Infectious Disease/PEP Annex

**9/1/2020**

# The Glendale Home

# Pandemic Emergency Plan

## Background

### Purpose, Scope and Situation and Planning Assumptions

A pandemic is sudden widespread outbreak of infectious disease affecting a whole region, continent or the world in susceptible populations, with the ability to cause a high degree of mortality.

This pandemic plan will provide guidance to the Glendale Home Team to successfully prepare and manage newly evolving infectious disease, suspected and/or confirmed cases of disease including COVID-19 at the home while ensuring the health and safety of nursing home residents, families and staff. The facility will implement the following plan to reduce exposure and spread of infectious disease while enforcing the standards necessary to help each resident, family member and staff attain their highest level of wellbeing.

The Pandemic Emergency Plan (PEP) is part of the facility's emergency response and preparedness plan. This plan includes specific state and federal guidance as set forth by New York State Department of Health (NYSDOH), Centers for Disease Control (CDC) and Centers For Medicare & Medicaid Services (CMS). This guidance includes but is not limited to reporting of outbreaks, cases, infection control processes, staffing, procurement of supplies as well as family and public communication.

All departments in the facility will be responsible for implementing the protocols within this plan. The focus of this plan is to identify areas of the facility that are vulnerable and to mitigate those vulnerabilities to ensure continuity of care and facility operations despite potential or actual hazardous situations. This includes maintenance of a NYSDOH Comprehensive Emergency Management Plan (CEMP).

Ongoing pandemic preparedness and/or infection outbreaks will be maintained through:

- Work with facility's medical director, director of nursing, infection preventionist and human resources
- Review, development and enforcement of infection prevention & control and reporting policies
- Review, development and enforcement of visitation, employee sick bank plans (Pandemic Sick Bank) and human resource issues related to employee leave
- Timely communications with resident families if outbreak occurs via written notification and the administrators COVID-19 or other infectious disease update line

- Providing residents with free daily access to remote videoconferencing or similar methods to ensure ongoing communication with family members
- Maintenance of contaminated waste areas when PPE disposal is needed
- Minimum of 60-day supply of PPE (masks, gloves, gowns, face shields, eyewear, surfaces, and hand sanitizer)
- Procurement of various vendor supply plans for food, water, medications, PPE and disinfection supplies
- Staff education upon hire and annually on infectious disease and prevention policies and procedures

The Glendale Home Pandemic Emergency Plan will be reviewed at least annually by the facility Administrator as part of the facility-specific risk assessment and updated as needed per state and federal guidelines.

Administrator Lori Tambaro Original Date: 9/14/2020

Administrator Lori Tambaro Revision Date: 11/10/2020

**II. Concept of Operations**

**Notification, Activation, Mobilization, Response and Recovery:**

Upon notification from Federal, State or Regional NYSDOH declaration of a pandemic situation, a significant increase in infectious disease and/or infection outbreak, the Incident Commander (facility administrator or the senior most on site facility official) will implement the Pandemic Emergency Plan (PEP) and provide education to the leadership team on the nature and scope of such pandemic, including any information available on cases identified within the facility. The leadership team (department heads) will notify their on-duty personnel immediately, then notify off duty personnel and request their staff to report to facility if it is deemed necessary. Department heads are responsible for keeping an open line of communication with their staff to assist with implementation of this plan.

The Facility Response Coordinators will immediately contact:

NYS Office of Emergency Management (OEM) State Watch Center 24/7
The NYSDOH Regional Office
NYSDOH Public Health Duty Officer: evenings, weekends and holidays
The Schenectady County Department of Public Health

The Facility Response Coordinators will regularly monitor the CMS, CDC, NYSDOH, WHO, Leading Age, NYSHFA, Health Commerce Sites and local news outlets for guidance and public health advisories related to a pandemic and will be responsible for monitoring and updating the administrator and leadership team. The Facility Response Coordinators will be responsible for maintaining communication with the NYSDOH Regional Office for any outbreak or significant increase in infectious disease and report the numbers on the Health Commerce System's Nosocomial Outbreak Reporting Application (NORA).

Facility Response Coordinator: Director of Nursing, Infection Preventionist

Facility Response Coordinator: Assistant Director of Nursing, Infection Preventionist

The Facility Response Coordinator(s) is responsible for ongoing communication within the facility and with public health authorities including the New York State Department of Health (NYSDOH) about the following and in the event of an infectious disease outbreak, including but not limited to a COVID-19 outbreak such as :

A resident or staff member is suspected or confirmed with an infectious disease including COVID-19;
Increase in residents being transferred to hospital for infectious disease symptoms COVID-19;
Increase in staff calling out sick with infectious disease symptoms including COVID-19 symptoms; or
Increase in unexplained deaths from an infectious disease and/or respiratory symptoms.

