GOOD SHEPHERD VILLAGE AT ENDWELL

PANDEMIC EMERGENCY PLAN

Pandemic Emergency Plan excerpt from the Emergency Operations Program and Plan Last updated 9/15/2020

4.10. 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. Infections disease emergencies can include outbreaks, epidemics and pandemics.

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. This facility has effective strategies for responding to all types of infectious diseases, including those that rise to the 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 P&Ps in addition to our infection prevention/outbreak management procedures:

INITIAL RESPONSE INFECTIOUS DISEASE: See Rapid Response Guide 6.8– Infectious Disease – Pg. 135

IMMEDIATE RESPONSE PANDEMIC: See Infectious Disease/Pandemic Emergency Checklist-6.8.1 pg. 136 (from Annex E of the NYSDOH CEMP Part II Template)

PANDEMIC EMERGENCY PLAN: See Appendix Z (from Annex K of the NYSDOH CEMP Template Part III Toolkit that provides guidance and format for the PEP.)

PROCEDURE:

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

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

Under the Pandemic Emergency Plan (PEP) requirements of Chapter 114 of the Laws of 2020, special focus is required for pandemics. Please use the template's Appendix E and this Hazard

Annex, with prompts for the PEP requirements, to ensure that the plans developed meet all requirements.

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

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

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

(i) a communication plan:

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

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

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

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

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

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

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

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

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

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

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

§ 2. This act shall take effect immediately.

Depending on the situation which will be monitored through coordination with local public health authorities, the IC may initiate the Shelter in Place P&P and the Emergency Staffing Strategy. Additional actions to our Infection Prevention/Outbreak Management P&PS will be taken as advised by the local and state public health departments and may include:

- Closing to new admissions.
- Urgent prophylaxis and vaccination of all staff and residents.
- Limited visitation.
- Screening of staff, contracted entities, volunteers and visitors for signs of illness.
- Personal protective equipment for staff.
- Activation of the Subsistence P&P if disruptions to supply chain occur.

RECOVERY:

- Complete all resupply and restoration activities.
- Notify local response authorities, the State Survey agency, residents, families/representatives and other stakeholders of the operational status, including the return to normal operations.
- Continue to assess residents for adverse impacts from the outbreak.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.
- Work with insurance, funding agencies, local, state, and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.

6.8. RAPID RESPONSE GUIDE: INFECTIOUS DISEASE

	Initial Actions
☐	If either the volume or severity of an infectious disease significantly threatens or impacts day-to-day operations, activate facility's Infectious Disease P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Notify the local public health department and the State Survey agency to report an unusual occurrence and activation of facility's EOP.
☐	Obtain guidance from the local health department and the U.S. Centers for Disease Control and Prevention (CDC).
☐	Implement appropriate infection control policies and procedures.
☐	Clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Provide hand sanitizer and face/nose masks if practical.
☐	Consider advising visitors to delay visits if needed to reduce exposure risk to residents.
☐	Advise staff to check for signs and symptoms of illness and to not work if sick. Activate emergency staffing strategies as needed.
☐	Limit exposure between infected and non-infected persons; isolation of ill persons and close units.
☐	Conduct recommended cleaning/decontamination in response to the infectious disease.

A VACCINE AND ANTIVIRAL USE PLAN

- A contact for obtaining influenza vaccine has been identified: Medicine Shoppe
- A contact for obtaining antiviral prophylaxis has been identified: Medicine Shoppe
- A priority list as directed by HHS, NYSDOH and Local Health Department and estimated number of patients and healthcare personnel who would be targeted for vaccination or antiviral prophylaxis if developed.

    - Number of first priority personnel:60
    - Number of remaining personnel:140
    - Number of first priority residents:32
    - Number of second priority residents:32
    - Number of independent residents:150

- A system for rapidly distributing vaccine and antiviral to patients has been developed.

