

ANNEX E: INFECTIOUS DISEASE/PANDEMIC EMERGENCY

Provide staff education on infectious diseases (e.g., reporting requirements (see Annex K of the CEMP toolkit), exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment, regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80), and Federal and State guidance/requirements

A plan is in place to provide education and training to ensure all personnel understand the implications of, and basic prevention and control measures, including recognizing exposure risks and utilizing personal protective equipment correctly, reporting requirements and regulations.

- The Education Coordinator/ICP has been designated with the responsibility for coordinating education and training on Infectious Disease/Pandemic Emergency Plan
- Education is provided on Infection Prevention and Management upon hiring of new staff, as well as ongoing education on an annual basis and as needed.
- The ICP/Education Coordinator will conduct annual competency-based education on hand hygiene and donning/doffing Personal Protective Equipment for all staff.
- Current and potential opportunities for long-distance (e.g. web-based) and professional programs have been identified.
- Language and reading-level appropriate materials have been identified to supplement and support education and training programs and a plan is in place for obtaining these materials.
- Education and training includes information on infection control measures to prevent the spread of Infectious Disease/Pandemic Illnesses , correct use of PPE, exposure risks, screening and detection, and reporting requirements and regulations.
- The facility has a plan for expediting the credentialing and training staff brought in from other locations to provide resident care when the facility reaches staffing crisis
- Informational materials (brochures, fliers, posters) on pandemic illness and relevant policies (suspension of visitation, communication) will be available for residents and their families. A plan is in place how to disseminate these materials in advance of the actual pandemic.

Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies.

- The Infection Control Policy and Procedure manual has been reviewed and updated by the CNO, ICP, Acting Medical Director and Administrator.
- The facility will update the Infection Control Manual, which is available in a digital and print form for all staff, annually or as required during an event
- An infection control policy that requires all direct care staff to use Standard and Transmission-based Precautions when in close contact with symptomatic residents is in place

Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those

rates. This will allow for immediate identification when rates increase above these usual baseline levels

- The Infection Preventionist has been assigned responsibility for monitoring public health advisories (federal and state) and updating Administration and members of the pandemic planning committee when pandemic illness has been reported in the United States and its nearing geographic area
- The following resources are utilized for infectious disease threat information and planning:
 - a. The Centers for Disease Control and Prevention Health Alert Network (<https://emergency.cdc.gov/han/>)
 - b. State and local health departments
- Evaluation and diagnosis of residents and/or staff with symptoms will follow current CDC guidelines for evaluation of symptoms and laboratory diagnostic procedures. The guidelines will be used to enhance infection surveillance.
- Enhanced surveillance of residents and staff will be considered on a case-by case basis in collaboration with local public health department. Enhanced surveillance will be based upon the clinical presentation of symptoms, risk factors for exposure, and current CDC recommendations.
- All staff will receive annual education on reporting any change in resident condition to supervisory staff.
- A protocol has been developed for infectious disease surveillance and documentation to identify and detect increases above the established baseline infection rate. This data will be documented and reported at the QAPI Committee meetings to identify trends and any area for improvement.
- As needed, Quality Assurance Performance Projects will be developed to identify root cause(s) of infections and update the facility action plans, as appropriate. This will be reported to the QAPI Committee.
- The facility will utilize morning report to identify any trends and patterns of infections and or symptoms.
- The ICP will monitor and internally review transmission of pandemic illness among staff and residents and report regularly to the QAPI Committee. Information from this monitoring system is used to implement prevention interventions (cohorting, isolation) and will be necessary to assess pandemic illness.

Develop/Review/Revise plan for staff testing/laboratory services

- The facility will conduct staff testing, as indicated, in accordance to NYSDOH and CDC recommendations for infectious illness/pandemic
- The facility will have prearranged arrangements with laboratory services to accommodate any testing of residents. Staff and contract employees will be tested off site..
- Administrator will check ongoing to ensure compliance with staff and resident testing and results.

Review and assure that there is, adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System

- The facility has directives in place, which includes adequate staff to access reporting tools on communicable disease via Health Commerce System (NORA and HERDS survey reports)
- The facility has developed a policy based on regulations for reporting to NYSDOH.
- Confirmed and suspected cases of reportable infectious diseases are reported to the local health department and CDC as appropriate
- The ICP/Designee will enter any data in NHSN as per CMS/CDC guidance.

Develop/Review/Revise internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary. (Include facility's medical director, Director of Nursing, Infection Control Practitioner, safety officer, human resource director, local and state public health authorities, and others as appropriate in the process

- The following departments have input in selecting, acquiring and reviewing the Policies for stocking needed supplies: Medical Director, Director of Nursing, ICP, Safety Officer, Housekeeping/Materials Management Supervisor, HR Officer and Local and State Public Health Authorities.
- The facility has developed policy for optimizing PPE and will be cognizant of emerging pathogen and illness at the time of the pandemic and plan to handle worst case scenarios without implementing shortages or other mitigation efforts.
- The facility has established par levels for PPE. The facility has identified a secure storage area for the storage 60 day supply of PPE. Supplies to be maintained include:
 1. N95 respirators
 2. Face shield,
 3. Eye protection
 4. Gowns/isolation gowns
 5. Gloves
 6. Masks,
 7. Sanitizer and disinfectants in accordance with current EPA guidance
- The facility has developed a policy on stocking up on meds in the event of pandemic.

Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).

- The facility has developed a policy for visitation based upon knowledge of community occurrence of pandemic respiratory illness and regulatory guidance
- The facility has developed a liberal/non-punitive sick leave policy that addresses the needs of symptomatic personnel and facility staffing needs. The policy considers:
 1. The handling of personnel who develop symptoms while at work
 2. When personnel may return to work after having pandemic illness

3. Personnel who need to care for family members who become ill

- All sick calls will be monitored by Department Heads to identify any staff pattern or cluster of symptoms associated with an infectious agent/illness. Each Dept. Head will notify ICP/HR with issues;
- A plan to educate staff to self-assess and report symptoms of pandemic illness before reporting to duty has been developed.
- The facility has developed a plan for health screening and thermal temperature checks to be done upon entrance to the facility during pandemic

Each Department has developed a contingency staffing plan that identifies minimum staffing needs and prioritizes critical and non-essential services, based upon resident needs and essential facility operations. The plan includes collaboration with local and regional DOH and CMS to address widespread healthcare shortages during a crisis

Develop/Review/Revise environmental controls (e.g., areas for contaminated waste)

- Storage areas for contaminated waste are clearly identified as per NYSDOH guidelines
- The Housekeeping Department will be trained in handling contaminated waste and will be given proper PPE to utilize when prior to performing these tasks.
- The facility will amend its Policy on Biohazardous waste as needed related to any new infective agent and mode transmission

Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents.

- The facility has a 3-4 day supply of food and water available. This is monitored on a quarterly basis to ensure it is intact and stored safely.
- The facility has adequate supply of stock meds for 12 weeks.
The facility has access to a minimum of 12 weeks supply of cleaning/sanitizing supplies. The supplies will be checked weekly during a Pandemic.

Develop/Review/Revise facility plan to ensure that residents are isolated/cohorted and or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance

- A plan has been developed for cohorting symptomatic residents or groups using one or more of the following strategies: 1) Confining symptomatic residents and their exposed roommates to their room, 2) placing symptomatic residents together in one area of the facility, or 3) closing units where symptomatic residents reside (i.e., restricting all residents to an affected unit, regardless of symptoms) The plan includes, where possible, staff who are assigned to work on affected units will not work on other units.

- The residents in the facility will be cohorted based upon their status in accordance with CDC.NYSDOH guidance. Staff will be educated on the specific requirements for each cohort group
- Cohorts will be divided into 3 groups: Unknown, Negative, and Positive as it relates to the known infectious agent.
- Residents will be transferred to the hospital during the pandemic emergency when medically necessary
- Residents that require transfer to another health care area will have their Cohort group status clearly communicated to the transporting team and documented on the transfer paper work.

Develop plans for cohorting, including using of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, and discontinuing any sharing of a bathroom with residents outside the cohort.

- The facility will dedicate a group of rooms at the end of a unit or wing. The cohort area will not share the bathroom with residents outside the area.
- Signage will be on doors and entrances to clearly identify the area and admittance requirements
- All attempts will be made to have dedicated staff assigned to each Cohort group and to minimize the number of different caregivers

Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated ([describe facility's process, e.g. which non-essential activities to eliminate, changes in dining/other physical space arrangements involving residents/staff])

- The facility will review and revise the Policy on communal dining programs to ensure social distancing is adhered to in accordance to NYSDOH guidelines and CDC recommendations with pandemic emergency
- The facility will review and revise the Policy on Recreational activities during a Pandemic to ensure social distancing is adhered to in accordance to NYSDOH guidelines and CDC recommendations. Recreational programming will be individualized for each resident
- Staff will be educated on these services and updates as needed.

Develop/Review/Revise a plan to recover/return to normal operations when, and 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 adhere to directives by the NYSDOH and CDC at the time of the 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 local NYSDOH and CMS and follow their guidelines for returning to normal operations.

- The facility will update the families when restrictions are eliminated and normal operations occur.
- Resumption of services from non-essential employees (e.g. volunteers) will be made based upon CMS and NYSDOH recommendations.
- Resumption of routine consultations will be made on a case by case basis based upon medical necessity and exposure risk.
- Monitoring of residents and employees will continue until directed by NYSDOH.

In accordance with PEP requirements, Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP covered in your plan; who will be involved in the planning]

- The Director of Social Worker will ensure that there is an accurate list of each residents' representative, and preference for the type of communication
- The facility will utilize phone calls, mailings, email, intranet, and posted signage to alert visitors, family members, and employees about the status of the infectious disease in the facility.

In accordance with PEP requirements, Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP.

- The facility has developed Plans for Protection which include:
 - Staff Education
 - Screening of residents and staff
 - Visitor restrictions
 - Proper use of PPE
 - Cohorting of staff and residents

RESPONSE TASKS FOR ALL INFECTIOUS DISEASE EVENTS

The facility will implement the following procedures to obtain and maintain current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (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 facility will obtain and maintain current guidance, signage advisories from NYSDOH and CDC on infectious illness/pandemic emergency
- Signage will be posted by the ICP in the facility which will include information on newly emergent infectious agents, symptoms and transmission.

