

# **A.HOLLY PATTERSON EXTENDED CARE FACILITY**

**875 JERUSALEM AVENUE, UNIONDALE NY 11553**

## **PANDEMIC EMERGENCY PLAN**

### **Infectious Disease/Pandemic Emergency**

The A. Holly Patterson Extended Care Facility (AHP) was quick to respond to the COVID-19 Emergency declared by Governor Cuomo in March 2020. As the pandemic spread through New York, AHP took all the necessary measures to ensure the safety and health of its elderly and immunocompromised residents. State and Federal orders are updated frequently to continue tackling this novel virus; this document is in response to new regulatory requirements and responsibilities during a pandemic.

### **Preparedness Tasks for all Infectious Disease Events**

#### **1. Staff Education on Infectious Diseases**

AHP's Infection Preventionist (IP) and In-service Coordinator will continue to provide education on Infection Prevention and Management during orientation of new staff, as well as ongoing education on an annual and as needed basis to prepare all staff should AHP experience an outbreak of an infectious disease.

The IP and In-service Coordinator will continue to conduct annual competency-based education on the use of PPEs (hand hygiene and donning/doffing of PPE) for all staff.

The IP and In-service Coordinator will continue to provide in-service training for all staff on Infection Prevention policies and procedures as needed to prepare all staff in the event of an infectious outbreak including all CDC and State updates/guidance.

#### **2. Develop/Review/Revise and Enforce Existing Infection Prevention Control, and Reporting Policies**

AHP will continue to update and enforce existing infection prevention control and reporting policies. AHP will update the Infection Control Manual, which is available in a print form for all staff, annually or as may be required during an event. AHP management consults with local New York State Department of Health (NYS DOH) to ensure that any new regulations and/or areas of concern as related to Infection Prevention and Control are incorporated into the facility's Infection Control and Prevention Plan.

#### **3. Conduct Routine/Ongoing, Infectious Disease Surveillance**

The IP reviews all residents with infections as well as the usage of antibiotics, on a monthly basis so as to identify any trends and areas for improvement. These data trends will be reported through the Quality Performance Assurance Committee (QPAC).

The IP and a selected team will identify any issues regarding infection control and prevention daily, and identify root cause(s) of infections and update the facility action plans, as appropriate. The results of this analysis will be reported to QPAC.

All staff will continue to receive annual education regarding reporting change in resident's conditions using the STOP AND WATCH.

Facility acquired infections will be tracked and reported by the IP.

#### **4. Develop/Review/Revise Plan for Staff Testing**

AHP conducts staff testing in accordance with NYS regulations and Epidemiology recommendations for a given infectious agent.

The Director of Nursing checks daily for staff and resident testing results and takes immediate action in accordance with State and Federal regulations.

#### **5. Staff Access to Communicable Disease Reporting Tools**

AHP has access to Health Commerce System (HCS), and all roles are assigned and updated as needed for reporting to NYSDOH.

Selected staff members are given access to the NORA and HERDS surveys including the Administrator, Director of Nursing, and Infection Preventionist.

Should a change in staffing occur, the replacement staff member will be provided with access and training for the NORA and HERDS surveys. The Director of Nursing enters any data in NHSN as per CMS/CDC guidance.

#### **6. Develop/Review/Revise Internal Policies and Procedures for Stocking Needed Supplies**

The Director of Nursing, Infection Control Practitioner and other appropriate personnel frequently review the supplies inventory.

Preparations have been made for 4-6 weeks supply of medication for all residents should there be another state of emergency.

AHP has established par Levels for Environmental Protection Agency (EPA) approved environmental cleaning agents based on pandemic usage, and par levels of PPE.

## **7. Develop/Review/Revise Administrative Controls with Regards to Visitation and Staff Wellness**

All sick calls will continue to be monitored by Department Heads to identify any staff pattern or cluster of symptoms associated with infectious agent. Each Department maintains a line list of sick calls and reports any issues to the IP and Director of Nursing daily. All staff members are screened from a designated employee entrance to the facility to include symptom check and temperature screening.

Visitation was immediately suspended upon the declaration of a state of emergency. Visitors will be informed of any modifications to the visitation policies related to a pandemic and visitation restriction will be enforced and lifted in accordance with NYSDOH guidelines.

A contingency staffing plan is in place that identifies the minimum staffing needs. It prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The emergency staffing plan includes collaboration with local and regional DOH planning and CMS to address widespread healthcare staffing shortages during a crisis.

## **8. Develop/Review/Revise Environmental Controls Related to Contaminated Waste**

Areas for contaminated waste are clearly identified as per NYSDOH guidelines.

The facility follows all DOH regulations for the handling of contaminated waste. The onsite storage of waste is labeled and in accordance with all regulations. The handling policies are available in the Environmental Services Manual. Any staff involved in handling of contaminated product is trained in procedures prior to performing tasks and is given proper PPE.

