

Annex K: RHCF Infectious Disease/Pandemic Emergency Plan (PEP)

Introduction:

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.

On June 17, 2020, Governor Andrew M. Cuomo signed into Law Chapter 114 of the Laws of 2020 creating a new subdivision 12 to section 2803 of the Public Health Law. The new subdivision requires that each residential health care facility, by September 15, 2020, prepare and make available to the public on the facility's website, and immediately upon request, a Pandemic Emergency Plan (PEP).

Although the nursing home had existing policies and procedures for managing infectious disease, the PEP consolidates the information into a comprehensive plan that incorporates new requirements and lessons learned as a result of the COVID-19 pandemic.

I. Preparedness Tasks for all Infectious Disease Events:

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.

Staff is educated on the disease based on CDC information. They are instructed on the proper procedure for donning and doffing PPE, with return demonstrations and continued education opportunities within our electronic learning management system. Routine rounding is done for proper use of PPE and immediate correction as needed. We have an annual fair that addresses infection prevention and proper donning and doffing of PPE. Staff is updated routinely by the Infection Preventionist. Staff is educated on notifying the Infection Preventionist of any positive findings for reporting of suspected and confirmed infectious disease as outlined in the Infection Control Policy.

Refer to policy EDUC- 002.

Develop/Review/Revise and Enforce existing infection prevention, control and reporting policies.

All Infection Prevention Policies go through a yearly review process beginning with the Infection Preventionist and are reviewed and approved by the interdisciplinary team that includes the DON, Administrator and Medical Director. Policies are updated on an as needed basis to address any current pandemic situation as per approved Infection Control sources. **Refer to policies IP-018; IP-019; IP-012; IP-033; RHCF-286; RHCF-289; RHCF-290.**

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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.

Staff and residents are tested and monitored for signs and symptoms of infection based on CDC/CMS and DOH recommendations. Testing is done in collaboration with our onsite laboratory or contracted lab. **Refer to policies IP-012; IP-017; IP-029; RHCF-290.**

Develop/Review/Revise plan for staff testing/laboratory services

Staff testing is done based on DOH/CMS recommendations in cooperation with our onsite laboratory.

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 Director of Nursing, MDS Coordinator, Infection Preventionist and facility Administrator have access to and are able to report any communicable outbreaks via the HERDS surveys through the Health Commerce System. These surveys are completed daily and weekly as 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)

All policies are reviewed every 2 years and updated/revise as needed. **Refer to policy DP-013 Medical Supplies, Pharmaceutical Supplies, General Equipment.**

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

Refer to policies BS-004 and BS-017

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

For medication, we have an inventory management system that allows for days on hand tracking and we have 14 days on hand as baseline. Orders are received 5 days a week from wholesaler, and in the event of an emergency, we would have 14 days on hand as a buffer until further plan was developed.

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Refer to policy DP-008; DP-009; MM-003; PH-011; DP-013

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

Refer to policies RHCF-282; IP-030 and IP-043 for routine isolation and cohorting.

For pandemic events, we have designated an area for our unknown population (admissions and re-admissions) and we have specific rooms designated for isolating our positive population that are easily identifiable and separated from our negative population. We have also designated rooms for our transition to long term admissions that are unknown.

We have a disaster preparedness team that is continuously reviewing and monitoring our abilities to accommodate those with an active or suspected infection. In the event that we can no longer accommodate our residents safely, a call would be placed to the Regional Health Department and NYSDOH for assistance in safely transferring our residents.

Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated

Social Distancing is accomplished with our resident population by decreasing the number of residents utilizing the dining room during meal times, and limiting the number of residents in the hallways at any given time. Group activities are discontinued during a pandemic emergency.

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.

We follow DOH/CDC plans and directives in regard to when to return to normal operations such as which restrictions may be lifted and when. Refer to policy RHCF-290

II. Additional Preparedness Planning Tasks for Pandemic Events

In accordance with PEP requirements, Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP

A record of authorized family members and guardians is maintained and in the event of an outbreak, an email message and text message are sent out directing them to contact the RHCF messaging center, which is updated daily with those changes. For those not able to receive text or email, a phone call is placed to them updating them on the current situation. In the event of a resident change in condition, a call is made to the authorized family member or guardian at that time.

