



**Department
of Health**



RUTLAND NURSING HOME

Comprehensive Pandemic Emergency Management Plan (PEP)

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Annex E: Infectious Disease/Pandemic Emergency

The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including the type of biological agent, the scale of exposure, mode of transmission, and intentionality. Infectious disease emergencies can include outbreaks, epidemics, and pandemics. The facility must plan effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of a pandemic.

The following Infectious Disease/Pandemic Emergency Checklist outlines the hazard-specific preparedness, response, and recovery activities the facility should plan for that are unique to an incident involving infectious disease as well as those incidents that rise to the occasion of a pandemic emergency. The facility should indicate for each checklist item how they plan to address that task.

The Local Health Department (LHD) of each New York State county maintains prevention agenda priorities compiled from community health assessments. The checklist items noted in this Annex include the identified LHD priorities and focus areas. Nursing homes should use this information in conjunction with an internal risk assessment to create their plan and to set priorities, policies, and procedures.

This checklist 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.

To ensure an effective, comprehensive, and compliant plan, the facility should refer to information in Annex K of the CEMP Toolkit to fully understand elements in the checklist, including the detailed requirements for the PEP.

A summary of the key components of the PEP requirements for pandemic situations is as follows:

- Development of a Communication Plan,
- Development of protection plans against infection for staff, residents, and families, including the maintenance of a 2-month (60 days) 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 Annex, and/or refers to in this Annex, should be attached to the corresponding Annex K of the CEMP Toolkit rather than attached here, so that this Annex remains a succinct plan of action.

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	Required	Preparedness Tasks for Infectious Disease Events	Site-Specific Details
1.	✓	<p>In accordance with PEP requirements, Develop/Review/Revise a <u>Pandemic Communication Plan</u> that includes all required elements of the PEP</p>	<p>Rutland Nursing Home (RNH) is a 466-bed long term care facility of the Kingsbrook Jewish Medical Center in Brooklyn, New York.</p> <p>The Admission’s Office, maintains an electronic version of the resident’s demographic information. This also includes information on the next of kin and/or legal representative. During the admission process, the social worker will request from the resident and/or their representative details on how they wish to receive communication, i.e., hard copy, via text, email, or another method. The social worker will document if the family member/guardian does not wish to receive updates.</p> <p>The Staffing office will maintain an updated staff contact list to notify all staff of any pandemic activity. This listing will be made available to all managers for notification purposes.</p> <p>The facility will obtain and maintain current guidance, signage advisories from NYSDOH and CDC on disease-specific actions. Should any infectious disease outbreak of potential pandemic occur within the facility, RNH will immediately update the signage and website accordingly.</p> <p>The Infection Preventionist/designee will ensure that appropriate signage is visible in designated areas. Signage will address newly emergent infectious agents as well as cough etiquette, hand washing techniques, and other hygiene measures in high visibility areas.</p>

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2.	✓	<p>In accordance with PEP requirements, Development/Review/Revise <u>plans for protection of staff, residents, and families</u> against infection that includes all required elements of the PEP.</p>	<p>The Department of Infection Control and Preventionist (IPC) or designee is responsible for reporting communicable diseases via the Nosocomial Outbreak Reporting Application (NORA) reporting system on Health Commerce System (HCS).</p> <p>The Infection Prevention and Control policies and procedures outline how to protect residents, staff, and families against infection. These include, but are not limited to:</p> <ul style="list-style-type: none"> • Providing ongoing staff education verbally, in writing, or electronically; • Providing staff with re-education as often as needed; • Reviewing all newly identified infections and antibiotic usage; reporting to the facility's QAPI/Infection Prevention and Control Committee; • Screening all residents and staff for any potential signs of infection; • Reporting communicable diseases to the Department of Health; • Restricting visitors/vendors as indicated and in accordance with NYSDOH and CDC recommendations; • Identifying a staffing plan for minimum staffing needs and prioritizing critical and non-essential services based on the resident's needs and essential facility operations; • Clearly identifying areas for contaminated waste as clearly defined by NYSDOH guidelines; • Demonstrating proper use of personal protective equipment (PPE), including assessing competency on the donning and

