

The Grand Rehabilitation and Nursing at Great Neck

Annex E: Infectious Disease/Pandemic Emergency Plan

The Grand Rehabilitation and Nursing at Great Neck has developed a Pandemic Emergency Plan which will be implemented in the event that a pandemic has the potential to effect the facility's residents, staff and operation. State and Federal governments have enacted additional requirements for the safe operation of a skilled nursing facility. This document lays out the required elements of new legal and regulatory responsibilities during a pandemic which includes staff education, development and review of policy, disease surveillance, testing, reporting, procurement and storage of supplies, cohorting of residents, visitation, and the return to normal operation.

Preparedness Tasks for all Infectious Diseases

Staff Education on Infections

- The Facility Infection Preventionist in conjunction with Inservice Coordinator/ Designee 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 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 Inservice 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 Infection Prevention and Control Manual

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.

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

Refer to Pandemic Policy and Procedure

Refer to Suspension of Visitation Policy

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.

Refer to Visitation Policy and Procedure

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. 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.

Conduct Routine/Ongoing, Infectious Disease Surveillance

- The Quality Assurance (QA) Committee will review all resident infections as well as the usage of antibiotics, on a monthly basis so as to identify any trends and areas for improvement.
- At daily Morning Meeting, the IDT team will identify any issues regarding infection control and prevention.
- 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 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.
- Facility acquired infections will be tracked/reported by the Infection Preventionist.

Refer to Policy and Procedure: Infection Control Surveillance

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 has prearranged agreements with laboratory services to accommodate any testing of residents and staff including consultants and agency staff.
- Administrator/ DON/Designee will check daily for staff and resident testing results and take action in accordance with State and federal guidance.

Refer to Staff Testing Policy and Procedure

Administrative Controls with regards to Visitation and Staff Wellness

- All sick calls will be monitored by Department Heads to identify any staff pattern or cluster of symptoms associated with infectious agent. Each Dept will keep a line list of sick calls and report any issues to IP/DON during Morning Meeting. All staff members are screened on entrance to the facility to include symptom check and temperature 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

Refer to Emergency Nurse Staffing Policy and Procedure

Environmental Controls related to Contaminated Waste

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

Refer to Infection Prevention and Control Manual

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, and 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/designee will enter any data in NHSN as per CMS/CDC guidance
Refer to HERDS Reporting Policy and Procedure

Reporting Requirements

- The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases.
- The DON/Infection Preventionist will be responsible to report communicable diseases via the NORA reporting system on the HCS
- The DON/Infection Preventionist/ Administration will be responsible to report communicable diseases on NHSN as directed by CMS.

Stockpiling Needed Supplies

- 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. Supply will be based off of the burn rate of thirty days at a full census. PPE will be stored in the designated storage units and will be distributed by the Central Supply department and distributed as needed per the Director of Nursing.
- The PPE will consist of the following items:
 1. N95 respirators
 2. Face shield,
 3. Eye protection
 4. Gowns/isolation gowns,
 5. Gloves,
 6. Masks, and
 7. Sanitizer and disinfectants in accordance with current EPA
- 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. In the event that a

resident needs the restroom, each room has its own restroom and the staff will only be able to assist while wearing the proper PPE.

- The facility as 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 at Great Neck is contracted with Specialty Pharmacy for regular medication supply services. Specialty Pharmacy maintains contracts with local pharmacies to ensure minimal disruption of medication supply services in the event of a disruption of their normal delivery services.

Communication Plan

- Notification will be provided to staff members, residents, residents' family, residents' guardians, or representatives when persons working or residing in the long-term care facility are confirmed with a pandemic infection (ie. COVID-19).
- Required communications will be made by electronic means or other method selected by the resident representative.
- Phone calls will be made specifically to the family members of those who are infected by the pandemic virus. The phone calls resident representatives 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 residents and resident representatives.
- This communication will continue on a weekly basis and continue until the pandemic has completed. The facility will provide all residents at no cost daily access on a rotational basis, remote videoconferencing thru Zoom or Facetime with family members/legal representatives. All video conferencing should be prearranged and scheduled appointments through the facility's Recreation team.

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

Refer to Policy and Procedure on Virtual Visits

Preserving a Resident's Place in 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 isolation 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).
- Prior to Admission/Readmission the Director of Nursing/ Designee will review hospital records to determine resident needs and the facility's ability to provide care including cohorting and treatment needs.

- Residents who return to the facility will be admitted to a designated area will be put on precaution indicated for the infection disease. They will remain in quarantine for designated period of time. Residents will move out of the designated area of the facility following the quarantine period and have a negative test, if indicated.

Refer to Policy and Procedure on Dedicated Space/ Stepdown Unit

Ensure Residents are Cohorted based on their Infectious Status

- Residents are isolated/cohorted based on their infection status in accordance with applicable NYSDOH and CDC guidance.
- There is a dedicated unit that is for cohorting residents
- Residents will not share bathrooms with anyone outside of their like cohort.
- Cohorts will have proper identification of the area for residents with the pandemic disease which may include demarcating reminders for staff.
- All attempts will be made to have dedicated caregivers assigned to each Cohort group and to minimize the number of different caregivers assigned.

Refer to Policy and Procedure on Dedicated Space/ Stepdown Unit

Separate Staffing

- The facility will implement procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.

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 for each resident.

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.

Refer to Environmental Cleaning /Disinfection Policy and Procedure

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.

Post a Copy of the Facility's PEP

- The facility will post a copy of the facility's PEP 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 at the Reception Desk.