

The Pines Healthcare & Rehabilitation Centers  
Machias Campus

**DEPARTMENT:** Administration, All Departments

**SUBJECT:** Disaster and Emergency Preparedness: Infectious Disease/Pandemic Emergency Plan

**POLICY:** It shall be the policy of the facility:

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). The plan must include the following: A communication plan, infection Protection Plans for Staff, residents, and families, having Personal Protective Equipment (PPE) in a two- month (60 day) supply at the facility or by a contract arrangement, and a plan for preserving a resident's place at the facility when the resident is hospitalized.

**PROCEDURES:**

**I. COMMUNICATION**

● **Communication Plan- Residents/Families:**

1. In the event that the facility receives notification of a resident/staff testing positive for infectious disease while in a pandemic emergency, the facility will provide a general notification to all authorized first contact family members and guardians within 24 hours of the result with the use of the Everbridge technology (a robo call system that will call and text). All messages sent are composed by the Administrator/Director of Nursing and kept on file, including times sent and time of responsible party acknowledgement. In addition, there will be a weekly update of the facility pandemic related infections and deaths on the facility website at: [pinescare.com](http://pinescare.com).
2. In the event that a resident tests positive for an infectious disease, the Director of Nursing and/or Nurse Manager will establish call once per day and upon change of resident condition with the responsible party to update them on that specific resident. The communication method that will be utilized for this communication will be a direct telephone call.
3. In the event that an infectious disease/pandemic threat will disrupt normal communication/visitation patterns, the Administrator/designee will notify the families of all residents that alternate methods of communication will be used. This will be accomplished by utilizing Everbridge technology "robo call/texting" directly to family members, utilizing information mailings, and on the facility website. Common methods will include, but are not limited to: telephone, Skype, and FaceTime and window visits.
4. Designated staff will assist the families with initiating set up for communication with residents during this time. The designated staff will be responsible with scheduling and maintaining all electronic communication between resident's and their family. The designated staff will be available to assist residents as required with all communication methods.
5. The Pines Rehabilitation and Nursing Centers will permit window visitations during extended visitation restrictions; however, the visitations must be coordinated with the facility and can be done only during scheduled times.
  - Window visits will only be permitted during hours designated by the facility.
  - Window visits will only take place at a designated area at the facility.

- Window visits will only be 10-15 minutes in length, so that we can accommodate as many visits as possible during the allotted times.
- There will be no more than 2 visitors allowed at each window visit.
- To assure that each resident is able to get a window visit with loved ones in a timely manner, window visit scheduling will all be one staff member, the receptionist. This staff member will coordinate visitation schedules and assure that all window visitations are equally shared for all residents (no one resident receives more visits than another).

- **Communication Plan- Staff**

1. In the event that the facility receives notification of a resident/staff testing positive for infectious disease while in a pandemic emergency, the facility will provide a general notification to all staff members within 24 hours of the result with the use of the Everbridge technology (a robo call system that will call and text). All messages sent are composed by the Administrator/Director of Nursing and kept on file, including times sent and time of responsible party acknowledgement. In addition, there will be a weekly update of the facility pandemic related infections and deaths on the facility website at: pinescare.com.
2. The Emergency Communications Team (ECT) consists of the Administrator, The Director of Nursing/designee, The Director of Maintenance and the In-service Coordinator.
3. The Administrator/designee will notify the employees which alternate methods of communication will be used. This will be accomplished by utilizing Everbridge technology “robo call/texting” directly to staff members, utilizing information mailings, and on the facility website.
4. The Administrator/designee will develop a priority list of stakeholders to contact in various scenarios, depending upon the scope and severity of the event:
  - First responders (911, EMS, Fire, Police)
  - Utility Companies (Power, Water, Gas etc.)
  - Residents and Families
  - Employees, Volunteers and Families
  - News Media (Print, Broadcast, Internet)
  - Regulators (Local/State/Federal, Tribal), elected officials, including the NYS Department of Health
  - State Health Care Associations and others (Leading Age, NYSHFA, ACHA)
  - Neighbors living near the facility

- **Communication Plan- NYS DOH/CDC**

1. Telephone, email, and teleconferencing will be utilized in communication with all governmental agencies during all emergencies. More specifically, the CDC ‘s Secure Access Management Services (SAMS) and the Health Commerce Systems (HCS), HERDS Survey and Nosocomial Outbreak Reporting Application will be utilized for all reporting of 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.
2. Communication will also be made with the NYSDOH Epidemiology staff for input and guidance.
3. All staff credentialed and enrolled in the Health Commerce System (HCS) and the CDC’s SAMS systems used to report during emergencies are required to have a designated backup in the event they are unable to perform the mandated reporting. The Administrator and Director of Nursing of the facility are responsible to maintain the backup list.

## II. **Maintaining Equipment and Supplies**

- The facility, in collaboration with the Cattaraugus County Emergency Operations Center, has secured and will maintain 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)
  - The 60-day supply of PPE will be stored and maintained at a location designated and agreed upon by the facility and the Cattaraugus County Emergency Operation Center.
  - A contract has been established with Buffalo Pharmacies ensuring the ability to obtain necessary medications for the facility in the event of an emergency.
  - The facility has and will maintain a 3-day supply of food and water per CMS/DOH regulations for all nursing homes. Contracts are in place with vendors to supply additional food and water for the facility, in addition to assistance from the Cattaraugus County Emergency Operations Center.