6.8.1 INFECTIOUS DISEASE/PANDEMIC EMERGENCY CHECKLIST

Preparedness Tasks for <u>all Infectious Disease Events</u>

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 will receive education on infectious disease that includes, regulations involving infectious disease as listed above, reporting requirements, exposure risks, symptoms, prevention and infection control, and current facility policy. This training will include competency on the proper use of personal protective equipment. This education will be provided utilizing Health Care Academy, in-person instruction for use of PPE, and competencies for all staff who may be required to utilize PPE.
Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies: Infection control policies are reviewed annually and as needed to ensure that they reflect the most current standards of practice and guidance as directed by the NYS DOH, CDC and OSHA
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 Infection Preventionist/designee in collaboration with the clinical team 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 notifications/reporting to the NYS DOH via the Health Commerce System and to the local and/or regional department of health.

Recommended — Develop/Review/Revise plan for staff testing/laboratory services:

Contracted services with an outside laboratory to ensure routine, mass, and exceptional lab services are conducted in a timely manner to ensure containment of any infectious contagion. Current contractual agreements are with the following laboratories:

- Lourdes Ascension
- Aegis labs

Current Clinical Laboratory improvement Amendments or CLIA licensure allows Good Shepherd Fairview to perform specific testing as allowed by NYS DOH and CMS. The current status of this licensure addresses the most recent pandemic crisis for COVID-19 by allowing rapid testing under guidance of CMS and NYS DOH.

CMS, NYS DOH and CDC regulations and guidance direct frequency of testing.

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(s) who ensure 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.

Required — 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):

Current Memorandums of Understanding or MOUs are in place to ensure that the facility has access to vendors that provide medications (i.e. influenza vaccines, testing kits etc.), cleaning agents and PPE as needed. The facility also maintains vendor contractual agreements to maintain supplies of medications, cleaning agents and PPE. These include but are not limited to:

The Medicine Shoppe

Lourdes Ascension

Bates Troy

McKesson

Sysco

Medline

A 60-day supply of PPE including but not limited to the following will be maintained at all times:

N95 respirators;

- Face shield;

- Eye protection;

- Gowns/isolation gowns;

- gloves;

- masks; and

- sanitizers and disinfectants per EPA

All supplies will be stored in the facility's secured central supply area and storage area near the facility to allow easy accessibility and that will accommodate 60 days of PPE.

Recommended

Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave). [add these controls/policies/plans to Appendix K of Toolkit]

Visitation policies and visitation practices are integrated though out our infection control policies related to infectious disease and infection control practices. These administrative controls reflect the most current standards of practice and CMS, CDC and NYS DOH regulation and guidance as it pertains to visitation in SNF

Employee wellness, symptom monitoring and employee leave and/or furloughs are tracked within the Human Resources department following all current laws, regulations and guidance. Staffing shortage plans are integrated within the Facility Disaster plan to reflect processes for addressing all potential events that could impact ability of staff to report to work.

Required

Develop/Review/Revise environmental controls (e.g., areas for contaminated waste):

Housekeeping, in collaboration with the interdisciplinary departments will ensure that all garbage, rubbish, other refuse, biological waste and infectious waste is collected, stored and disposed of in a manner that will prevent the transmission of disease and not create a nuisance or fire hazard, nor provide a breeding place for insects or rodents.

All soiled linens and personal laundry will be considered contaminated and handled utilizing standard precautions. These items will be bagged and collected in soiled

utility rooms, placed in hampers labeled "biohazard". All linen/personal laundry will be transported to laundry are in a covered wheeled transport container. Linens are to be handled with a minimum of agitation. Linens containing blood or body fluids with blood, will not be sorted or rinsed on the units and will be handled as little as possible with a minimum of agitation.

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.

Utilization of the UV sanitizing LytBot machine after terminal cleaning will be conducted in any resident care or common areas including staff areas that potentially is determined to contain contaminants.

