local and/or the NYS DOH. Social distancing measures will be in place to ensure unnecessary contact is not made. Care will be provided utilizing the appropriate PPE when social distancing is not possible and tasks will be combined while caregivers are in the room to decrease number of close contact situations.</p> <p>Floor markings signifying proper social distance and wall signs will be used at all entrances to the facility and unit as well as in common areas for staff and/or visitors to utilize to determine and remind of safe social distancing. Signage will also be in place to alert staff, residents and families of the outbreak.</p>
<p><input type="checkbox"/> Recommended</p>	<p>The facility will implement the following procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies:</p> <p>All efforts will be made to separate staff to care for cohorted residents during a pandemic event. Staffing strategies will be applied as needed to accommodate staff to stay within the facility in available rest areas to allow for rotation of teams as needed. Redeployment of non-clinical staff to assist with tasks that free up clinical staff that enables them to maintain care of cohorted residents will be implemented. (i.e. distribution of supplies, answering call bells of non-infected residents to reassure and relay clinical needs to clinical staff, assisting with virtual visits, paid feeding assistants for non-infected residents etc.) Overstaffing as needed to accommodate potential impact of pandemic furloughed staff will also be utilized. Utilization of agency staffing will be attempted to maintain separate staffing.</p>
<p><input type="checkbox"/> Recommended</p>	<p>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.</p> <p>Terminal cleanings are performed in all potentially contaminated areas and high touch areas per current guidelines and standards of practice using EPA approved disinfectant/sanitizers.</p> <p>Utilization for the UV sanitizing LyBot machine after terminal cleaning will be conducted in any resident care or common areas including staff areas that potentially is determined to contain contaminants.</p>
<p><input type="checkbox"/> Required</p>	<p>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</p> <p>Included in the weekly notifications, the facility will offer education about the disease that is the cause of the event as well as what strategies that have been implemented to address the event. This will be done using current links to resources such as the CDC, NYS DOH</p>

	etc. If appropriate, available literature may be included.
<input type="checkbox"/> Recommended	<p>The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents</p> <p>Each Department Manager will maintain a current list of vendors and other relevant stakeholders specific to their oversight and contact them to explain what interventions are required as directed by the NYS DOH, CMS and CDC.</p> <p>Staff will be contacted via GroupCast regarding current event and Department Managers and/or the Infection Preventionist will distribute any new policy and procedures/ guidance put into place to minimize exposure risks to residents.</p>
<input type="checkbox"/> Required	<p>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.</p> <p>If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following 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:</p> <p>Upon any order requiring limiting visitation, closing the facility to new admissions or screening of all permitted visitors, all designated family members and/or legal guardians will be notified via GroupCast. Signs will be posted at all entrances into the facility and into effected unit(s) explaining the need for the directive. Relevant stakeholders such as hospital systems will be notified of any order concerning the facility closing to all admissions by the Admissions department.</p>
<input type="checkbox"/>	
<input type="checkbox"/>	
Additional Response Tasks for <u>Pandemic Events</u>:	
<input type="checkbox"/> Recommended	<p>Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures)</p> <p>Competencies on the proper use of personal protective equipment will be completed as a refresher during any pandemic event for current staff and any new staff hired during the duration of the event. This education will be provided utilizing Health Care Academy as needed, in-person instruction for use of PPE and review of the appropriate PPE dependent on the disease causing the pandemic event. Walk through observation audits will be conducted to monitor for proper use enabling immediate intervention as needed.</p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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><i>Appendix Z (Annex E) will be posted to the facility website in its entirety.</i> A copy will be kept both in hard copy and in an electronic version. Appendix Za (Annex K) will be kept within the disaster plan that will contain copies of specific sections and/or references to sections in the existing disaster plan and policy and procedures as applicable.</p>

<input type="checkbox"/> Required	<p>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:</p> <p>For residents effected by an infectious disease, the facility will provide a daily update to authorized family members and guardians and upon a change in a resident's condition per resident and family preference. This is typically completed via telephone conference with the Unit Manager and any other additional clinical team members as appropriate dependent upon the nature of the resident condition.</p>
<input type="checkbox"/> Required	<p>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:</p> <p>An electric data base of first and second designated contacts for each resident is maintained for weekly electronic notifications and all notifications required per CMS and NYS DOH directive.</p> <p>A weekly notification is sent to all families, residents and staff including but not limited to:</p> <ul style="list-style-type: none"> - The number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (s.g., COVID positive residents who pass away for reasons other than COVID-19). -Any new regulations or guidance that has a direct impact on care and services provided by the facility or that has a direct impact on the families and staff practices (i.e. visitation, staff testing etc.). <p>Updates are provided electronically via e-mail and by phone mass communications through GroupCast</p>
<input type="checkbox"/> Required	<p>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:</p> <p>The facility will provide all residents opportunities to communicate with daily access, at no cost, to remote videoconference or equivalent communication method with family members and guardians base on the resident and family preference. iPads are made available using Skype, Facetime, and Zoom with staff to coordinate and assist with visits as needed.</p>
<input type="checkbox"/> Required	<p>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):</p> <p>All residents who may be hospitalized due to an infectious disease may be readmitted if the SNF is able to safely provide the care required and care that the facility has been deemed to be able to provide the NYS DOH. Admission or readmission of hospitalized</p>

	resident to theSNf or alternate care site after treatment will be in accordance with all applicable laws and regulations.
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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):</p> <p>The Admissions Department will monitor resident hospital stay and medical status and work in collaboration with the Director of Nursing, the facility Administrator, appropriate hospital staff to make every effort to maintain the resident's place in the SNF as long as the SNF is able to meet the care needs of the resident upon their return, following all applicable regulations.</p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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) <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.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> - N95 respirators - Face shield - Eye protection - Gowns/isolation gowns - Gloves - Masks - Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic) <p>All supplies will be stored in the facility's secured central supply area in the Community Center across the street from the facility to allow easy accessibility and that will accommodate 60 days of PPE.</p> <p>The purchaser will inventory all PPE at least weekly and more frequently as needed to determine reordering and resupply needs in collaboration with the facility administrator, the DNS and CFO to ensure burn rates of PPE are monitored. All current vendor contracts will be utilized to maintain the required 60-day supply of PPE.</p>
Recovery for <u>all Infectious Disease Events</u>	
<input type="checkbox"/> Required	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.
<input type="checkbox"/> Required	<p>The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.</p> <p>Notifications of any relevant activities regarding recovery/return to normal operations will be shared at a minimum of weekly and more frequently as needed using GroupCast to</p>

	communicate with all families, residents, staff, and other relevant stakeholders. Other means of communication may require individualized notification via telephone an/or e-mail to ascertain that contact is made with the other relevant stakeholders (i.e. NYS DOH).
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