

**ADMINISTRATIVE MANUAL OF POLICIES AND PROCEDURES - Infectious Disease/Pandemic Emergency Plan (PEP)**

**DEPARTMENT: INTERDISCIPLINARY**

**EFFECTIVE DATE: 8/24/2020**

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**APPROVED BY: SAFETY COMMITTEE**

**NEW: X**

**REVISED:**

**POLICY: X PROCEDURE: X**

**SUBJECT: Infectious Disease/Pandemic Emergency Plan (PEP)**

**POLICY:**

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.
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 patters, 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](http://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. 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**
1. Nursing homes must test staff or residents with signs or symptoms of COVID-19.
  2. If there is one new case in a facility, the facility must test **all previously negative staff and residents** every 3-7 days until no new cases are identified for at least 14 days since the most recent positive.
  3. Nursing homes must test staff at a frequency dependent on positivity in the county in the past week. This probably won't affect us because of our State weekly testing requirement, except that if a county positivity rate goes above 10% then the facility has to test twice a week per CMS.

4. Health care facilities using Point of Care COVID-19 testing devices under a CLIA Certificate of Waiver, will be required to report test results under this regulation.
  - 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.
- **Infection Control Surveillance for Residents**
  1. Nursing homes must test staff or residents with signs or symptoms of COVID-19.
  2. If there is one new case in a facility, the facility must test **all previously negative staff and residents** every 3-7 days until no new cases are identified for at least 14 days since the most recent positive.
  3. Nursing homes must test staff at a frequency dependent on positivity in the county in the past week. This probably won't affect us because of our State weekly testing requirement, except that if a county positivity rate goes above 10% then the facility has to test twice a week per CMS.
  4. Health care facilities using Point of Care COVID-19 testing devices under a CLIA Certificate of Waiver, will be required to report test results under this regulation.
    - 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.
    - 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.
- **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).
  - **Infection Control: Equipment and Environmental**
    1. Nursing staff will label resident personal items with the resident name and store items in the resident nightstand or in the appropriate bathroom cabinet.
    2. Nursing staff will clean and disinfect common use items before being used on another resident. Germicidal disposable wipes will be used on the following items for cleaning and disinfecting between resident use:
      - Stethoscopes,
      - BP cuffs and BP monitor
      - Over toilet commode chairs
      - Glucometers
      - Shower chairs
      - Thermometers
      - Pulse oximeter
      - Mechanical Lifts
    3. Maintenance will maintain a weekly schedule for washing and cleaning of all wheelchairs ensuring all wheelchairs are cleaned on a monthly basis.
    4. Housekeeping will clean and disinfect all W/P tubs, shower rooms and shower chairs on a daily basis. Nursing staff will disinfect tubs and shower chairs in between resident use, as per manufacturers recommendations for the W/P tub and will use germicidal disinfectant as directed for all other shared equipment. Any noted defects will be reported to maintenance.

5. Nursing staff will provide dedicated equipment for any resident requiring contact, droplet or airborne precautions. This will include all personal items, stethoscope, BP cuff/monitor, thermometer, wheelchair, lift sling if used, commode or shower chair. Items not able to be dedicated will be cleaned/disinfected in between resident use using germicidal disposable wipe.
6. The charge nurse will be responsible to ensure that all equipment is cleaned
7. and disinfected following discontinuation of precautions.
8. All lift slings are laundered nightly by the evening staff and hung to air dry.

#### **IV. Resident Cohorting**

##### **COVID-19 Green Zone**

- This area of the facility is for residents that have not been exposed to COVID-19.
- Staff if possible will be assigned to this area and will not work in the COVID-19 unit, red zone during that shift.
- Staff will don procedure mask at the beginning of each shift.
- Mask can be worn as extended use and do not need to be changed from resident to resident.

##### **COVID-19 Yellow Zone**

- This area of the facility is for residents that have been exposed to COVID-19.
- All residents will be provided with a mask that they can don while staff is providing care.
- Staff if possible will be assigned to this area and will not work in the COVID-19 unit, red zone during that shift.
- Staff will don face shield/goggles and mask at the beginning of each shift.
- Staff will don gowns and gloves for contact with any resident, doff, perform hand hygiene, and don clean gown and gloves before contact with another individual.

##### **Modified Use of Gowns On a Contact/Droplet Precaution For Exposed Residents**

- Following CDC guidance, gowns could be prioritized for the following activities:
  - During care activities where splashes and sprays are anticipated, including aerosol generating procedures.
  - During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as:
    - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.
- When no direct contact with the resident or the resident's immediate environment is reasonably anticipated, like meal tray and medication distribution, a gown may not be needed.
- Assure alcohol-based hand rub is easily accessible and hand hygiene is performed between all tasks.

##### **COVID-19 Red Zone**

- Residents on this unit are given a mask and can wear if tolerated when staff provide care.

- Dedicated staff are assigned to work on this unit for the entire shift and do not work in yellow or green zone.
- Staff are donning full PPE – N-95 (if fit tested), face shield/goggles, gown at the beginning of the shift.
  - Gowns or coveralls can be worn as extended use and do not need to be changed when going from resident to resident. They should be changed, if they are wet, soiled, or damaged, and when leaving the red zone area.
  - N-95, face shield/goggles can be cleaned and worn as extended use (if needed) and do not need to be changed when going from resident to resident. This PPE can also be cleaned and stored for continual use.

### **Admissions/Readmission/Hospitalization**

**All admissions and readmission will be reviewed to ensure appropriate placement in accordance with all applicable CMS and State regulation.**

- 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 resident's 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 entry 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.