Pandemic Emergency Plan (PEP)

PURPOSE:

The purpose of this plan is to provide Schofield Residence with a framework for health care preparedness planning and continued operation during a pandemic infection (i.e. Influenza, SARS, and COVID-19).

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).

A Pandemic Emergency Plan has been developed to protect the well-being of residents, staff, and visitors. In addition to an annual assessment, several resources have been and will continue to be utilized from federal, state, county governments, emergency management agencies/authorities, and trade organizations (NYSHFA and LeadingAge NY) and actual experience to create and update this plan. This plan will be reviewed at least annually.

Schofield Residence also has an Emergency Preparedness Plan (EPP) in place. This Pandemic Emergency Plan is an annex to and supplements the EPP. In some instances, the Pandemic Emergency Plan will be the same as the EPP. Where it is different or unique, this will be indicated throughout this document.

This plan provides a structure or guide for the following areas:

1. Communications

Schofield Residence shall:

a. Designate the resident's assigned Social Worker, upon admission and regularly as needed, but at least annually, determine a record of all authorized family members and guardians, and include secondary (back-up) authorized contacts, as applicable.

b. Update authorized family members and guardians of residents infected with the pandemic infectious disease at least once per day and upon a change in the resident's condition.
c. Update all residents and authorized family members and guardians once per week on the number of pandemic infections and pandemic deaths at the facility.
d. Provide all residents with daily access to free remote videoconferencing, or similar communication methods, with authorized family members and guardians. This will be provided through the Activities Department and will be communicated routinely upon admission and by regular communication between the Activities staff and the resident and/or their representative, family member or guardian in a method selected by them.

2. Infection Protection Plans for Staff, Residents and Families.

Schofield Residence plan includes:

a. If a resident requires readmission to the facility after hospitalization for the pandemic infectious disease, the Infection Preventionist and Interdisciplinary Team will consider multiple factors. Such factors will include, but not be limited to, the infection control requirements, staffing requirements and availability, available Personal Protective Equipment (PPE), current census, bed availability in the designated cohort areas, the number of staff and resident pandemic cases, current community cases, and the ability of the facility to provide quality resident care.
b. The facility shall comply with all other applicable State and federal laws and regulations, including but not limited to 10 NYCRR 415.19, 415.3(i)(3)(iii) and 415.26(i); and 42 CFR 483.15(e).
c. In the event there are only one or a few residents with the pandemic disease in the facility, they will be isolated in their room and placed on precautions until a test result confirms their status. If the test is negative, they will remain in quarantine with precautions in their room until their symptoms subside. If necessary, the medical provider may order additional tests to rule out virus transmission.
d. If there is more than one resident having the pandemic infectious disease, Infection Preventionist and the Interdisciplinary Team will determine corresponding plans for cohorting, including:
    i. Use part of the Second Floor North Hall group of rooms at the end of the hallway;
    ii. Discontinue any sharing of any bathroom with residents outside of the cohort
    iii. The number of readmissions will not exceed the number of rooms in the cohort area.
e. The Infection Preventionist and Interdisciplinary Team will ensure proper identification of the area for residents with the pandemic infectious disease,

including demarcating reminders for healthcare personnel. This will be completed immediately by Inservice staff, Nursing Supervisors or designee, using signage approved by the Infection Preventionist and placed at the entrance to the hall or outside the resident room.

f. The Infection Preventionist and Interdisciplinary Team will determine the procedures for preventing other residents from entering the cohort area. This may be accomplished by setting up visual barriers or other physical barriers that do not violate Life Safety regulations. It may also be signage with regular staff monitoring. The method will be communicated to all staff.
g. The facility Administrator will regularly determine cohorting needs and capabilities through the Home's Quality Assurance and Performance Improvement Committee. If the Home is unable to set up cohort areas or no longer sustain cohorting efforts, the Administrator and/or Infection Control Nurse will notify regional Department of Health offices and local departments of health immediately.

3. Supply of Personal Protective Equipment (PPE)

a. The facility will maintain a two-month (60 day) supply stored in the facility or in close proximity climate-controlled storage unit.
b. The supply will be based on census and a burn rate based on DOH existing guidance and regulations; in the absence of such guidance, facilities should consult the Center for Disease Control and Prevention (CDC) PPE burn rate calculator.
c. The facility will adjust the supply based on protocols outlined in guidance that are specific to the pathogen and illness circulating at the time of the pandemic. Whenever possible, the facility will strive to maintain a supply that can handle worst case scenarios without implementing shortage or other mitigation efforts.
d. The supply level will be also based on the PPE necessary for both residents and staff in order to continue to provide services and supports to residents, given the current guidance on various supplies and strategies from the CDC.
e. Supplies to be maintained include, but are not limited to:
    1. N95 / KN95 respirators
    2. Face shield
    3. Other Eye protection
    4. Gowns/isolation gowns
    5. Disposable Gloves
    6. Surgical or procedure masks
    7. Hand Sanitizer
    8. Disinfectants in accordance with current EPA Guidanc

4. Preserving a Resident's Place

The facility has a long-standing practice of maintaining a resident's place at the Home when the resident is hospitalized. Exceptions may be if the resident's care cannot continue to be provided in a safe and quality manner or if they are considered a risk to the health and safety of others. Such exceptions will be compliance with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d) (6) and 42 CFR 483.15(e).

5. Communicable Disease Reporting

a. What must be reported?
   i. The facility will report suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.8
   ii. Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees will be reported to NYSDOH by the Infection Control Nurse or designee. This may be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, faxing an Infection Control Nosocomial Report Form (DOH 4018) on the DOH public website may also be done.
   iii. The Infection Preventionist and Interdisciplinary Team will conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Healthcare associated infection outbreaks may also be reported to the local health department (LHD) as requested.
   iv. A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) will be reported to the local health department (LHD) by the Infection Control Nurse or designee.
      a. If the reportable communicable disease is suspected or confirmed to be acquired at the Home, it must also be reported to the NYSDOH by the Infection Control Nurse or designee. This can be done electronically via the NORA, or, by faxing an Infection Control Nosocomial Report Form (DOH 4018).
   v. Reports must be made to the Erie County Health Department and submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.

vi. Categories and examples of reportable healthcare-associated infections include: – 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.

vii. A list of diseases and information on properly reporting them follows:

1. 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.
2. A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
3. Clusters of tuberculin skin test conversions.
4. A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
5. Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
6. Closure of a unit or service due to infections.

viii. Additional information for making a communicable disease report:

1. The Home's Infection Control Nurse or designee will contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA.
2. For assistance after hours, nights and weekends, New York State Watch Center (Warning Point) may be called at 518-292-2200.
3. Erie County Health Department at (716) 858-7690 or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.