

## **Annex K: Infectious Disease Pandemic, Pandemic Emergency Plan (PEP)**

### **Introduction:**

The Grand Rehabilitation and Nursing at Pawling has developed and committed to a Pandemic Emergency Plan (PEP) and is designed to provide a safe and expedient response in the event of a disease outbreak. An infectious disease is transmitted by particles of respiratory secretions from the nose or mouth. Some diseases that are transmitted may or may not manifest primarily with respiratory symptoms. Although there are many infectious diseases that may be transmitted by respiratory aerosols, this is meant to address diseases that cause significant morbidity and mortality and represent a significant threat to the health of the community.

### **OUTBREAK WITHIN THE FACILITY:**

A horizontal isolation plan shall be implemented and activated. This isolation plan should prevent the spread of the disease to other units, or wings, for this matter. Preventing residents from accessing other units and proper staff precautions should ensure containment of the disease in one particular area and should enable medical personnel to concentrate in eliminating the infection more specifically.

#### **Isolation:**

Affected residents should be horizontally evacuated to a quarantine unit assigned to contain infected and residents showing symptoms and the like.

#### **Restrictions:**

Affected residents should be restricted from roaming or wandering into other units, mingling with other residents in Dining Rooms or Dayrooms or any common areas.

### **OUTBREAK OUTSIDE THE FACILITY:**

Following a community outbreak resulting in an emergency pronouncement from the local authorities of an epidemic outbreak, a total lockdown of the facility shall be implemented, thereby protecting and isolating the residents from becoming infected. Visitation may not be allowed, or strictly limited. Therefore, alternative methods of communication between the family members and the residents shall be made available such as social media and virtual communications. Phone lines are available for the residents to use to communicate with the family members.

Supply deliveries and vendors are to drop off items outside the building and will be collected by staff for proper disinfection prior to delivery to staff or residents. Repairs, unless critical and urgent, are to be implemented at the discretion of the Maintenance Director. Outside contractors, if necessarily urgent, shall be escorted into the building by maintenance personnel and escorted to the front desk for verifications and symptom check. When in the building, technicians shall wear the PPE at all times and obey facility protocol at all times.

Staff are discouraged from leaving the facility once clocked in until the end of the shift. Proper guidelines shall be implemented by the Infection Control Officer for use of PPE and other protection. Staff, upon entry to the building, shall use the available PPE stationed before entry to the building.

#### **INFECTIOUS DISEASE EVENTS:**

#### **STAFFING:**

The Grand at Pawling has developed an emergency plan for response to crises which includes the Emergency Staffing Plan and Sick Time Policy. This policy will provide for special handling of staffing and attendance and leave issues during a declared State of Emergency. This policy provides for a guideline of expectations and may be updated or rescinded in accordance with crisis response. This policy attempts to balance the need for continuation of essential services and resident safety with the need to ensure the health and wellbeing of employees of The Grand Healthcare System. All employees of The Grand Healthcare System are considered essential. (See emergency staffing policy for further details and agencies)

#### **STAFF EDUCATION:**

- In the event of an infectious disease pandemic, the infection preventionist will educate all staff on the risks, symptoms, prevention of transmission, reporting policy, and use of PPE concerning the specific nature of the infectious disease event. (See policy for specific details)
- The facility shall develop, revise, and enforce infection control policies based on developing information concerning infectious diseases under guidance from the DOH and the CDC.

#### **SURVAILANCE:**

The Grand at Pawling shall closely monitor all residents and staff who exhibit signs/symptoms of infection. The nurse or nursing assistant will notify the ICP of suspected infections and record the information on the Infection Control Surveillance Form. If this is an unusual suspected infection or if the resident's condition is considered critical, the ICP will be notified immediately, as well as the Director of Nursing. The Physician and family (or responsible party) will be notified of any change in resident's condition. (Refer to surveillance policy)

#### **STAFF TESTING:**

In the event of an infectious disease pandemic that requires testing in accordance with DOH, all staff at The Grand at Pawling shall be tested based on the guidelines of the DOH as per facility policy. This policy shall be regularly updated and enforced to meet any and all changes in DOH guidelines in infectious disease control. The facility will collect, store, and send testing samples as per the guidance of the state and local health depts. (Refer to policy concerning collection and handling of sample collection)

- The Grand at Pawling is currently contracted with BioReference Laboratories (481 Edward H Ross Dr, Elmwood Park NJ. 07407, TEL: 800-229-5227) for testing services.

**REPORTING:**

The infection control preventionist / designee has ready access to report outbreaks on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys).