The Infection Control Nurse or designee will clearly post signs related to infection prevention including but not limited to cough etiquette, hand washing, proper use of PPE. The Infection Control Nurse will determine the need for PPE, disinfection practices and supplies including hand sanitizer and advise the staff accordingly. In addition, the staff will be educated to observe for signs and symptoms of illness and not to report for work if sick.

The facility will notify their vendors and advise of an outbreak and review facility policies and procedures with them in an effort to minimize exposure risks to our residents.

**Supplies and Resources:**

Supplies needed will be based on current DOH regulation, facility census and will include the ability of the facility to store such supplies. The facility will inventory, procure, maintain and provide necessary PPE in a 60-day supply. In addition, the facility will conduct any necessary procedures needed to adhere to recommended IPC practices related to an infectious disease outbreak including COVID-19 that include but are not limited to:

- Alcohol based hand sanitizer for hand hygiene for resident rooms, outside resident rooms, common areas, nursing stations, on PPE set ups.
- Sinks stocked with soap and paper towels for hand hygiene.
- Signs available and posted immediately outside resident rooms indicating appropriate infection prevention and control precautions and required PPE where care is provided.
- Tissues and no touch hand sanitizer near elevators and entrances.
- Facemask and hand sanitizers at employee/visitor entrance.
- Maintain an adequate supply of PPE: facemasks, face shields, goggles, N 95 respirators, gowns, gloves, EPA approved sanitizes and disinfectants
- CDC and Prevention Supply Burn Rate Calculated Daily and reported on HERDS by ADON daily.
- Anticipate the need for additional PPE before it is needed utilizing the OEM and usual suppliers who will be notified about an infectious outbreak and advise how the facility will respond in an effort to procure necessary PPE, disinfection and cleaning supplies and equipment.
- Consider developing lines of credit as needed with suppliers.

The facility will continually assess its infection control needs and build on experience from prior infection control scenarios and adopt such principles at the time of the pandemic and always plan for worst case scenarios without implementing a shortage or other mitigation efforts. The

pandemic response plan is ongoing and will provide guidance specific to pathogens and illness the facility is managing at the time. The Infection Control Nurse will be responsible for communicating updates to the response team and assess the need for necessary PPE for staff and residents in order to provide continuity of care to the residents.

**Staff Education:**

The DON and Infection Preventionist's will review policies and procedures and provide ongoing training regarding infection control and outbreak including appropriate use/don and doffing of PPE, coping with stress and infection control practices including hand hygiene. The facility utilizes the CDC website including handouts, videos, discussions, unit huddles and one to one staff support as needed.

Fit testing for N 95 mask will be conducted.

The administrator along with the staff education nurse will meet with the Housekeeping Director and Facilities Maintenance Director to review all infection prevention, laundry, air filtration and deep cleaning policies and procedures.

**Staffing Support:**

The staffing coordinator will work with Human Resources to review current clinical and non-clinical staffing to projected needs, potential shortages and implement surge staffing as directed.

Human Resources will review employee health policies, including staff testing, removal/tracing, employee sick bank plans (Pandemic Sick Bank), EAP offerings, return to work policies and human resource issues related to employee leave should it occur. Collective bargaining contracts will be reviewed, and lines of communication will be established to address potential for excessive absenteeism and staffing shortages.

Consider the need to establish nursing and or non-nursing volunteers for overtime.

Establish cross coverage of non-nursing staff to make beds, provide recreation and possibly provide general supervision of residents.

Consider agency staff in an effort to provide immediate assistance to the facility.

Review current training programs for the ability to expand or utilize existing waivers for training to increase work force.

Work with union representatives (at the direction of administrator) for additional workforce initiatives.

**Screening of Staff, Visitors, Consultants, Vendors and or Contractors During A Pandemic Emergency:**

Staff members with respiratory symptoms or emerging infectious disease signs or symptoms should not report to work. They should call their supervisor and discuss their symptoms. The

Dept. Head will work with the Facility Response Coordinators and Staffing Coordinator regarding staff scheduling and further response that may be needed ie: staff testing, medical provider information if provided and facility medical director guidance. Should staff become ill while at work, they will be instructed to put on a mask, return home and call their PCP. The Facility Response Coordinator will work with Human Resources to ascertain when the employee may return to work.

