

PANDEMIC EMERGENCY PLAN

In an event that a pandemic occurs and the facility is effected by the pandemic the facility will implement the infection control plan consisting of Communication, Infection Protection, Preserving Residents Place, and PPE, and Staffing.

Staff Education

The Facility Infection Control Educator in conjunction with the In-service Coordinator, must provide education on Infection Prevention and 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 Infection Control Educator will conduct annual competency-based education on hand hygiene and donning/doffing Personal Protective Equipment (PPE) for all staff.

The Infection Control Educator in conjunction with the In-service Coordinator 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.

Refer to the policy and procedure Infection Prevention Policy for more detailed information.

Education to Residents and Family Members

The facility will 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 via emails, phone calls, and letters.

Updates to residents, their families, their representatives, and staff members shall be provided or each subsequent time a confirmed infection is identified. In these updates facilities should include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered.

The facility shall limit or suspend visitation based on the guidelines from the DOH. Residents and family/designated representatives will be notified of any visitation restrictions or limitations.

Education to Vendors

The facility shall provide all vendors, and other relevant entities of the policies and procedures to minimize exposure and transmission risk. Appropriate signage shall be posted at all entry points, and on each residents', door indicating the type of transmission-based precautions that are needed.

Communication Plan

The facility will update and communicate with the resident's emergency contacts and guardians that were provided to the facility upon admission. Communication will be made with the contacts one time per week via E-mail service and via the phone with robo-calls.

Phone calls will be made specifically to the family members of those who are infected by the pandemic virus. Updates to those emergency and guardian contacts will be made once a day with progress of the resident and any change in the resident's condition.

In the event of any new infection case or a death due to the virus the facility will communicate with all emergency contacts and guardians. The communication will continue on a weekly basis and continue until the pandemic has completed.

The facility will provide resident access to iPad's in the facility in order to virtually communicate with their family members and loved ones. iPad's can be reserved for 30 minute durations by requesting them from the recreation department. In addition, if family members would like to speak with a resident in the facility they can email communication@thegrandhealthcare.com. This email address will be communicated to all emergency contacts and guardians of residents in the facility.

Refer to Policy Procedure COVID-19 Guidance for Resident and Family Communication in Adult Care Facilities and Nursing Homes

Infection Protection (Plans for staff, residents and families)

All entrances to the facility will be closed and all access to the facility will be at the front door where the receptionist will conduct daily screening. Daily screening will monitor for signs and symptoms of staff entering the facility. Temperatures will be taken of each employee and disinfectant spray will be applied to the hands of those entering the building.

Staff will be tested on a weekly basis and in the event of a positive test the staff member will be informed and removed from the schedule. An in-service will be conducted for all Staff with updates and executive orders, and facility status.

Preserving a resident's place at the facility

In the event that a resident leaves the facility due to hospitalization, the resident will be allowed to return to the facility, and placed in to the designated observation area 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).

Residents will be kept in the designated observation area. The residents in the designated area will be put on droplet precaution and placed in quarantine for up to fourteen days. Residents will be tested upon arrival to the facility. Upon receiving one negative test and/or fourteen day quarantine the resident will then be able to be relocated back in to the general population.

Social Service, Nursing and Admissions departments will coordinate cohorting of residents in the building and the Administrator and DOH will be informed when the cohorting reached its limits.

Resident Reduction Transmission and Ongoing Infection Disease Surveillance and Cohorting

In order to reduce the transmission of the virus and conduct on going infection disease surveillance a designated unit in the facility will be assigned to cohort all confirmed and symptomatic cases. In addition a room in the area will be designated for the staff to properly remove their PPE and disinfect from the rooms they are treating residents. The changing room will be between the cohorting section and the general population in order not to spread any transmission. Units will be designated to house those who are effected by the virus and as the cases in the facility reduce, then the number of rooms will reduce as well.

At daily Morning Meeting, the team will identify any issues regarding infection control and prevention. All staff are to receive annual education as to the need to report any change in resident condition to supervisory staff for follow up. Staff will identify the rate of infectious diseases and identify any significant increases in infection rates and will be addressed.

Refer to Infection Control Surveillance for more detailed information.

Staff Cohorting

The facility shall implement procedures when possible to separate staffing to care for each infection status cohort, including surge staffing strategies. Staff will not be allowed to float between units and assigned floors will be implemented.

