

 <p>Little Sisters of the Poor <b>JEANNE JUGAN RESIDENCE</b></p>	<p><b>POLICIES AND PROCEDURES</b></p> <p><u>Title:</u> <b><i>Emergency Management Pandemic Emergency Plan (PEP)</i></b></p>
<p><u>Department:</u> All Departments</p>	<p><u>Date Initiated:</u> August 2020 <span style="float: right;"><i>Rev 09/14/20</i></span></p>

The facility's **Pandemic Emergency Plan (PEP)** includes strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic.

The following document outlines the hazard-specific preparedness, response, and recovery activities that the facility shall address or accomplish in cases of an epidemic or pandemic emergency.

The Local Health Department (LHD) of each New York State county, maintains prevention agenda priorities compiled from community health assessments. The tasks noted in this plan include the identified LHD priorities and focus areas. The facility shall use this information in conjunction with an internal risk assessment to modify the current plan as needed and to set priorities, policies and procedures.

This document also includes all elements required for inclusion in the facility's Pandemic Emergency Plan (PEP), as specified within the new subsection 12 of Section 2803, Chapter 114 of the Laws of 2020, for infectious disease events that rise to the level of a pandemic.

A summary of the key components of the facility's PEP is as follows:

- Facility Communication Plan,
- Protection plans against infection for staff, residents, and families, including the maintenance of a 2-month (60 day) supply of infection control personal protective equipment and supplies (including consideration of space for storage), and
- A plan for preserving a resident's place in and/or being readmitted to a residential health care facility or alternate care site if such resident is hospitalized, in accordance with all applicable laws and regulations.

Finally, any appendices and documents, such as regulations, executive orders, guidance, lists, contracts, etc. that the facility creates that pertain to the tasks in this document, should be attached to the corresponding **Appendix R of the Facility's CEMP** rather than attached here, so that this document remains a succinct plan of action.

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

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

- The Facility Infection Preventionist (IP) in conjunction with the In-service Coordinator/Designee, must provide education on Infection Prevention and

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Management upon the hiring of new staff, as well as ongoing education on an annual basis and as needed should a facility experience the outbreak of an infectious disease.

- The IP/ Designee will conduct annual competency-based education on hand hygiene and donning/doffing Personal Protective Equipment (PPE) for all staff.
- The IP in conjunction with the In-service Coordinator/Designee will provide in-service training for all staff on Infection Prevention Policies and Procedures as needed for 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**

- The facility will continue to review/revise and enforce existing infection prevention control and reporting policies. The Facility will update the Infection Control Manual, which is available in print form for all staff, annually or as may be required during an event. From time to time, the facility management will consult with local Epidemiologist to ensure that any new regulations and/or areas of concern as related to Infection Prevention and Control are incorporated into the Facilities Infection Control Prevention Plans.

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

- The Emergency Management Team (EMT)/Quality Assurance (QA) Team will have a meeting weekly or as needed to identify any issues regarding infection control and prevention and discuss updates in the federal, state and CMS guidelines.
- As needed, the Director of Nursing (DON)/Designee will establish Quality Assurance Performance Projects (QAPI) to identify root cause(s) of infections and update the facility action plans, as appropriate. The results of this analysis will be reported to the QA committee.
- All staff are to report any significant changes in a resident's condition to supervisory staff for follow up. This shall be mentioned in the daily end-of-shift report or shall be done promptly in cases of emergency.
- Facility-acquired infections, as well as the Antibiotic Stewardship, will be tracked/reported by the IP and will be presented to the quarterly Quality Assurance (QA) Meeting so as to identify any trends and areas for improvement.

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

- The Facility will conduct staff testing, if indicated, in accordance with NYS regulations and Epidemiology recommendations for a given infectious agent.
- The facility shall have prearranged agreements with laboratory services to accommodate any testing of residents and staff including consultants and agency staff. These arrangements shall be reviewed by administration not less than annually and are

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subject to renewal, replacement or additions as deemed necessary. All contacts for labs will be updated and maintained in the communication section of the Emergency Preparedness Manual.