Upon arrival to the Glendale Home. All staff will be required to be screened at the back door of facility (employee entrance) and meet with the screener who will sign in employee, take their temperature, review the screening questions including travel history, ask them to don a mask, perform hand hygiene and then report for duty. There will be no entrance to the home until all of the screening procedures are completed.

Should an employee have a temperature and/or signs or symptoms of an unusual or infectious disease they will don a mask, be instructed to speak with their supervisor and return home and contact their PCP.

Visitor restrictions signage will be posted at all entrances advising no visitors may enter the facility. Continued communication with residents and families will be maintained to keep all informed about an outbreak or increased incidence of disease as they occur in facility. The dedicated Administrator Update Phone Line at 518-384-3600 press #3 will include such updates.

If visitation has been suspended except when essential for resident's end of life care. The following procedure will be followed:

Visitors are restricted to compassionate end of life support only. Preferably 1 but not more than 2 visitors will be allowed for a period of 30-60 minutes, and the length of time will be monitored by the nursing supervisor. The resdients change in condition will be discussed by the interdisciplinary team. These visits will only occur with the approval of administration and/or the medical director.

Visitors be required to be screened at the back door of facility (employee entrance) and meet with the screener who will sign in the visitors(s), take their temperature, review the screening questions, ask them to don a mask, perform hand hygiene and then report for duty. There will be no entrance to the home or units until all of the screening procedures are completed. Visitors will not be allowed to visit if they display signs or symptoms of emerging infectious disease. Staff will escort visitors to the unit. Prior to entering the resident room, visitor(s) will perform hand hygiene and don a gown. The visitor will be restricted to the room of their family member.

Vendors/contractors who do not need to enter the building will be asked to use our loading dock for deliveries. The nursing supervisor will be notified of pharmacy and other nursing deliveries and they will pick them up at the back door of the facility (employee entrance). Should a vendor/contractor need access to our building, such as to deliver specialty equipment, they will be required to follow the same criteria as visitors as outlined above.

**Admission Protocol:**

Recognizing and preparing for admissions to the facility and implementing proper procedures to manage community associated infections is critical for the home to provide the appropriate

medical and nursing care to residents. In the event of a pandemic emergency, the facility may determine it is necessary to close to new admissions to protect the residents currently residing at the facility.

The Facility Response Coordinator(s) will coordinate with the admissions nurse to identify all new admissions and readmission to the facility that may pose an actual or potential risk to ongoing facility operations. All new admissions and readmissions will be screened by the admissions nurse prior to discharging from the hospital and once again upon admission to the facility. The admissions nurse will ensure facility is in receipt of adequate discharge information from the sending facility in an effort to provide continuity of care based on an increase or outbreak of infectious disease in the community ie: COVID-19 status ie: positive, negative, unknown/under observation. The facility will attempt to preserve a resident's place in the facility while readmitting such residents in compliance with all state and federal requirements including but not limited to 10 NYCRR 415.19, 415.3(i)(3)(iii) and 415.26(i) and 42 CFR 483.15(e).

In an effort to promote co-horting and to accommodate beds and resident care, the facility may consider a physical environment waiver to temporarily accommodate beds and resident care in those areas not normally utilized as a resident's room.

**Protocol For Changes In Condition/Suspected Cases of Infectious Disease Including During a Pandemic:**

Resident's infected with an infectious disease may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require a hospital transfer as the facility can follow the infection prevention and control practices recommended by CDC. Co-horting will occur if feasible. Residents who share a unit/room will be kept in their rooms as much as possible. We will adapt room restrictions as needed ie: fall risk or dementia residents. Residents will be monitored every shift, to include symptoms, temperature check, other VS, lung auscultation, and pulse oximetry as per medical provider orders. This will assist facility in detecting possible spread of infection.

**Screening and Co-horting of Residents**:

Staff will work with the medical providers regarding treatment approach for residents with infectious disease. To the extent possible new admissions and readmissions with a suspected or diagnosed pandemic disease or communicable, contagious, or infectious disease will be isolated and placed on the appropriate precautions per CDC guidance and the Facility Infection Control Policy.

If more than one resident is identified with a communicable disease the facility will institute its Outbreak Control policy.

Should there be an intra-facility outbreak or emerging infectious disease, the unit itself will be placed on quarantine in an effort to reduce transmission, this may include dedicating a specific group of rooms, units, hallways or wings to cohort residents. Sharing of bathrooms will be discontinued in residents who fall outside the disease cohort.