Refer to emergency staffing policy

Staff Testing and Laboratory Services

The Facility will conduct staff testing, if indicated, in accordance with NYS regulations. The facility shall have prearranged agreements with laboratory services to accommodate any testing of residents and staff including consultants and agency staff. All contacts for labs will be updated and maintained in the communication section of the Emergency Preparedness Manual. Administrative Staff will check daily for staff and resident testing results and take action in accordance with State and federal guidance.

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 HERDS surveys: Administrator, Assistant Administrator, Director of Nursing, Assistant Director of Nursing, and Human Resources. Should a change in staffing occur, the replacement staff member will be provided with log in access and Training for the HERDS Survey. The designee will enter any data in NHSN as per CMS/CDC guidance. All staff are provided with computers and internet access in order to input all the information.

Stockpiling PPE, Medication , and Cleaning Agents

PPE, medication and cleaning agents will be purchased for the facility, enough will be purchased for a two month supply, and calculated as if the entire facility would be effected by the virus. Items will be purchased for the staff and the residents that may be going in and out for doctor appointments. PPE will be stored in the designated storage units and will be distributed by the Central Supply department and distributed as needed.

The PPE may consist of the following items:

1. N95 respirators
2. Face shield,
3. Eye protection
4. Gowns/isolation gowns,
5. Gloves,
6. Surgical Masks
7. Sanitizer and disinfectantsk

Infection Control Educator will make rounds of the facility to ensure that there will be adequate supply in each unit.

PPE will be distributed to all the staff and the staff on the floor will enter the room with appropriate PPE as is required for droplet precaution.

The facility has established a location in the facility to store all of the supplies and the area will be overseen by the Central Supply department.

The Grand facility is contracted with LI Script Pharmacy for regular medication supply services. LI Script maintains contracts with local pharmacies to ensure minimal disruption of medication supply services in the event of a disruption of their normal delivery services.

Vendor Supply Plan for re-supply, water and other supplies

The facility is in contract with Betram Foods to deliver food and water and will replenish the food and water supply as needed. The facility currently has 7 days' supply of food and water available. There are 750 gallons of water in five-gallon storage bottles in storage for emergency supply. This is monitored on a quarterly basis to ensure that it is intact and safely stored and not expired. The facility has adequate supply of stock medications for 4-6 weeks and gets weekly replenishments.

Family Visitation

Visitors will be informed of any visiting restriction related to an Infection Pandemic and visitation restriction will be enforced/lifted as allowed by NYSDOH.

Refer to the Family Visitation Policy for more details.

Staff Wellness

Staff will be surveyed every morning and questioned per the NYSDOH guidelines.

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.

Refer to Emergency Staffing Policy for detailed information.

Refer to Mandatory Personnel COVID-19 Testing Policy for more detailed information.

Disinfecting Surfaces

Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.

Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for 2019-nCoV in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against 2019-nCoV.

Clean and disinfect highly-touched areas such as desks, walls of hallways, hand rails, doorknobs, remote controls, countertops, optical mouse for computers, tablets, cellphones, touchscreens, keypads and bedside tables.

Disinfectant Station will be located at high traffic areas as well as elevator banks throughout the facility. All staff will be reminded to throughout the day to wash their hands and disinfect the surfaces around them.

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. 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.

Refer to the Policy of Waste Management for more details

Social Distancing

The facility will review and revise policy on use of communal spaces (including but not limited to; activities rooms, communal dining rooms, patio area, breakrooms and common spaces) in accordance with DOH and CDC guidelines.

Floors shall be clearly marked to denote safe social distances in communal spaces (noted above) where applicable.

If social distancing cannot be safely achieved within the given communal space, activities normally held within those locations may be limited or suspended entirely.

Staff will be educated on social distancing procedures as needed.

Refer to social distancing policy for more details

Pandemic Information Gathering

The Administrator and DON will stay up to date on daily information scripts from state and local authorities for proper guidelines and updates about severity or control of outbreak. Continued cooperation with local Emergency Management Office shall strengthen the assistance during a supply runout.

Local Emergency Management Office shall be available for assistance and is listed in the Emergency Management Phone List.

Return to Normal Operation

Reopening of the facility will be dependent on the facilities ability to meet specific benchmarks and develop a reopening plan via the NYSDOH guidelines.

The facility will adhere to guidelines from the DOH and CDC at the time of each specific infectious disease or pandemic event. These guidelines shall pertain to how, when, which activities/procedures/restrictions may be lifted or restored and the timing of when those changes may be executed. The facility will communicate with the NYSDOH 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.