- Administrator/ DON/Designee will check daily for staff and resident testing results and take action in accordance with State and federal guidance.

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

- The facility has access to Health Commerce System (HCS), and all roles are assigned and updated as needed for reporting to NYSDOH.
- The following Staff Members have access to the NORA and HERDS surveys: Administrator, Director of Nursing, Infection Preventionist/Assistant Director of Nursing. Should a change in staffing occur, the replacement staff member will be provided with log in access and Training for the NORA and HERDS Survey.
- The IP/DON will enter any data in NHSN as per CMS/CDC guidance.

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

- The Medical Director, Director of Nursing, Infection Control Practitioner, Safety Officer, and other appropriate personnel will review the Policies for stocking needed supplies.
- The facility has contracted with Pharmacy Vendor to arrange for 4-6 weeks supply of resident medications to be delivered should there be a Pandemic Emergency.
- The facility has established par levels (4 weeks-worth) of Environmental Protection Agency (EPA) approved environmental cleaning agents based on pandemic usage.
- The facility has established par levels for PPE (60 days as per NYSDOH).

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

- During a pandemic, sick calls will be monitored by Department Heads to identify any staff pattern or cluster of symptoms associated with causative infectious agent related to the current pandemic. All staff members are screened on entrance to the facility to include symptom check and thermal screening.
- Visitors will be informed of any visiting restriction related to an Infection Pandemic and visitation restriction will be enforced/lifted as allowed by NYSDOH.
- A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional DOH planning and CMS to address widespread healthcare staffing shortages during a crisis.

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

- Areas for contaminated waste are clearly identified as per NYSDOH guidelines
- The facility environmental coordinator shall follow all Department of Environmental Conservation (DEC) and DOH rules for the handling of contaminated waste. The onsite storage of waste shall be 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 shall be trained in procedures prior to performing tasks and shall be given proper PPE.
- The facility will amend the Policy and Procedure on Biohazardous wastes as needed related to any new infective agents.

### **9. Develop/Review/Revise Vendor Supply Plan for food, water, and medication**

- The facility currently has a 3-4 days' supply of food and water available. This is monitored on a monthly basis to ensure that it is intact and safely stored.
- The facility has adequate supply of stock medications for 4-6 weeks.
- The facility has access to a minimum of 4 weeks supply of needed cleaning/sanitizing agents in accordance with storage and NFPA/Local guidance. The supply will be checked regularly and weekly as needed during a Pandemic. A log will be kept by the Department head responsible for monitoring the supply and reporting to Administrator any specific needs and shortages.

### **10. Develop Plans to Ensure Residents are Cohorted based on their Infectious Status**

- Residents are isolated/cohorted based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control guidance.
- The facility Administration maintains communication with Local Epidemiologist, NYS DOH, and CDC to ensure that all new guidelines and updates are being adhered to with respect to Infection Prevention.
- The Cohort will be divided into three groups: Unknown, Negative, and Positive as it relates to the infectious agent.
- The resident will have a comprehensive care plan developed indicating their Cohort Group and specific interventions needed.

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

- The facility will review/revise the Policy on Communal Dining Guidelines and Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidance.
- Recreation Activities will be individualized based on resident preference.
- The facility will ensure staff break rooms and locker rooms allow for social distancing of staff.
- All staff will be re-educated on these updates as needed.

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

- The facility will adhere to directives 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.
- The facility will maintain communication with the local NYS DOH and CMS and follow guidelines for returning to normal operations. The decision for outside consultants will be made on a case by case basis taking into account medical necessity and infection levels in the community. During the recovery period residents and staff will continue to be monitored daily in order to identify any symptoms that could be related to the infectious agent.

## **B. Additional Preparedness Planning Tasks for Pandemic Events:**

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

- The Administrator in conjunction with the Business Office Manager/Social Service Director will ensure that there is an accurate list of each resident's Representative, and preference for type of communication.
- Communication of a pandemic includes utilizing established Staff Contact List to notify all staff members in all departments.
- The Facility will update website on the identification of any infectious disease outbreak of potential pandemic.