In the event of a pandemic related disease including COVID-19, residents will be admitted to Union Station starting with rooms 170-176, this designated area will be demarcated by a barrier which separates these dedicated rooms from the others on the unit. This will allow for protection

of residents and prevent them from entering the dedicated area of the unit. The residents will be placed on the appropriate isolation and closely monitored every shift as per medical provider orders. After the designated isolation days have been met and the residents condition allows, residents can be moved to a long-term room if and when practicable. NYSDOH will be notified by Administration immediately.

The facility will ensure that all areas of the facility dedicated to infectious residents are demarcated will have adequate signage to ensure proper identification and reminders for healthcare personnel. Appropriate barriers will be constructed to reduce the risk of non-infected residents from entering the area.

If the facility is unable to fully implement all recommended infection control practices or who has a symptomatic resident who requires a higher level of care, the facility must arrange for a transfer to a facility that is capable of ensuring the appropriate level of care. The facility will notify the regional and local Department of Health as well as the residents designated representative.

Should a resident(s) present with signs or symptoms of an infectious disease the following steps will be immediately implemented by staff, including if a resident refuses diagnostic testing to determine communicable disease status:

i. Put on appropriate PPE equipment (gown, gloves, mask, face shield) prior to entering room.

2. Place a mask on the resident and roommate if warranted (droplet precautions).

i. Place resident on appropriate contact and/or droplet precautions until further notice.

b. Isolation signing will be placed to resident's door.

3. Close the door to the resident room.

4. Notify the medical provider immediately.

5. After the medical provider has been notified, notify the administrator and The Facility Response Coordinators who also serve as the Infection Preventionists:

a. Administrator

b. The Facility Response Coordinator: Director of Nursing

c. The Facility Response Coordinator: Assistant Director of Nursing

6. After hours, weekends and holidays, the Nursing Supervisor who will notify the following:

Once The Facility Response Coordinators have been notified, the administrator will direct when the following leadership staff are to be notified:

d. Director of Food Service & Laundry
e. Director of Facilities
f. Director of Social Services

7. NYSDOH will be notified by administration as well as the NYSDOH Public Health Duty Officer at evenings, weekends and holidays.

8. If a transfer to the hospital is not warranted:

a. Continue the appropriate isolation precautions.

b. Notify Maintenance/Housekeeping so they can provide proper isolation setups, including room signage.

c. The Head Nurse/Nursing Supervisor will designate PPE trained staff to provide care.

d. The number of staff allowed to enter room in appropriate PPE will be limited to the necessary personnel needed to provide care per the resident care plan.

e. The nurse may become the primary caregiver, utilizing the CNA only if necessary.

f. Appropriate PPE includes: gowns, gloves, N-95, face mask and face shield and depends on the infectious disease process.

g. Resident will wear a face mask if warranted and if tolerated while staff is providing care. (ie: droplet precautions).

h. Care/tasks are to be bundled as much as possible to limit the number of times staff enter a room.

i. Exercise discretion regarding entrance for other IDT members into room at this time.

10. Residents may develop more severe symptoms of an infectious disease and require transfer to the hospital for a higher level of care per the medical provider or if the facility determines that a resident with a pandemic related communicable disease cannot be cared for properly, cannot be cohorted/isolated per regulation or if the facility can no longer sustain cohorting effects, the facility will notify the regional and local department of health office as well as the designated representative and the resident will be transferred as follows:

a. Notify emergency medical services and receiving facility of resident's diagnosis and precautions to be taken.

b. The resident is to remain in their room with facemask on and room door closed if warranted (droplet precautions). Resident will wear a face mask during the transfer if warranted (droplet precautions).

**Pandemic Staffing Protocol:**

The Glendale Home will utilize the Minimum Staffing Protocol if needed during a pandemic. The Director of Human Resources and the Staffing Coordinator will review current clinical and non-clinical staffing to projected needs, consider potential shortages and implement surge staffing as needed.

The Director of Human Resources will review staff health policies and procedures for staff testing, removal from duty, trying and return to work policies.

Collective bargaining contracts will be reviewed and if necessary, meet with union representatives (per the facility administrator) to establish open lines of communication and to address potential for excessive absenteeism and staff shortages as well as use of the Pandemic Sick Bank.

Review agency staffing communications and or contracts and their ability to assist with immediate staffing concerns.

