

PUTNAM NURSING AND REHABILITATION CENTER

Putnam Nursing and Rehabilitation Center
Policy and Procedure

Policy Name: Pandemic Emergency Plan	Issue Date: 3.5.2020	Revision Dates: 3.13.2020; 3.25.20, 4.4.2020; 4.10.2020; 9.12.2020 3.8.2021, 8/16/2021 10/2021, 12/2022, 12/2023
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POLICY: It is the Policy of Putnam Nursing and Rehabilitation Center, (PNRC) to comply with all guidelines and regulations issued by the Governor of the State of New York, NYSDOH and the CDC as they relate to any type of infectious pandemic. The highest / most stringent standard will be followed when guidance from these governmental entities are in conflict. A copy of the PEP will be readily available to all staff, residents and visitors in the facility, as well as the facility’s website

The PEP will be initiated when an infectious disease is increasing and sustaining human-to-human transmission in the United States and/or abroad, and a Pandemic has been declared by national, state, and/or local governing bodies

EMERGENCY PROCEDURE: In the event of a pandemic

- a. Most qualified staff member assumes duty of the Incident Commander
- b. Administrator and Director of Nursing will be notified(if not on premises)
- c. Facility Management staff will report to Incident Command Center for briefing and Instruction

SUPPORTIVE INFORMATION: This Pandemic Emergency Plan represents PNRC’s plan to proactively prevent and /or minimize the spread of any infectious organism during a pandemic state. In addition it outlines facility practices to promote the mental and physical well – being of the staff and residents during the time of the pandemic period. Policies / Procedures as they related to the specific infectious organism. This Plan will be posted on social media and web site and will be available for review upon request at the facility.

PROACTIVE ACTIONS: The Administrator; Infection Control Nurse; Director of Nursing; Housekeeping Coordinator; and Director of Maintenance will monitor local and nation-wide trends indicating a potential for a pandemic infectious event. Upon recognizing potential for a pandemic infectious event the facility will increase disinfection of frequently touched surfaces, using EPA guidance, from daily to twice per day or as determined by Infection preventionist. Staff and visitors are already encouraged to not enter the facility if

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exhibiting signs/symptoms of a communicable illness. Staff, designated representatives and residents will be kept informed of the evolving potential threat.

RELATED POLICIES AND PROCEDURES: Please refer to the Transmission Based Precautions Policy and Procedure. (Enhanced Droplet Precautions refers to the utilization of both contact and Droplet Precautions including the use of a face shield for the employee.) In addition: please refer to Policies / Procedures relating to Handling of Resident Packages; Safe Package Handling; Clothing Intake; Outbreak Management and Visitation. Emergency credentialing/staffing portal

Note: Policies / Procedures specifically related to the evolving pandemic infectious organism will be developed and current Policies / Procedures modified as necessary.

I. COMMUNICABLE DISEASE REPORTING

1. The Infection Control Nurse / designee will report suspected or confirmed communicable diseases as mandated under NYS Sanitary Code (10 NYCRR 2.10) as well as by 10NYCRR 425.19 via the Nosocomial Outbreak Reporting Application (NORA) on the NYS Health Commerce System (HCS) If the HCS is down then an Infection Control Nosocomial Report Form (DOH 4018), found on the DOH public website, will be faxed to the DOH.

Note: A single case of a reportable disease or newly apparent / emerging organism that may prove to be infectious is reportable to both the Local County Health Department and if believed to be acquired at the Nursing Home to the NYS Department of Health. Reports should be made within 24 hours of diagnosis unless immediate reporting is warranted. Immediate reporting should be done by phone and followed up with a written report.

2. Contact Information:

NYS Regional Epidemiologist Phone: 914-654-7057

NYS Regional Epidemiologist Fax: 914-654-7173

NYSDOH MARO Office Healthcare Epidemiology / Infection Control Program (for general questions:

<http://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional.epi.staff.html> or after hours/nights/weekends (518)-292-2200

NYSDOH Bureau of Communicable Disease Control 518-473-4439 or after hours 866-881-2809

To obtain Reporting Forms (DOH-389) 518-474-0548

II. COMMUNICATION

1. Information regarding resident contacts is kept in the Electronic Medical Record. In addition, upon admission and quarterly this information will be updated including the primary and secondary (if applicable) contacts

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preferred method to be contacted. Social Worker / designee will be responsible to update the information in the Electronic Medical Record.