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			<p>doffing of PPE, and hand washing techniques;</p> <ul style="list-style-type: none"> • RNH ensures an adequate supply of PPE onsite and has additional supply off site for a total period of no less than two months based on burn rate during the height of the last pandemic. • Imposed grouping of residents and staff, potentially exposed to infectious disease (cohorting).
		Response Tasks for Pandemic Events <i>In accordance with PEP requirements</i>	Site-Specific Details
3.	✓	<p>In accordance with PEP requirements, the facility will follow the following procedures to 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:</p>	<p>Under the direction of the Administrator, the Pandemic Emergency Plan (PEP) will be provided on the KJMC/RNH website homepage and easily accessible to all visitors. Under programs and Services, click on Rutland Nursing. This will bring you the the RNH Home page which includes our pandemic plan and visitation information.</p> <p>Should a visitor wish to review a hard copy of the PEP, it will be made available in a binder at the Reception Desk upon request. The PEP will also be available for print in the 4th floor RNH administration offices.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>In accordance with the DAL NH 20-09 from the NYS Department of Health, copies of RNH's Pandemic Emergency Plan are available on our website or at the Reception Desk upon request.</p> </div> <p>Information will also be shared with the Resident Council.</p>
4.	✓	<p>In accordance with PEP requirements, the facility will</p>	<p>In keeping with current nursing and consultant policies and procedures, at least once per day, and</p>

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		<p>utilize the following methods to <u>update authorized family members and guardians</u> of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition:</p>	<p>upon a significant change, as determined by a member of the clinical team, in a COVID-infected resident's condition, the nurse will notify the authorized family member/guardian of the infected resident's condition. If no family phone available, the family will be asked to provide an alternate means of communication, which could include an email or written communication via postal carrier requesting immediate contact to be made. Good faith effort shall be made, with documentation in the resident's medical record. If the situation is critical, RNH may consider asking local police to make notification to the family. This is the current practice for all residents of RNH.</p> <p>During the admissions process, the social worker will determine how the family member would like to be contacted, for up to date details on the facility's COVID-19 status.</p> <p>Additionally, a printed copy of the PEP will be provided to the resident/guardian upon request.</p> <p>The family members and guardians of non-COVID residents will be provided weekly updates via our WeCare Connect service, or by the nurse who will call a family member and provide a clinical update on the resident's condition. If there is no answer, a HIPAA compliant message without clinical details will be left, and follow-up will be made on the next day.</p> <p>The facility will monitor all residents to identify symptoms associated with infectious agents. Cohorting of residents/staff/consultants according to the infection status of the resident may be required, and specific units may be placed on quarantine in accordance with NYSDOH and CDC guidance.</p> <p>The facility will follow all guidance from NYSDOH regarding visitation, communal dining, activities, and educate staff accordingly. The entryway to RNH is manned with security and clinical personnel to ensure all persons entering the building are safely screened and authorized.</p>

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			<p>All staff and visitors are screened upon arrival, including symptom check and thermal screening. Additionally, masks and hand sanitizers are readily available.</p> <p>If the staff shows signs of possible illness, they are advised to visit their personal physician. Sick calls are monitored by the Department Heads to identify any staff pattern or cluster of symptoms associated with an infectious agent. Employee Health will be notified for any employee with symptoms.</p> <p>The Environmental Services Department will conduct cleaning/decontamination in response to the infectious disease utilizing cleaning and disinfection products/agents specific to infectious disease/organism in accordance with any applicable NYSDOH, EPA, and CDC guidance.</p> <p>Hand sanitizer will be available at the entrance to the facility, exit from the elevators, on all units, in corridors, and according to NYSDOH guidance. The Environmental staff will ensure adequate amounts of hand sanitizer are readily available and refilled, as needed.</p> <p>Infection control protocols require that all shared equipment be cleaned and sanitized before and after each use. Should a piece of equipment show signs of breakage/cracks or damage, the equipment will be removed from the unit until repaired and cleaned/sanitized.</p>
5.	✓	<p><i>In accordance with PEP requirements</i>, the facility will implement the following procedures/methods to <u>ensure that all residents and authorized families and guardians are updated at least once a week</u> on the number of pandemic-related infections and deaths at the facility,</p>	<p>All residents and/or authorized representatives are updated at least once each week on the number of pandemic-related infections and deaths at the facility, by electronic or such other means as may be selected by each authorized family member or guardian.</p> <p>If necessary, RNH will implement procedures to ensure that as much as possible, separate staffing is provided to care for each infection status cohort,</p>