Review current recruitment/retention efforts with Human Resources and Union Representatives (per the facility administrator)

Training will be reviewed including to expand or utilize existing waivers for training of employees.

Provide support to staff: review EAP offerings, establish incentive strategies, offerings and psychological support for staff including financial compensation, meals, transportation and childcare.

**III. Communications**

Communicable Disease Reporting:

Reporting of suspected or confirmed communicable disease is mandated under the New York State Sanitary Code (10 NYCRR 2.10) as well as by 10 NYCRR 415.19.

Any outbreaks or an increase in nosocomial infections at our facility above the norm or baseline in our resident or employee population must and will be reported to NYSDOH via the Nosocomial Outbreak Reporting Application (NORA).

The facility will conduct surveillance that is adequate to identify rates of infection and detect significant increases in the rates and report such to the local department of health. A single case of a reportable communicable disease that could be caused by a transmissible infectious agent or microbial toxin must be reported to the health department where the resident resides. If the disease is suspected or confirmed to be acquired at the nursing home, it must also be reported to the NYSDOH via the NORA.

Reports must be made to the local health department in the county in which the facility is located (Schenectady County) within 24 hours of diagnosis. Some diseases warrant prompt action and can be immediately reported by phone.

The following are categories and examples of reportable healthcare associated infections include:

An outbreak or increased incidence of disease due to an infectious agent (ie: Staphylococci, Vancomycin Resistant Enterococci (VRE), Pseudomonas, C Difficle, Klebsiella, Acinetobacter) in residents or staff.
Intra facility outbreaks of influenza, gastroenteritis, pneumonia or respiratory syncytial virus.
Food borne outbreaks.
Infections associated with contaminated medications, replacement fluids or commercial products.
Single cases of healthcare associated infection due to any of the Communicable Disease Reporting list i.e.: single cases of nosocomial acquired Legionella, Measles Virus, Invasive Group A 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 Tb in a nursing home resident or staff.
Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures that result in significant infections and or hospital admissions.
Closure of a unit or service due to infections.

The facility will work with the NYSDOH Epidemiology Staff: Healthcare Epidemiology and Infection Control Program at n the event the home finds they have an outbreak of suspected or confirmed communicable disease.

For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point)

**Communication with Residents and their Families:**

Residents and their families will be updated regularly with any new information regarding newly evolving infectious disease, suspected and/or confirmed cases of disease including COVID-19. Authorized family members and guardians of residents will receive updates a least once per day and with a change in a resident's condition as well as once per week notification that includes the facility rate of infection (number of infections and deaths in facility). Forms of communication may include a letter from the administrator or social worker, a phone call from nursing and/or social work, and/or a message on the dedicated Administrator Update Phone Line at 518-384-3600 press #3. The Glendale Home activities staff will be providing visits to residents and will assist in maintaining routine communication with residents in-person, if possible, and with families by providing free communication and/or visits to the residents using electronic platforms such as Face Time, Face Book Messenger/Video, Hangouts, Skype, Email or other method as selected by the resident or family member.

Staff will be advised of updates as well and this may include signage posted around the building, educational in-services, a letter from Human Resources, the Administrator or DON, team meetings and unit/department meetings.

The administrator will act as the Public Information Officer (PIO) in conjunction with the County Manager to develop and report updates to the media and/or facility website.

**Recovery:**

Facility administration will notify staff, residents, families, vendors, community partners and the NYS Ombudsman of the facility plan to begin resumption of normal operations.

Administration including Facility Response Coordinators will review the facilities response to the Pandemic Emergency. Analysis may include but not limited to issues related to disruption in operations, supplies/supply chain, financial ramifications, staffing as well as psycho-social impacts to residents as well as staff. Administration will determine appropriate responses and strategy implementation and document it in an effort to mitigate and manage future pandemic emergencies.

Once NYSDOH is notified and administration has determined the facility is ready to return to normal operations, the facility will:

Remove signage and PPE set ups all areas
Deconstruct isolation units/areas
Re-integrate isolated residents into general population
Resume normal visitation and group activities
Resume regular admission practices

Upon notification from NYSDOH and determined by administration the facility will notify staff and vendors that operations have returned to normal including but not limited to:

Facility repair & inspection
Resumption of resident care services including hair salon, podiatry, resident outings
Pre-pandemic staff scheduling
Pre-pandemic equipment/supply inventory and inspection and ascertain supplies needed to fully resume services and to ensure appropriate response for future pandemic emergencies