**RESIDENTS LEAVING THE BUILDING FOR APPOINTMENTS AND HOSPITALIZATION:**

When resident leaves the building for appointments and hospitalization, a complete disinfection of the room shall be implemented as precautionary measure especially in the quarantine unit. Once a resident leaves the building, it is the assumption that the resident is getting exposed to the disease and should be quarantine in the appropriate cohort upon return. Once received in the facility upon coming back, a temperature check and symptom recording is done prior to the resident being brought to the assigned cohort. A fourteen-day quarantine shall take effect upon return. If a resident leaves the facility again for another appointment, the isolation period shall restart upon their return.

If a resident has been tested and found to be infected after coming back to the facility, assignment to the Positive Cohort shall be implemented. Additionally, proper hygiene and PPE use is expected from staff treating the resident and everyone in contact with said resident.

A continuous lockdown shall be implemented and restrict residents from wandering into other cohort units or common areas, especially to the positive cohort unit (refer to section; *Resident Cohorting*).

**SCREENING FOR SYMPTOMS:**

Every resident shall be checked at least once daily, and as needed, for fever, cough, or other symptoms related to the disease:

- Temperatures can be taken by using thermal scanners, non-contact thermometers, and contact thermometers whichever available and perfectly calibrated for use.
- Residents showing symptoms related to the disease shall immediately seek medical attention. Emergency warning signs shall be made available by the local authorities for reference. Any severe signs displayed by resident shall be disclosed with the EMS provider upon arrival.
- All staff must also undergo symptom checking upon entering the facility, and every 12 hours thereafter, while on duty.
- Any staff with display of symptoms must be sent home immediately and in accordance to the NYSDOH guidelines.

## **ISOLATION AND QUARANTINE:**

**“Isolation”** is when an individual who is sick is separated from others, to avoid spreading the disease. They shall remain in isolation until they are no longer infectious. Isolation may be voluntary or on legal orders from the local health department.

- Residents suspected or confirmed infected shall be isolated in a room by themselves.
- Multiple residents that are confirmed to be infected may share a room, if a private room is not available.
- Residents suspected to be infected or under observation should not share a room with a resident confirmed infected.
- Residents suspected to have been infected should not share a room with another resident suspected to have been infected, if possible, in case one of them has been and the other hasn't been.
- All residents in isolation shall be given a surgical face mask and wear it at all times especially when staff are in the room to prevent further spread.
- Staff entering an isolation room should wear a mask, gloves, gown and eye protection.

**“Quarantine”** is when a person is unwell and is separated from the others for a certain period of time, to prevent spread of disease. This may be voluntary or on legal orders from the local health department.

Anyone in close contact with an infected person shall be quarantined for 14 days

Close contact shall mean the following criteria:

- Living in the same household
- Direct physical contact
- Direct contact with infectious secretions
- Being in the same small enclosed area with an infected person

Any staff meeting the criteria mentioned above must be quarantined according to the Department of Health's Guidelines.

## **HYGIENE:**

All residents and staff shall implement proper hygiene by washing hands frequently for at least 20 seconds. Practice sneezing, coughing etiquette and after using the bathroom.

Use available hand sanitizers and disinfecting wipes for hard surfaces and frequently-touched parts of the building, such as the rails, walls, door knobs and desks.

Avoid touching face, eyes, mouth, and nose with unwashed hands.

## **ENVIRONMENTAL CLEANING & CONTROLS:**

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.

Contaminated waste is to be disposed of in appropriate waste containers, which are clearly identified. The facility will abide by all mandates for the handling of contaminated waste. The onsite external storage of medical waste shall be labeled in accordance with all regulations. (Refer to policy on waste management handling, and disinfecting)

## **MEDICAL SUPPLY INVENTORY:**

Medical Director, Director of Nursing, Infection Control Preventionist, Safety Office, Human Resource Coordinator/ other appropriate personnel will review inventory levels of medication, PPE, and cleaning agents to ensure minimal disruption of services in the event of a "shelter in place" or other short-term outside disruption of supply delivery.

The Grand at Pawling regularly stocks OTC medications.

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

## **SUPPLY OF FOOD & WATER:**

In the event of a partial or total loss of the municipal potable water service, The Grand at Pawling is contracted with Gilmore Water Co., who shall deliver 6,000 US gal of potable water via tanker truck.

US Foods and Bertram Foods are also contracted to provide resupply of food items as directed. The facility is also contracted with US Foods and Bertram Foods who shall provide bottled water to replenish the three-day supply maintained in emergency stock.

## **INFORMATION GATHERING:**

Watch newscasts and 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.

