



## Comprehensive Pandemic Emergency Plan 2020



# King Street Rehab

## Comprehensive Pandemic Emergency Management Plan (PEP)

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## Annex E: Infectious Disease/Pandemic Emergency

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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 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 are 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 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. The Admissions Department/Social Worker will document if the family member/guardian does not wish to receive updates.</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. Should any infectious disease outbreak of potential pandemic occur within the facility, WPCNC will immediately update the signage and website accordingly.</p> <p>The Infection 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 and families</u> against infection that includes all required elements of the PEP.</p>	<p>The Infection Preventionist (IPC) or designee is responsible for reporting communicable diseases via the Nosocomial Outbreak Reporting Application (NORA) reporting system on Health Commerce System (HCS)</p> <p>The Infection Prevention and Control policies and procedures outline how to protect residents, 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> </ul>

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			<ul style="list-style-type: none"> <li>• Providing staff with re-education as often as needed;</li> <li>• Reviewing all newly identified infections and antibiotic usage; reporting to the facility's Quality Assurance/Performance Improvement Committee</li> <li>• Screening all residents and staff for any potential signs of infection;</li> <li>• Reporting communicable diseases to the Department of Health and taking all necessary precautions;</li> <li>• Restricting visitors/vendors as indicated and in accordance with NYSDOH and CDC;</li> <li>• 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;</li> <li>• Clearly identifying areas for contaminated waste as clearly defined by NYSDOH guidelines;</li> <li>• Demonstrating the proper use of personal protective (PPE) equipment including assessing competency on the donning and doffing of PPE, and hand washing techniques;</li> <li>• Ensuring adequate supply of PPE onsite for a period of no less than two months based on usage during the height of the last pandemic;</li> <li>• Imposed grouping of residents and staff potentially exposed to infectious a disease (cohorting).</li> </ul>
		<p><b>Response Tasks for Pandemic Events <i>In accordance with PEP requirements</i></b></p>	<p><b>Site Specific Details</b></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</p>	<p>Under the direction of the Administrator, the Pandemic Emergency Plan (PEP) will be provided on the WPCNC homepage and easily accessible to all visitors. At the top of the webpage, there will be a specific link to Coronavirus information including</p>

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		<p>acceptable to the commissioner, on the facility's public website, and make available immediately upon request:</p>	<p>a Hot Line (914-468-2668) for families or visitors should additional details be needed. This information will be updated on a daily basis. A separate link to access the PEP will be added as of September 15<sup>th</sup>, 2020 for residents, representatives, staff and consultants.</p> <p>The PEP link will be found on the Coronavirus Covid-19 tab of the homepage. Should a visitor 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 or at their preferred location.</p> <p>A notice on the Resident's Information Board located in the lobby will direct residents, staff, representatives or consultants 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 style="text-align: center;">In accordance with the DAL NH 20-09 from the NYS Department of Health, copies of WPCNC's Pandemic Emergency Plan is available on our website or at the Reception Desk upon request.</p> </div> <p>Information will also be shared with the 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 (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>In keeping with current nursing and social work policies and procedures, at least once per day, and upon a significant change as determined by a member of the clinical team, in a covid-infected resident's condition, the nurse will notify the authorized family member/guardian of the infected resident's condition. If no family phone 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 resident's medical record. If the situation is critical, WPCNC may consider asking local police to make notification to the family. This is the current practice for all residents of WPCNC.</p>

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			<p>During the admissions process, the social worker will determine how the family member would like to be contacted. Family members are informed that they may use the Family/Resident Hotline (914-468-2668) to access up to date details on the facility's covid-19 status.</p> <p>Additionally, a printed copy of the PEP will be provided to the resident/guardian upon admission. This will be documented in the medical record.</p> <p>The family members and guardians of <u>non-covid-19 residents</u> will be provided weekly updates via the Hot Line or by the nurse who will call a family member and provide a clinical update on the resident's condition. If there is no answer, a HIPAA compliant message without clinical details will be left and follow-up will be made on the next day.</p> <p>The facility will monitor all residents to identify symptoms associated with infectious agents. Cohorting of residents/staff/consultants according to the infection status of the resident may be required and specific units may 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 limit entryways and 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 possible illness, they are advised to visit their personal physician. Sick calls are monitored by the Department Heads to identify any staff pattern or cluster of symptoms associated with an infectious agent</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, on all units, in</p>

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			<p>corridors and according to NYSDOH guidance. The Environmental staff will 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 ensure <u>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:</u></p>	<p>All residents 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 when the nursing supervisor reconciles the census from the EMR to the reports on the unit. This reconciliation confirms the families that need to be contacted.</p> <p>If necessary, WPCNC 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 with no cost daily access to remote videoconference or equivalent communication methods with family members and guardians:</u></p>	<p>WPCNC provides all residents with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians.</p> <p>Activities staff, nurses, and therapists assist the residents with logging onto social media; scheduling “window” visits and if necessary, providing phones or iPads. Due to the limited number of electronic devices, residents may need to be timed. Residents 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. If needed, staff assist with communication boards; make all possible accommodations; provide access</p>

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			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 place in a residential health care facility if such resident 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/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), WPCNC 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 WPCNC, 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):	<p>WPCNC assures the resident that if they are hospitalized, they will be admitted or readmitted to the facility after treatment. In accordance with said regulation, the resident must have a length of stay of more than 30 days to "bed-hold" status. Depending on the facility's census, the resident will be readmitted to the next available bed.</p> <p>The Admission's policy on Bed-Hold is shared with family/guardian upon admission and any changes to the resident's status would be relayed to the family in writing and by phone or in the manner of their choosing.</p> <p>On a weekly basis, WPCNC checks on the status of all hospitalized residents to determine an approximate date of return. In the event a non-covid-19 resident does not return within 21 days, he is discharged from the facility but will be provided the next available bed for admission. In the event of a covid-19-affected resident, the bed will be held indefinitely.</p> <p>This information is tracked by the Admissions Office and the Social Worker and may be reported via the DOH HERDS reporting system.</p>
9.	✓	<b>In accordance with PEP requirements</b> , the facility will implement the following	The Administrator/Director of Environmental Services established policies and procedures to maintain or contract to have at least a two-month

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		<p>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. 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-day) supply of PPE (including consideration of space for storage). WPCNC maintains a supply of more than 60 days of PPE onsite and at other system-wide locations.</p> <p>Infection Prevention rounds are conducted by the DNS, IP 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 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>