Required

Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents:

The following memorandums of understanding or MOUs are in effect to ensure the re-supply of food, water, medications and other supplies including sanitizing agents:

The Medicine Shoppe

Bates Troy

Culligan

McKesson

Sysco

Medline

Airgas

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:

All resident's suspected or confirmed to have an infectious, communicable disease will be placed on the appropriate precautions per the most current CDC and NYS DOH guidelines. All resident rooms are private with their own bathroom and shower. Resident's provider will be notified and all applicable testing will be performed per Medical provider orders. 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.

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 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 of fire doors to an end of a wing, signage and floor marking to deter other residents and unnecessary staff members from entering the area. This will enable any infected resident to be maintained away from the non-infected residents to decrease risk of transmission.

Recommended — Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated ([describe facility's process, e.g. which non-essential activities to eliminate, changes in dining/other physical space arrangements involving residents/staff]

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 area 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.

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. [describe areas covered in your plan]

Return to normal operations will be determined after consultation with the local and NYS DOH based on prevalence, diagnostic testing, and/or community infection rates. Normal operations include: visitation of family, "opening of a unit", discontinuation of PPE use on infectious resident(s), discontinuation of room rest, resumption of group activities, communal dining if suspended during an outbreak, etc.

Additional Preparedness Planning Tasks for Pandemic Events

Required

In accordance with PEP requirements, Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP [describe areas covered in your plan; who will be involved in the planning]

An electronic 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.

A weekly notification is sent to all families, residents and staff including but not limited to:

- the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19)
- 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.).

Updates are provided electronically via e-mail and by phone mass communications through GroupCast.

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.

The facility will provide all residents' opportunities to communicate with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians based on the resident and family preference. iPads are made available using Skype, Facetime and Zoom.

Required

In accordance with PEP requirements, Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP. [describe areas covered in your plan; who will be involved in the planning]

A 60-day supply of PPE including but not limited to the following will be maintained at all times:

N95 respirators;

- Face shield;

- Eye protection;

- Gowns/isolation gowns;

- gloves;

– masks; and

– sanitizers and disinfectants per EPA

All supplies will be stored in the facility's secured central supply area and storage area near the facility to allow easy accessibility and that will accommodate 60 days of PPE.

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 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 by the NYS DOH. Admission or readmission of hospitalized resident to the SNF or alternate care site after treatment will be in accordance with all applicable laws and regulations,

Response Tasks for <u>all Infectious Disease Events</u>:

Recommended

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: list facility-specific procedures to obtain/maintain/enact guidance

– 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.

Required

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 requirement). [describe facilities planned process]

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 notifications/reporting to the NYS DOH via the Health Commerce System and

to the local and/or regional department of health.

The Infection Preventionist will report any of the following issues:

An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.

– Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.

– Foodborne outbreaks.

– Infections associated with contaminated medications, replacement fluids, or commercial products.

Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.

– A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.

– Clusters of tuberculin skin test conversions.

– A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.

Required	The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting [describe facility's planned process]
	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.
Recommended	The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks, if practical.
	The Infection Preventionist/designee, in collaboration with administration and the interdisciplinary team will monitor for any and all guidance from the NYSDOH, CDC

on disease specific response actions pertaining to staff and resident management for suspected or confirmed cases of disease. The facility's State Association, LANY will also be utilized as a resource for assistance with clarifications for all guidance, change in regulation and Executive Orders. Management will be encouraged to participate in webinars, educational sessions and conference calls that explain and/or clarify all directives.

Recommended

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 list facility-specific procedures

All resident's suspected or confirmed to have an infectious, communicable disease 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.

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 of fire doors to an end of a wing, signage and floor marking to deter other residents and unnecessary staff members from entering the area. This will enable any infected resident to be maintained away from the non-infected residents to decrease risk of transmission.

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 area 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.

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.

Recommended — 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: list facility-specific staffing procedures

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.

Recommended — 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.