AHP amends the policies and procedures on bio-hazardous wastes as needed for any new infective agents.

## **9. Develop/Review/Revise Vendor Supply Plan for Food, Water, and Medication**

AHP currently has a sufficient supply of food and water for 3-4 days. This is monitored on a quarterly basis to ensure that it is intact and safely stored. The facility also has adequate supply of stock medications for 4-6 weeks.

AHP has access to a minimum of 2 weeks supply of needed cleaning and sanitizing agents. The supply inventory is monitored and logged daily during a pandemic. The log is kept by the department director responsible for monitoring the supplies and will reports to administrator any specific needs and shortages.

## **10. Develop Plans to Ensure Residents Are Co-horted Based on Their Infectious Status**

AHP residents are isolated and cohorted based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control guidance.

The IP maintains communication with the NYS DOH and CDC to ensure that all new guidelines and updates are being adhered to with respect to Infection Prevention.

The cohort is divided into three groups: unknown, negative, and positive as it relates to the infectious agent.

Each resident will have a comprehensive care plan developed indicating the appropriate cohort group and specific interventions needed.

### **11. Develop a Plan for Co-horting Residents Using a Part of a Unit, a Dedicated Unit, or Group of Rooms**

AHP structured and prepared specific units to cohort residents. These areas will be clearly labeled and identified. Appropriate transmission-based precautions will continue to be adhered to for each of the cohort groups as stipulated by NYS DOH.

Staff is educated on the location of these isolation and cohort areas with each specific requirement.

Residents that require transfer to another healthcare provider have their cohort status communicated to the receiving provider. This information is also clearly documented on the transfer paper work.

The best practices are implemented in assigning caregivers to each cohort group while minimizing the number of different caregivers assigned.

### **12. Develop/Review/Revise a Plan to Ensure Social Distancing Measures**

AHP revised its communal dining guidelines and recreational activities policy during a pandemic to ensure that social distancing is adhered to in accordance with New York State and CDC guidance. Recreational activities will be individualized for each resident.

The facility also ensures staff break rooms and locker rooms allow for social distancing of staff. All staff is continuously educated on these updates as needed.

### **13. Develop/Review/Revise a Plan to Recover/Return to Normal Operations**

AHP adheres to directives as specified by, NYS DOH and CDC guidance at the time of each specific infectious disease or pandemic. This includes the implementation or restriction of activities and procedures.

The facility maintains communication with the local NYS DOH and CMS and follows guidelines for returning to normal operations. During the recovery period residents and staff have continued to be monitored daily in order to identify any symptoms that could be related to the infectious agent.

## **Additional Preparedness Planning Tasks for Pandemic Events**

### **1. Develop/Review/Revise a Pandemic Communication Plan**

The AHP Administrator in conjunction with the Social Service Director will ensure that there is an accurate list of each resident's representative, and preference for type of communication. AHP utilizes a telephone 'Hotline' that is updated daily with pandemic data. The number is 516-566-5069.

In order to maintain communication with their families and representatives, residents are assisted by staff in making phone calls and utilizing other communication services. A Staff Contact List was also established to notify all staff members of pandemic updates.

## **2. Develop/Review/Revise Plans for Protection of Staff, Residents, and Families Against Infection**

AHP will continue to:

1. Educate staff, residents, and representatives
2. Screen residents
3. Screen staff
4. Restrict visitation in accordance with NYS DOH and CDC guidance
5. Properly use PPE
6. Cohort residents and staff

## **Response Tasks for All Infectious Disease Events**

### **1. Guidance, Signage, Advisories**

AHP obtains and maintains current guidance and signage advisories from the NYS DOH and CDC on disease-specific response actions. The Infection Preventionist ensures that appropriate signage is visible in designated areas for newly emergent infectious agents. The Infection Preventionist ensures that there are clearly posted signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas.

### **2. Reporting Requirements**

AHP adheres to 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.

The Director of Nursing and Infection Preventionist report communicable diseases via the NORA reporting system on the HCS. They also report communicable diseases on NHSN as directed by CMS.

### **3. Signage** (*Will Refer to DOH Guidance, Signage, Advisories*)

### **4. Limit Exposure**

AHP has implemented procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYS DOH and CDC guidance, as well as with facility infection control and prevention program policies.

AHP has cohorted residents according to their infection status. The facility monitors all residents to identify symptoms associated with infectious agent.

Units are quarantined in accordance with NYSDOH and CDC guidance and every effort will be made to cohort staff.

AHP will continue to follow all guidance from NYSDOH regarding visitation, communal dining, and activities, and will update policies and procedures with any changes. Staff will be educated all with all updates/changes made.

AHP centralized entryways to ensure all persons entering the building are screened and authorized. Hand sanitizer is available upon entrance to facility, exit from elevators and other areas as required per CDC and DOH guidelines.

## **5. Separate Staffing**

AHP implemented procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.