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

The following shall be addressed in the main Policy and Procedure of the specific pathogen causing the pandemic:

- Education of staff, residents, and representatives

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- Screening of residents
- Screening of staff
- Visitor Restriction as indicated and in accordance with NYSDOH and CDC
- Proper use of PPE
- Cohorting of Residents and Staff

### C. Response Tasks for all Infectious Disease Events:

#### 1. Guidance, Signage, Advisories

- The facility will 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.
- The IP/Designee will ensure that appropriate signage is visible in designated areas for newly emergent infectious agents
- The IP/Designee will ensure that appropriate signage is visible in designated areas to heighten awareness on cough etiquette, hand hygiene and other hygiene measures in high visible areas.

#### 2. Reporting Requirements

- 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 Appendix P of the Facility CEMP for reporting requirements).
- The DON/IP will be responsible to report communicable diseases via the NORA reporting system on the HCS
- The DON/IP will be responsible to report communicable diseases on NHSN as directed by CMS.
- The DON/Designee will be responsible for reporting requirements of the Health Commerce System, e.g. HERDS survey reporting

#### 3. Conduct Cleaning/Decontamination

- The facility will conduct cleaning/decontamination in response to the infectious disease utilizing cleaning and disinfection product/agent specific to infectious disease/organism in accordance with any applicable NYSDOH, EPA, and CDC guidance.

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

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

### **5. 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 NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will 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 will be directed to drop off needed supplies and deliveries in a designated area to avoid entering the building.
- The facility will implement closing the facility to new admissions in accordance with any NYSDOH directives relating to disease transmission

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

- The facility will limit and or restrict visitors as per the guidelines from the NYSDOH
- Residents and Representatives will be notified as to visitation restrictions and/or limitations as regulatory changes are made.

## **D. Additional Response Tasks for Pandemic Events:**

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

- The facility shall implement a Respiratory Protection Plan
- Appropriate signage shall be posted at all entry points, and on each residents' door/area indicating the type of transmission-based precautions that are needed.
- Staff members will receive re-education as needed and have competency done on the donning and doffing 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.

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

- The facility will post a copy of the facility's PEP in a form acceptable to the commissioner on the facility's public website and make available immediately upon request.
- The PEP plan will be available for review and kept in a designated area (Incident Command Center - Administration Office)

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

- The facility will communicate with Residents, Representatives as per their preference i.e. Email, text messaging, calls and document all communication preference.
- During a pandemic, representatives of infected residents will be notified **daily** regarding resident status and when a resident experiences a **significant change** in condition by nursing staff.
- Representatives will be notified **weekly** on the status of the pandemic at the facility including the number of pandemic infections and related deaths.
- Residents will be notified with regards to the number of cases and deaths in the facility unless they verbalize that they do not wish to be notified.
- All residents will be provided with daily access to communicate with their representatives. The type of communication will be as per the resident's preference i.e. video conferencing/telephone calls, and/or email.

## 4. Implement Mechanisms for Videoconferencing

- The facility will provide residents with no cost, daily access to remote videoconference or equivalent communication methods, if desired, with representatives.
- The Director of Recreation/Designee will arrange for the time for all videoconferencing.

## 5. Implement Process/Procedures for Hospitalized Residents

- 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(i); and 42 CFR 483.15(e).
- The facility will implement 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).
- Prior to Admission/readmission the DON/designee will review hospital records to



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determine resident needs and facility's ability to provide care including cohorting and treatment needs.

### **6. The Facility's Plan to Maintain at least a two-month supply of Personal Protective Equipment (PPE)**

- The facility 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 NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic.
- This includes, but is not limited to:
  - N95 respirators
  - Face shield
  - Eye protection
  - Isolation gowns
  - Gloves
  - Masks
  - Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)
  - Facility will calculate daily usage/burn rate to ensure adequate PPE

## **E. Recovery for all Infectious Disease Events:**

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

- The facility 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.

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

- The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.
- The facility will ensure 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 will screen and test outside consultants that re-enter the facility, as per the NYS DOH guidelines during the recovery phase.