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		including residents with a pandemic-related infection who pass away for reasons other than such infection:	including surge staffing strategies.
6.	✓	In accordance with PEP requirements , the facility will implement the following mechanisms to <u>provide all residents with no cost daily access to remote videoconference</u> or equivalent communication methods with family members and guardians:	RNH provides all residents with daily access, at no cost, to remote videoconference or equivalent communication methods, with family members and guardians. Activities staff, nurses, and therapists assist the residents with logging onto social media; and providing phones. Residents who are not technologically savvy are helped with technology issues on their own equipment, and those with disabilities (e.g., vision, hearing, sensory disabilities, altered mental state) or language barriers are assisted, as well. If needed, staff assist with communication boards, make all possible accommodations, provide access to the language lines for translation, including sign language.
7.	✓	In accordance with PEP requirements , the facility will implement the following process to <u>preserve a resident's place in a residential health care facility if such resident is hospitalized</u> , 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):	All residents/guardian/representatives are informed of the “bed-hold” policy that reserves their bed should their care require hospitalization. In accordance with 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e), RNH will reserve the bed for any resident transferred to the hospital. Upon notification by the hospital that the resident is stable enough to return to RNH, then provided that the medical needs of the resident can be met and the resident requires the services provided by RNH then the next available room will be prepared for return.
8.	✓	In accordance with PEP requirements , the facility will implement the following process/procedures to <u>assure hospitalized residents will be</u>	RNH assures the resident that if they are hospitalized, they will be admitted or readmitted to the facility after treatment. In accordance with said regulation.

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		<p><u>admitted or readmitted to such residential health care facility or alternate care site after treatment</u>, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e):</p>	<p>The Admission’s policy on Bed-Hold is shared with family/guardian upon admission, and any changes to the resident’s status would be relayed to the family in writing and by phone or in the manner of their choosing.</p> <p>RNH checks on the status of all hospitalized residents to determine an approximate date of return. In the event a non-COVID resident has an extended hospitalization, and is discharged from the facility the resident will be provided the next available bed for admission. In the event of a COVID-affected resident who is hospitalized, the resident will be provided the next available bed.</p> <p>This information is tracked by the Admissions Office and the social worker and may be reported via the DOH HERDS reporting system.</p>
9.	✓	<p><i>In accordance with PEP requirements</i>, the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) <u>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</u>. As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile. This includes, but is not limited to:</p>	<p>The Systems Vice President for Supply Chain established policies and procedures to maintain or contract to have at least a two-month (60-day) supply of PPE (including consideration of space for storage). RNH maintains a supply of more than 60 days of PPE onsite and surrounding locations.</p> <p>Infection Prevention rounds are conducted by the DNS, IP, or designee to monitor for compliance with proper use of PPE. Materials management staff is responsible for maintaining PAR levels on each of the units.</p> <p>Staff receives general infection prevention and control training upon hire based on Federal, state, and local guidance/requirements. The extent of the training is based on the role of the staff member. Subsequently, additional staff training is provided annually or upon revisions to policies or procedures; upon the introduction of new materials/equipment, e.g., respiratory masks, ventilators, or when care to the resident may require additional training, i.e., wound care, or</p>

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		<ul style="list-style-type: none"> – N95 respirators – Face shield – Eye protection – Gowns/isolation gowns – Gloves – Masks – Non-flammable sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic) 	special pathogens.