## **6. Conduct Cleaning/Decontamination**

AHP will continue to conduct cleaning and decontamination in response to the infectious disease. This utilizes cleaning and disinfection products and agents specific to infectious diseases and organisms in accordance with any applicable NYS DOH and CDC guidance.

## **7. Educate Residents, Relatives, and Friends About the Disease and the Facility's Response**

AHP implemented 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.

All residents receive updated information on the infective agent, mode of transmission, requirements to minimize transmission, and all changes that will affect their daily routines.

## **8. Policy and Procedures for Minimizing Exposure Risk**

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

Consultants that service the residents in the facility are notified and arrangements made for telehealth, remote chart review, or evaluating medically necessary services until the recovery phase according to State and CDC guidelines.

## **9. Advise Vendors, Staff, and Other Stakeholders on Facility Policies to Minimize Exposure Risks to Residents**

Subject to any superseding New York State Executive Orders and/or NYS DOH guidance that may otherwise temporarily prohibit visitors, the facility will continue to advise visitors and vendors to limit/discontinue visits to reduce exposure risk to residents and staff.

Emergency staff including EMS will be informed of required PPE to enter facility

Vendors are directed to drop off needed supplies and deliveries in a designated area to avoid entering the building. AHP will implement closing the facility to new admissions in accordance with any NYS DOH directives relating to disease transmission.

## **10. Limiting and Restriction of Visitation**

AHP will continue to limit and or restrict visitors as per the guidelines from the NYS DOH.

Residents and representatives will be notified as to visitation restrictions and/or limitations as regulatory changes are made. Notification will be by email or postal service, per the representative's preference.

## **Additional Response Tasks for Pandemic Events**

### **1. Ensure Staff are Using PPE Properly**

Appropriate signage is posted at all entry points, and on each residents', door indicating the type of transmission-based precautions that are needed.

All staff receives continued re-education and have competency done on the usage/donning and doffing of PPE.

Infection Control rounds are made by the IP, supervisory staff, and any designee to monitor for compliance with proper use of PPE. The facility has a designated person to ensure adequate and available PPE is accessible on all shifts and staff are educated to report any PPE issues to their immediate supervisor.

### **2. Post a Copy of the Facility's PEP**

AHP will continue to make a copy of the PEP form readily available upon request. The PEP plan will be available for review and kept in a designated area.

### **3. The Facility Will Update Family Members and Guardians**

AHP communicates with residents and representatives as per their preference i.e. email, text messaging, calls/robocalls and document all communication preference in the residents' medical record.

During a pandemic, representatives of residents that are symptomatic and/or has tested positive are notified by the medical staff as to the resident's status.

Representatives are notified when a resident experiences a change in condition.

The Hotline messages are be updated every 24 hours indicating any newly confirmed cases and/or deaths related to the infectious agent. All residents are provided with daily access to communicate with their representatives. The type of communication is as per the resident's preference i.e. video conferencing/telephone calls, and/or email.

#### **4. The Facility Will Update Families and Guardians Once a Week – (See Section 3 Above)**

#### **5. Implement Mechanisms for Videoconferencing**

AHP provides residents and their representatives daily access to remote videoconference or equivalent communication methods at no cost. The Director of Therapeutic Recreation and Designee arranges the time for all videoconferencing.

#### **6. Implement Process/Procedures for Hospitalized Residents**

AHP implemented processes and procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care setting 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(i); and 42 CFR 483.15(e).

Prior to admission or readmission the Director of Nursing and IP review hospital records to determine resident needs and facility's ability to provide care including co-horting and treatment needs.

#### **7. Preserving a Resident's Place**

The facility has implemented processes 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).

#### **8. The Facility's Plan to Maintain at Least a Two-month Supply of Personal Protective Equipment (PPE)**

AHP has implemented procedures to maintain at least a two-month (60 day) supply of PPE (including consideration of space for storage) or any superseding requirements under New York State Executive Orders and/or NYS DOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic.

This includes, but is not limited to:

- N95 respirator masks
- Face shields/Eye protection
- Isolation gowns
- Gloves
- Surgical masks
- Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic).
- AHPECF calculates daily usage/burn rate to ensure adequate PPE.

## **Recovery of all Infectious Disease Events**

### **1. Activities/Procedures/Restrictions to be Eliminated or Restored**

AHP reviews and implements procedures provided in NYS DOH and CDC recovery guidance issued at the time of infectious disease spread or a pandemic. These procedures include visitation, safety, recreation, food and nutrition, and medication administration.

### **2. Recovery/Return to Normal Operations**

AHP communicates any relevant activities regarding recovery and return to normal operations, with staff, families, guardians, and other relevant stakeholders.

The facility ensures that during the recovery phase, all residents and staff will be monitored and tested to identify any developing symptoms related to the infectious agent in accordance with State and CDC guidance.

The facility screens and tests outside consultants that re-enter the facility, as per the NYS DOH guidelines during the recovery phase.