## III. **Infection Control**

- **Infection Control Surveillance for Staff**
  - All staff are screened for the following health related items upon entry and every 8 hours afterwards, into the building.
  - Between the hours of 5:30am and 8:00am ancillary staff, such as Hospitality Aides, LPNs, and Administrative staff are designated to perform screening duties. Between the hours of 8:00am and 8:00pm, the Reception Staff are designated to perform screening duties. Between the hours 8:00pm and 5:30 am, the RN Supervisors are designated to perform screening duties.
    - Known contact with someone with a known pandemic infection.
    - Fever above 100.0.
    - Travel to known pandemic infection hotspots.
    - Cough/shortness of breath.
    - And/or any other symptom suggested by the CDC or Department of Health for the specific pandemic infection.
  - Any staff with symptoms identified above, will be sent home and advised to contact their primary physician. In addition to advising staff to call their primary physician, Cattaraugus County Emergency Operation Center has established a nurse to call (716)938-9119 7 days a week between the hours of 8am-8pm. This nurse will assist with pandemic screening and will be in contact with the local Health Department to recommend testing.

- If an outbreak is suspected, the appropriate infection control measures will be instituted, infection control and nursing director notified, and the State Health Department will be contacted as per NYS guidelines.
  - Once approved by CLIA-waiver, the facility will complete rapid response testing on symptomatic employees who present at the start of shift or who develop symptoms during the course of their shift.
- **Infection Control Surveillance for Residents**
    - The Infection Control Coordinator will be responsible to collect data on residents diagnosed with an infection using the monthly infection control monitoring sheet. This will include location of infection, culture and/or x-ray report, and type and length of antibiotic treatment.
    - All residents have their temperature taken q-shift to quickly capture any infectious processes so that isolation can be done quickly if needed.
    - A separate monitoring sheet will be kept for each nursing unit per month. All new infections will be listed on the monitoring sheet. When the month is completed the supervisor will total all infections by category for the month and attach to the monthly report along with baselines.
    - A copy of the culture report and/or x-ray for each infection will be attached to the infection control monitoring sheet. This will be submitted to the infection control coordinator for review at the end of the month.
    - Any areas of two or more infections on the same unit with the same symptoms or organism will be reported and monitored for a potential outbreak.
    - If an outbreak is suspected, the appropriate infection control measures will be instituted, infection control and nursing director notified, and the State Health Department will be contacted as per NYS guidelines.
    - Once approved by CLIA-waiver, the facility will complete rapid response testing on symptomatic residents to quickly determine if residents may have an infectious disease- include but not limited to COVID and Influenza swabbing.
- **Infection Control Education and Signage**
    - Upon hire, annually, and as needed, all staff at the facility are required to attend Infection Control Education. This education includes exposure risks, symptoms, prevention and infection control, correct use of personal protective equipment and regulations set forth by the Department of Health.
    - The Infection Control Coordinator, Director of Nursing, and Administrator, in coordination with the Cattaraugus County Emergency Operations Center will be responsible for acquiring and maintaining all current guidance, signage, and advisories through the use of the Health Commerce System Dear Administrator Letters (DALs), the New York State Department of Health, Executive Orders from NYS government, and the Centers for Disease Control (CDC).

#### **IV. Plan for readmission of residents to the facility after hospitalization for the pandemic infectious disease**

- When a resident, who has been treated for an infectious disease is ready for readmission, initial contact with facility will be made to our Admissions Coordinator.
- The residents course of treatment will be reviewed and verification of testing negative for the pandemic-related infectious disease will occur and be sought in written form.
- Once readmission is certain, an appropriate room within the facility will be assigned. This room will preferably be in the facilities designated isolation zone where the resident can be observed for any reoccurrences of infection for 14 days post readmission.
- Ideally, rooms utilized will be in the designated yellow zone area in a private room or cohorted with another resident on observation who admitted within 24-48 hours.
- Resident bathrooms will not be shared during isolation periods unless they are in the same cohort and a private bathroom is not available. Bedside commodes will also be utilized if needed.
- Yellow zone observation areas and rooms are clearly designated and have readily available PPE as needed for entry/care.
- Residents not in the yellow zone cohort area are discouraged from entering or traveling through the isolation area to avoid transmission of infectious diseases. Signs and other safety measures will be utilized as visual reminders to avoid the area unless necessary.
- The yellow zone observation area, residents on current isolation orders and general cohort concerns will be reviewed and addressed daily at morning meetings by administrative staff.
- A list of residents in yellow zone observation areas is maintained online and stored on a drive that is accessible by all nurse managers and administrative staff for on-going review and updating.

#### **V. Maintaining Equipment and Supplies**

- The facility, in collaboration with the Cattaraugus County Emergency Operations Center, has secured and will maintain 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. The facility maintains in-house supply as well as off-site storage of supplies that can be made readily available quickly upon request.

- 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)
- Typical burn-rates for the above-noted PPE have been established but may vary depending on the pathogen identified, transmission potential and known rate of infection within the facility. At times of critical crisis, where supplies are limited beyond the control of the facility, consideration will have to be given on the re-use of some PPE
- The 60-day supply of PPE will be stored and maintained at a location designated and agreed upon by the facility and the Cattaraugus County Emergency Operation Center.
- A contract has been established with Buffalo Pharmacies ensuring the ability to obtain necessary medications for the facility in the event of an emergency.
- The facility has and will maintain a 3-day supply of food and water per CMS/DOH regulations for all nursing homes. Contracts are in place with vendors to supply additional food and water for the facility, in addition to assistance from the Cattaraugus County Emergency Operations Center.
- The facility is also a member of the Western New York Mutual Aid PI

9/2020 TWS