Residents are provided a number of communication options for communicating with their families and guardians such as Facetime; Facebook Messenger Video; and Zoom Conference Calling as well as standard telephone communication and are assisted by

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our activities department and bedside staff as needed.

This communication plan involves the Infection Preventionist, DON, Nurse Managers and the activities department.

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.

Staff, residents and families are educated on proper hand hygiene, proper use of PPE and how to prevent the transmission of infection. All are screened prior to entering the unit. **Refer to policies IP-004; IP-013; IP-015; IP-021; IP-025; IP-026; RHCF-076; and EDUC-002**

Planning involves our Disaster Preparedness team, consisting of Infection Preventionist, DON, Administrator, Materials Management, Plant Operations and senior executive team.

III. Response Tasks for all Infectious Disease Events:

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:

We follow CDC and DOH directives for disease specific response actions obtained through the websites and DAL's. Signage is provided by our VP of Communications and distributed to high visibility areas such as elevators and points of entry. **Refer to policy RHCF-290.**

The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19. (see Annex K of the CEMP toolkit for reporting requirements).

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

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 is done electronically via Nosocomial Outbreak Reporting Application (NORA). We conduct surveillance in order to identify any increases above our background rates and any outbreaks are reported to our local health department.

A single case of reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could be reported to our local health department.) If the communicable disease is suspected or confirmed to be acquired here, it is reported to the NYSDOH via the NORA.

All reports are filed within 24 hours of the diagnosis unless a disease warrants prompt action and will be reported immediately by telephone.

- Categories and examples of reportable healthcare-associated infections include:

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- 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
- **Refer to policies RHCf-290; IP-031 and IP-033**

The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting

The HERDS survey is completed electronically by the Director of Nursing or designee daily. **Refer to policies IP-033 and RHCf-290**

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:

It is the practice of this facility, that staff assigned to an infected cohort are not to cross into non-infected areas during their shift as much as possible.

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

Residents will be educated regarding the disease and the appropriate responses that we are taking based on CDC/NYSDOH guidelines. This will be accomplished with the

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Infection Preventionist and nursing staff. **Refer to policy RHCF-076**

Resident families and guardians will be educated on the current disease and the responses that we are taking based on CDC/NYSDOH guidelines via the RHCF Messaging center and their preferred method of communication (Facility Web page, mail, email or telephone).

The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents

We maintain a list of staff with current telephone numbers and every employee has internal email. Vendors and External stakeholders: Ombudsman; Bus driver; ED & ED Printer/Fax; contact information is collected at the time of visit as well as company contact information. Staff is updated routinely on policies and procedures related to minimizing exposure risk through huddles and by email updates. External stakeholders are contacted via mail and telephone as needed.

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:

In the event it is necessary to close our facility to new admissions, we will notify our referral sources of our temporary closure.

Should we need to close to visitation or limit visitation due to confirmed cases in the community, we will communicate this to families and guardians, via the RHCF Messaging Center, communication methods of their choice and publicly via the public facing website and local newspaper in collaboration with our VP of Communication.

Visitors that are permitted on site will be screened for the signs and symptoms of the disease prior to entering the residents unit.

Refer to policy RHCF-241

IV. Additional Response Tasks for Pandemic Events:

Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures)

All patient care staff is fit tested for N95 masks at the time of hire and are instructed on proper use of PPE to include donning and doffing. Those unable to pass fit test are provided an alternate option. This is reviewed yearly as part of their re-credentialing process. Staff is educated on following the Infection Control policy for identifying appropriate PPE for each isolation type (Contact, Droplet, Airborne). **Refer to policy EH-002**

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

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website, and make available immediately upon request:

The PEP document will follow the format of the CEMP plan and will be included as an Annex to that plan. It will be posted to the facility website by 9/15/2020

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:

Authorized family members and guardians of infected residents will be updated daily by either the provider or nursing staff on the residents condition by telephone or method of choice.

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:

The RHCF Messaging Center will be updated each week with the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection. Once the message has been updated, authorized family members and guardians will be notified to call the messaging center via communication option of their choice, such as email or text messaging. For those that prefer telephone communication, a call will be placed.

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:

We offer, at no charge to the resident, the ability to videoconference with family and guardians via Zoom, Facebook, and Facetime. Residents are assisted with this technology by our Activities department as well as bedside staff.