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.

Utilization of the UV sanitizing LytBot machine after terminal cleaning will be conducted in any resident care or common areas including staff areas that potentially is determined to contain contaminants.

Required — 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 list facility-specific procedures.

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 etc. If appropriate, available literature may be included.

Recommended

The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents provide information regarding facility-maintained list of external stakeholders to be contacted and mechanisms for sharing this information

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.

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.

Required

Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to residents and staff. If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement 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: list facility-specific procedures

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:

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.

Additional Response Tasks for <u>Pandemic Events</u>:

Recommended

Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures) *list facility-specific procedures for testing this use*

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.

Required

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

Appendix Z (Annex E) will be posted to the facility website in its entirety. 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.

Required

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: describe the communications plan/methods that will be used

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 other additional clinical team members as appropriate dependent upon the nature of the resident condition

Required

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: Describe the communications plan/methods that will be used

An electronic 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.

A weekly notification is sent to all families, residents and staff including but not limited to:

- the number of pandemic-related infections and deaths, including residents

with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19)

- 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.).

Updates are provided electronically via e-mail and by phone mass communications through GroupCast.

Required — *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: Describe the communications plan/methods that will be used

The facility will provide all residents' opportunities to communicate with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians based 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.

Required — *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): [describe facility's planned process]

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 by the NYS DOH. Admission or readmission of hospitalized resident to the SNF or alternate care site after treatment will be in accordance with all applicable laws and regulations,

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

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.

Required

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

– N95 respirators

– Face shield

– Eye protection

– Gowns/isolation gowns

– Gloves

– Masks

– Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)

All supplies will be stored in the facility's secured central supply area on the second floor and in a dedicated storage area near the facility to allow easy accessibility and that will accommodate 60 days of PPE.

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.

Recovery for <u>all Infectious Disease Events</u>

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.

Return to normal operations and actions related to recovery guidance will be determined after consultation with the Local Health Department and NYS DOH. Normal operations include but are not limited to: visitation of family, "opening of a unit", discontinuation of PPE use on infectious resident(s), discontinuation of room rest, resumption of group activities, communal dining if suspended during an outbreak, etc.

Required

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

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

APPENDIX Z: PANDEMIC EMERGENCY PLAN (PEP) New York State | Department of Health CEMP Template (Part III) Toolkit pp.59-63

1. Communicable Disease Reporting:

1.1. Importance of Reporting

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

1.2. What must be reported?

NYSDOH Regulated Article 28 nursing homes:

- Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.8
- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be reported to NYSDOH. This can be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, facilities may fax an Infection Control Nosocomial Report Form (DOH 4018) on the DOH public website.

– Facilities are expected to conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Healthcare associated infection outbreaks may also be reported to the LHD.

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

- Reports must be made to the local health department in the county in which the facility is located (as the resident's place of residence) and need to be submitted within 24

hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.

- Categories and examples of reportable healthcare-associated infections include:
  - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
  - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
  - Foodborne outbreaks.
  - Infections associated with contaminated medications, replacement fluids, or commercial products.
  - Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
  - A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
  - Clusters of tuberculin skin test conversions.
  - A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
  - Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
  - Closure of a unit or service due to infections.
- Additional information for making a communicable disease report:
  - Facilities should contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here: https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.
  - Call your local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.

2.0. PEP Communication Requirements

As per the requirements of the PEP, a facility must develop external notification procedures directed toward authorized family members and guardians of residents. To adequately address this requirement, the facility will need to develop a record of all authorized family

members and guardians, which should include secondary (back-up) authorized contacts, as applicable.

Under the PEP, facilities must include plans and/or procedures that would enable them to (1) provide a daily update to authorized family members and guardians and upon a change in a resident's condition; and (2) update all residents and authorized families and guardians at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19).

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

3.0 PEP Infection Control Requirements

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

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

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

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

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

4.0 Other PEP Requirements

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