2. A second comprehensive list will be maintained by the Facility Receptionist in the event that the EMR is not available.
3. In the event that a resident tests positive for the infectious organism family will be notified by the Nursing Staff and updated daily and with any condition changes per their desired method of communications (excluding texting as texting is not HIPPA secure).
4. In the event that a resident, staff member, or contract staff member were to test positive for the infectious organism all residents will be informed by the Social Service Staff/ designee with-in 24 hours. All primary contacts for the residents will be notified by the Social Service Staff/ designee (except those residents who were considered to have close contact with the individual who tested positive – the Nursing Staff will provide notification) with-in 24 hours with a follow-call.
5. Communication firm that will follow up with professional recording robocalls. The secondary contact will be notified only if unable to make contact with the Primary contact. All staff will be notified by their Department Head within 24 hours with a follow-up written notification from the Administrator/designee. Note: All resident contact notification will be done using their preferred method of notification.
6. For the duration of the pandemic the Administrator/designee will communicate whenever there is a newly diagnosed case.
7. Social Service/designee will notify all resident contacts as identified previously, via their preferred method, weekly regarding the status of the facility.

The facility encourages residents and their families / friends to use SKYPE; ZOOM; Face Time to maintain contact. If the resident cannot initiate contact or requires assistance the Activities Department/ therapy will arrange the meetings on a 7 day / week basis. Equipment is available to facilitate these meetings and is provided by the facility if the resident does not have their own devices.

All attempts will be made to provide all residents with daily access to free remote videoconferencing, similar communication methods, or, when feasible and allowable, resident/family requested methods of communication.

e. Communication during a pandemic includes notification of staff members, vendors, providers, and volunteers, etc. of the status of the pandemic outbreak. Alerting affected personnel can include, but is not exclusive to, phone calls, the facility website or social media pages, or posted signage and the facility entrance points

8. Required communications must be by electronic means or other methods selected by each family member or guardian
9. Phone contact is also encouraged. Both the Activities Staff and Nursing Staff will assist in facilitating the contact. Phones are available throughout the facility if the resident does not have personal access to a phone.

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10. If In-person visitation is suspended at any time during the pandemic communication will be increased at the resident/family request
11. Infection Control Nurse/Designee will update the Infection Control Bulletin Board with current information regarding the Pandemic and Staff Supports available.

III. INFECTION CONTROL

1. Informal screening will convert to formal screening for both staff and residents upon the direction of the Infection Control Nurse / designee.

Upon the onset of formal screening all individuals entering the building will be directed to enter/exit the building via the Front Entrance. All individuals entering the facility will be screened based upon the presenting symptoms of the infectious organism. Any individual screened to have positive symptoms will not be allowed to enter the remainder of the building.

Upon the onset of formal screening residents will be screened daily for the presenting symptoms of the infectious organism. Any resident found to have symptoms of the infectious organism will be placed in the appropriate Transmission Based Precautions.

2. The Resident screening positive will be assessed by the medical provider and appropriate diagnostics ordered.
3. If the resident tests positive for the organism s/he will be relocated to the 2 EAST unit for the duration of illness. Their room will be terminally cleaned.
4. All individuals who had contact with the resident testing positive will be required to self-screen twice and report any symptoms to the Infection Control Nurse.
5. Any resident who had contact with the resident testing positive will be screened twice per day for symptoms.
6. During a pandemic event residents will only go to community appointments deemed to be medically necessary.
7. Utilization of transport services will occur as follows: preferred – taxi transport; community medical transport (except EMS) – provider must provide their disinfection plan prior to facility utilizing services for the resident.
8. Mail will be picked up and delivered by post office, packages will remain in vestibule
9. All community outing will be canceled.
10. Adjustments will be made regarding communal dining and group activities based upon the transmission of the infectious organism.
11. The 2 East Unit will be established as an Observational/ Isolation unit. 1 set of fire doors will remain closed. Both entrance / egress doors as well as confirmed case room doors are to **have red stop signs** posted re: **DO NOT ENTER**. Residents residing on 2 east, when established as the **“ISOLATION UNIT”**, will not be able to exit the unit except for essential medical appointments during their “Observation” or “Isolation” Period. If the number of infected / suspected infections / observational residents exceed the number of available beds on 2 EAST, consideration will be given to establishing other Units in order to cohort and maintain separation from the non-infected population. .