## **PANDEMIC EVENTS:**

### **INFORMATION AND COMMUNICATION:**

A record of all authorized family members is to be safely kept in the Admissions Office for easy retrieval with the following information:

- NAME OF PRIMARY AUTHORIZED CONTACT PERSON
- RELATIONSHIP TO RESIDENT
- ADDRESS AND CONTACT NUMBER
- PREFERRED MEANS OF CONTACT
- If by e-mail, PROVIDE E-MAIL ADDRESS

### **COMMUNICATION:**

The Grand at Pawling must provide notification 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). Such notification shall identify whether the individual was a staff member or resident. The facility shall not, however, reveal personally identifying information about the individual, including name, except as necessary to notify the resident's family or representative and to ensure staff members take sufficient safety precautions.

These updates must be provided to the primary contact person daily through their preferred contact means. Ie:

- Resident's changes in condition or resident's location (if resident has been transferred for isolation and/or have been transferred to another facility for further observation and treatment.
- Details of resident's status, including but not limited to: Date of testing and detection
- Possible treatment the resident is receiving to combat infection
- Update in the facility's decrease/increase of cases and deaths.

The following notifications must be provided within 24 hours after the facility's administration becomes aware of the event, unless sooner notification is required:

- A verbal communication thru a robo-call shall be provided immediately to a resident's family,
  - and a resident's representative whenever a resident receives confirmation of a pandemic infection.
- A notification shall be provided within 24 hours to each resident of the facility, resident's family, representative, and to staff members, updates all residents and authorized family members and guardians once per week on the number of infections and deaths at the facility
  - 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.
  - A verbal communication thru a robo-call shall be provided immediately to a resident's family and a resident's representative whenever the long-term care facility receives notice a resident has died from a pandemic infection.
  - 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. Residents to stay in touch. All video calls should be prearranged and scheduled appointments with our Recreation team.
  - The facility will provide to the public (via the web site and social media) a reasonable overview of the nature of the infectious disease and the specific steps the facility is taking to ensure the health and safety of its residents.
  - The facility shall provide all staff, vendors, and other relevant entities of the policies and procedures to minimize exposure and transmission risk.
  - The facility will provide updates concerning recovery/return to normal operation to family or designated contacts, staff, and other relevant entities.

#### **RESPONSE TO ALL INFECTIOUS DISEASE:**

The facility will implement procedures to obtain and maintain current guidance, signage, advisories from the NYSDOH and CDC on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease: list facility-specific procedures to obtain/maintain/enact guidance.

The Infection Preventionist/Designee will ensure that appropriate signage is visible in designated areas for infectious agents

The Infection Control Practitioner will be responsible to ensure that there are clearly posted signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas.

The Infection Preventionist/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.

#### **REPORTING REQUIREMENTS:**

The facility will ensure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the NYS sanitary code (10NYCRR 2.10 pt 2).

The infection control preventionist / designee will be responsible to report communicable diseases via the NORA reporting system on the HCS and has ready access to report all outbreaks on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys).

#### **LIMIT EXPOSURE:**

#### **RESIDENT COHORTING:**

All Residents shall be placed within one of four designated cohorts based on their assessed level of exposure to an infectious illness to limit transmission of the disease. Following processes to place residents within pre-determined cohorts shall be required within the facility. When resident go out for hospitalization, dialysis, or regular physical check-up, and returns to the facility, regardless of testing. Residents that are Positive, Negative, or Suspected following development of symptoms but no definitive testing has been done, resident goes into the assigned STEP-DOWN UNIT. (See cohorting policy)

- a. Cohort 1; Confirmed positive cases: Following a positive test result, residents will be moved into the Positive Cohort, Rooms 201A, 202A, and 203A.
- b. Cohort 2; Suspected Cohort: Following identification of illness symptoms, residents who exhibit symptoms but have yet to be confirmed cases are to be located in the Suspected Cohort, Rooms 204A and 206A.
- c. Cohort 3; Observation Cohort: Residents returning from hospitalization or extended outside procedures shall be quarantined within the Observation Cohort where symptoms can be monitored for 14 days preceding further action. Observation Cohort: Room 205A/B, and Rooms 207A/B through 217A/B.
  - i. Cohorts shall be clearly labeled. Resident rooms shall be labeled with isolation type, and PPE requirements for entry.
  - ii. Contact between staff and residents shall be limited to either A). Designated staff only, or B). Non-immune designated staff using mandated PPE while in the cohort.
  - iii. All PPE shall be disposed of upon leaving the given resident room into a designated PPE Disposal container. PPE shall not be worn between rooms or outside the specific cohort.
  - iv. Medical equipment (resident wheel chairs, concentrators, or other individual medical devices) are to remain within the given cohort. Medical equipment shall be cleaned and disinfected as part of the Environmental Cleaning plan.
  - v. Residents in a given cohort are not permitted to leave their rooms to “free roam” hallways/common areas, unless to use bathrooms within that cohort.