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):

In the event a resident needs hospitalization, a bed will be available for their return.

Refer to policy RHCF-154

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):

In the event a resident needs to be transferred to acute care, a bed will be available for their return. **Refer to policy RHCF-154**

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

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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)

Refer to policies MM-001 MM-003 and DP-013

Plan Development Process:

- DOH letter sent 7/21/20 RE: DAL 20-11 Guidance for Hospitals on Maintaining a 90-day Supply of Personal Protective Equipment (PPE) was used to determine PPE requirements for both the hospital and RHCF
 - After receiving and reviewing the DOH letter sent 8/20/20 RE: DAL NH 20-09 Required Annual Pandemic Emergency Plan for All Nursing Homes, it was noted that the hospital requirement is for 90 day inventory by end of September 2020 so this standard, being more stringent, was applied to both the hospital and RHCF.
 - A sample period of April 13-27, 2020, PPE items issued was used to determine 90 inventory required; please see Table 1 below
 - Issued volumes were converted to cases to determine amount required
 - Working with prime vendor Mohawk Hospital Equipment, a plan was developed with standing purchase orders for weekly deliveries to spread the receivables over Aug & Sept based on the vendors' supply chain forecasts and availability of product
 - Substitutions were identified for difficult to obtain items
 - Warehouse spaces were consolidated, cleaned and prepared with shelving to house the additional supplies, new inventory locations built and 90 Day PARS developed.
 - **Policy DP-013**
 - Secondary and tertiary vendors have been activated to fill back ordered items
 - On site supply level trigger points are the department PAR levels.

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- Back up PPE is kept in Supervisors' locked offices and a secondary supply is kept in Materials Management accessible by House Supervisor after hours.
- In the event of after business hours/weekends/holidays immediate demand, Materials Management team can retrieve from the warehouse and deliver to hospital in under 60 minutes using the On-Call system.

Table: 1 90 DAYS OF PPE PLAN BASED ON COVID PANDEMIC

RMH Item #	Item Description	April 13 to April 27 in BOXES	90 day supply BOXES	Convert to Cases Required & Ordered
22833	Mask, Proc. w/loops	291	1871	97
4836	Glove Nitrile Large	218	1401	22
4837	Glove Nitrile Medium	186	1196	19
Sub for Nitrile r/t availability	Glove Stretch Vinyl Large	NA	NA	40
	Glove Stretch Vinyl Medium	NA	NA	20
83816 Sub for 3M N95 r/t availability	N95 Duck Bill	31	199	18
10739	Gowns Isolation Level 2	142	913	100

V. Recovery for all Infectious Disease Events

The Rome Hospital RHCF 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.

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

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Policy Index:

EDUC-002 Employee Education

IP-004 Bloodborne Pathogen Exposure Control Plan

IP-012 Infection Control Program

IP-013 Respiratory Protection for Patient Care Personnel

IP-015 Standard Respiratory Precautions

IP-017 Surveillance Rounds and Record Review by the Infection Prevention Practitioner

IP-018 Coverage for the Infection Prevention Practitioner

IP-019 Departmental Infection Prevention Policies

IP-021 Infection Prevention for Patient Access, Students, Visitors and Beauty Shop

IP-025 Standard Precautions

IP-026 Hand Hygiene

IP-029 Outbreak Investigation

IP-030 Isolating the Infectious Patient

IP-031 Reporting of Hospital Infection

IP-033 Reporting of Communicable Diseases, Nosocomial Outbreaks and Healthcare Acquired Infections

IP-043 Recognizing and Isolating Patients with a Suspected Emerging Infectious Disease

RHCF-076 Education of Residents

RHCF-154 Notice of Bed Hold, Readmission and Discharge Notification

RHCF-241 Visiting Regulations

RHCF-282 Standard and Isolation Precautions

RHCF-286 Infection Control in the RHCF Beauty Shop

RHCF-289 RHCF Infection Control Plan

RHCF-290 Management of Outbreaks

DP-008 Food and Nutrition in an Emergency or Disaster

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DP-009 Coordination of Emergency Food and Nutrition Supplies

DP-013 Medical Supplies, Pharmaceutical Supplies, General Equipment

MM-001 Acquisition

MM-003 Emergency Acquisition

PH-011 Alternate Medication Distribution

EH-002 New Employee Health Status Exam