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12. Bathrooms will not be shared between those residents in observation or precautions. Bathrooms will not be shared with residents outside the cohort
13. Staffing assignments will be based upon minimizing contact between those caring for residents who are suspected of or who have been diagnosed with the infectious agent.
14. PPE: The facility will maintain, at all times, a minimum supply of 60 days PPE based upon identified burn rates of each type. This includes N95 masks, gloves, gowns, face shields/ eye protection, hand sanitizer, and disinfectants as identified by EPA Guidance for Cleaning / Disinfection. Adequate storage space is available on the facility grounds including storage rooms within the facility and a large intact, weather secure shed outside the facility

IV. OTHER

1. All attempts will be made to treat the resident, who has become ill with the infectious organism, in place. If the resident requires hospitalization, when ready to return to the facility, the resident will be assigned to a privately occupied room for the period of designated post hospitalization observation period and then returned to his/her prior room. The only exceptions to this would be if the facility was not able to deliver the medically ordered care or the resident preferred to transfer to a different room available to him/her

V. Vaccination and Antiviral Usage

- a. The facility will follow the guidance of the Medical Director in accordance with standards of practices from the NYSDOH and CDC as it pertains to prescribing and administering medication and treatments to residents and staff to treat the pandemic-related infectious disease.
- b. The ICP or designee will communicate with The Centers for Disease Control (CDC) and the Health Department to obtain the most current recommendations and guidance for the usage, availability, access, and distribution of vaccines and antiviral medications during a pandemic.
- c. Guidance from the State Health Department will be sought to estimate the number of staff and residents who are targeted as first and second propriety for receipt of the pandemic vaccine or antiviral prophylaxis. A plan is in place to expedite delivery of vaccine or antiviral prophylaxis to Skilled Nursing Facilities.
- d. Consent will be obtained from resident/family/affected person, and education provided, before administering any vaccine or antiviral medication.
- e. The facility will follow state and federal guidance for those resident/staff who refuse treatment

VI. Admissions and Readmissions

- a. The facility will follow state and federal guidance pertaining to the admission and readmission of residents with a communicable disease.
- b. All Admissions and Readmission will be screened prior to entrance to the facility and placed in a designated cohort as determined by the facility policies and procedures. (See Addendum 9: “Admission of Residents with a Communicable Disease.”)

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- c. The facility has policies and procedures to cohort confirmed positive, confirmed negative/non-precautionary, suspected/precautionary, new admissions, re-admissions or groups.
- d. Facility will comply and adhere to the perseverance of resident's place at the facility when resident is hospitalized and will comply 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

VII. OCCUPATIONAL HEALTH

- a. All staff are screened for pandemic illness and exposure prior to reporting to their assigned duties and as mandated based on shift duration.
- b. Practices are put into place that addresses the handling of symptomatic staff and facility staffing needs, including:
 - i. Handling of staff members who fail the facility screening protocol
 - ii. Staff members who develop symptoms while at work
 - iii. When staff members who are symptomatic, but well enough to work, are permitted to continue working as dictated by the CDC or NYSDOH
 - iv. Staff members who need to care for ill family members or infected residents
 - v. Determining when staff may return to work after having pandemic-related illness.
- c. Staff will consult with the IP or designee prior to being excused from, or returning to work
- d. A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizing critical and non-essential services, based on resident's needs and essential facility operations. The staffing plan includes collaboration with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis, as well as any government waivers altering required licenses/certifications to provide resident care.
- e. All attempts will be made to have mental-health or faith-based resources available to provide counseling to staff and residents during a pandemic.
- f. If and when available, vaccinations of staff are encouraged and monitored.
- g. High risk employees may be monitored and managed by placing them on administrative leave or altering their work assignment
- h. If staff have any questions including but not limited to: what to do during Pandemic, where to seek education, any responsibilities, etc. they are to speak to IP/designee, unit manager or supervisor,

VIII. EDUCATION AND TRAINING

- a. The IP/designee is responsible for coordinating education and training on the pandemic event. Local health department and hospital-sponsored resources are

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researched, as well as usage of web-based training programs. The website www.cdc.gov is considered a resource

- b. Education and training of staff members regarding infection control procedures, transmission-based precautions, as well as respiratory hygiene/cough etiquette are ongoing to prevent the spread of infections, but particularly at the first point of contact with a potentially infected person
- c. Education and training will include the usage of language and reading-level appropriate, informational materials, such as brochures, posters on Pandemic event, as well as relevant policies. Such materials should be developed or obtained from www.cdc.gov

IX. SUPPLIES, SURGE CAPACITY, and EVACUATION

- a. Administration/designee will ensure the facility has adequate supply of food, water, and medical supplies to sustain the facility if a pandemic occurs. The stored amount is regulated by capacity. Office of Emergency Management will be contacted for any assistance needed
- b. Plans include strategies to help decrease hospital bed capacity in the community
- c. In the event of a facility evacuation, the facility will attempt to evacuate resident cohorts are evacuated together