- vi. Resident bathroom access shall be confined to only the bathroom(s) within the designated Cohort area.
- d. Cohort 4; Negative Cohort: Residents who have not displayed symptoms and have tested to be negative of infectious disease after the quarantine period shall be housed in rooms within unit 100 and unit 300.
  - i. Staff and resident interaction restrictions to follow standard operating procedures.

#### **STAFF COHORTING:**

The facility shall implement procedures when possible to separate staffing to care for each infection status cohort, including surge staffing strategies. (Refer to emergency staffing policy)

#### **Cleaning / Decontamination**

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 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. (Refer to cleaning/disinfecting policy and procedure)

#### **EDUCATION TO RESIDENTS & FAMILIES:**

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.

#### **ADDITIONAL RESPONSE, PANDEMIC EVENTS:**

The facility shall provide all staff, vendors, and other relevant entities of the policies and procedures to minimize exposure and transmission risk (Refer to vendor list).

Appropriate signage shall be posted at all entry points, and on each residents', door indicating the type of transmission-based precautions that are needed.

Staff members will receive re-education and have competency done on the donning and doffing of PPE. (Refer to PPE policy)

Infection Control rounds will be made by the DON, IP, and designee to monitor for compliance with proper use 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.

**POST 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 at the front desk.

**UPDATEING FAMILY:**

A record of all authorized family members is to be safely kept in the Admissions Office for easy retrieval with the following information:

- NAME OF PRIMARY AUTHORIZED CONTACT PERSON
- RELATIONSHIP TO RESIDENT
- ADDRESS AND CONTACT NUMBER
- PREFERRED MEANS OF CONTACT
- If by e-mail, PROVIDE E-MAIL ADDRESS

These updates must be provided to the primary contact person daily through their preferred contact means. Ie:

- Resident's changes in condition or resident's location (if resident has been transferred for isolation and/or have been transferred to another facility for further observation and treatment.
- Details of resident's status, including but not limited to: Date of testing and detection
- Possible treatment the resident is receiving to combat infection
- Update in the facility's decrease/increase of cases and deaths.

The notifications will be provided within 24 hours after the facility's administration becomes aware of the event, unless sooner notification is required.

**WEEKLY UPDATES:**

A notification shall be provided within 24 hours to each resident of the facility, resident's family, representative, and to staff members, updates all residents and authorized family members and guardians once per week on the number of infections and deaths at the facility.

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. Residents to stay in touch. All video calls should be prearranged and scheduled appointments with our Recreation team.

**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).

Prior to Admission/readmission the DON/designee will review hospital records to determine resident needs and facility’s ability to provide care including cohorting and treatment needs.

**PRESERVING A RESIDENT’S PLACE:**

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).

**PPE:**

**60-DAY SUPPLY BUFFER:**

On top of the current supply for daily use of The Grand Rehabilitation and Nursing at Pawling in normal operation, a 60-day supply of Personal Protective Equipment shall be stored and secured in the white house storage area only to be accessed by authorized personnel. HR, Housekeeping and Administrator.

The buffer supply shall consist of the following items:

N95 FACE MASKS	4,800 pcs
REGULAR FACE MASKS	19,800 pcs
FACE SHIELDS/ GOGGLES	4,800 pcs
GOWNS	7,040 pcs
GLOVES OF VARIOUS SIZES	180,000 pcs
HAND SANITIZERS	24 gals or equivalent
DISINFECTING SUPPLIES	
And other supplies deemed necessary for a pandemic.	

These supplies shall be inspected every month and rotated every quarter with the most current deliveries to avoid expiration and spoilage and such record to keep an updated list should be signed off in a clipboard stored in that storage room by the Housekeeping Director/Designee of The Grand Rehabilitation and Nursing at Pawling.

The facility will remain in regular contact with the DOH and or the CDC to keep up to date information on any specific infectious disease events/pandemics and procedures.

**SOCIAL DISTANCING:**

The Grand at Pawling will review and revise policy on use of communal spaces (including but not limited to; activities rooms, communal dining rooms, patio areas, breakrooms and hallways) 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 in social distancing procedures as needed. (Refer to social distancing policy)

#### **FACILITY RECOVERY**

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

The Grand at Pawling 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 Grand at Pawling 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.