ICP will ensure appropriate signage is visible in the facility at key areas: entrances, lobby, time clocks, employee break rooms, units, etc.

The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19.

- The facility will meet all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19.
- The ICP/Designee will be responsible to report communicable diseases on NHSN as directed by CMS

Refer to reporting policy

The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting

The facility assures it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting

- The ICP/Designee will be responsible to report communicable diseases via the NORA reporting system on the HCS

The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks, if practical.

- The ICP will ensure signage includes awareness on cough etiquette, hand washing, and other hygiene areas in visible areas throughout the facility.
- Alcohol based hand sanitizer dispensers are located throughout the facility at the following locations: each nursing unit hallway, all entrances/exits, rehab gyms, outside dining areas, lobby areas, and at time clocks. Hand washing sinks are located in all the resident dining rooms, at the nursing stations, medication rooms, resident rooms, meeting areas, and gyms. Hand sanitizers are located in dining rooms, gyms, on medication carts and in all personal offices.
- The facility promotes good hand hygiene through education and signage throughout the facility including the employee rest rooms, and at the entrance.
- Hand hygiene competencies are completed by all departments and reported to the QAPI Committee.
- The facility will ensure the bathrooms and other hand washing areas are well stocked with hand soap and paper towels.

The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and

prevention program policies

- The facility will limit exposures between infected and non –infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies.
- Facility will implement cohort policies for residents based upon their infection status
- Facility will monitor all residents to identify infection or symptoms of the infectious agent.
- The facility will quarantine units and suspend admissions based upon guidance from NYSDOH and CDC.
- Facility will follow guidance and restrictions from NYSDOH regarding visitation, communal dining, activities, and testing.
- Facility will screen all persons entering building as directed by NYSDOH and CDC based upon infectious agent.
- Housekeeping services will include increased cleaning of hi-touch areas throughout the facility.
- Alcohol sanitizers will be placed at entrance areas, elevator banks, employee dining area
- Signage will be placed throughout the facility to heighten awareness on cough etiquette, hand washing, infectious agents transmission, symptoms of infection, and quarantined areas.

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

- 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:

The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.

- The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance,

The facility will implement the following procedures to 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 list facility-specific procedures

- The facility will implement the following procedures to 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 and families will receive ongoing information on the infectious agent, transmission, prevention measures, and any changes in the facility policies.
- Informational brochures will be made available on infection control measures at the entrance.

The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents provide information regarding facility-maintained list of external stakeholders to be contacted and mechanisms for sharing this information

- The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to both residents and staff.
- The facility will follow visitor restrictions as per NYSDOH guidance, any restriction will be posted at entrance to the facility and robo calls will be made..
- Vendors will be required to drop off deliveries at designated areas to avoid entrance in the facility.
- PPE will be worn by visitors during any scheduled visitation permitted during the emergency. The visitors will be also be provided with written directions on visitation and requirements to minimize exposure.
- Medical consultants that service the residents will be notified and arrangements will be made for telehealth or evaluating medically necessary services until recovery phase as per NYSDOH and CDC guidelines

Subject to any superseding New York State Executive Orders (NYSEO) and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to residents and staff.

- The facility will limit and or restrict visitors as per the guidelines from the NYSDOH
- Any restriction or change to the facility visitation policy will be communicated to all residents and designated representatives via robo calls/e-mails/letters.

If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection:

- The facility will implement procedures to close the facility to new admissions, limit visitation, and screen all permitted visitors when there are confirmed cases in the community.
- The facility will follow all applicable NYSEO and/or NYSDOH guidance in pandemic emergency.

Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures) *list facility-specific procedures for testing this use*

- Signage will be posted on all doors of residents rooms indicating the PPE required prior to entrance into the room as applicable

- Signage will be posted on the entrance to any unit on quarantine
- Staff will be re-educated on PPE use and have a Competency evaluation for donning and doffing of PPE
- PPE is located on units to ensure access at all times
- The facility has a designated person to ensure adequate and available PPE is accessible on all shifts
- Surveillance rounds are made by ICP, RN Nurse Managers, and administrative staff to ensure compliance with proper use of PPE. Findings are reported to QAPI Committee.

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.

The facility will post a copy of the facility's PEP in a form acceptable to the commissioner on the facility's website and make available immediately upon request by 9/15/20.

- The PEP will be available for review.

In accordance with PEP requirements, the facility will utilize the following methods to update authorized family members and guardians 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: describe the communications plan/methods that will be used

- The facility will communicate with residents and representatives as per their preference
- During a pandemic emergency representatives of residents infected with infectious agent will be notified daily and with significant change by nursing/medical staff as to their status
- All Resident representatives will be notified weekly on the status of the pandemic at the facility which includes the number of pandemic infections and deaths, including residents that expire for reasons other than such infection (e.g. Infected with infectious agent who expire for reasons other than infectious agent)
- Updates will be given to residents and representatives within 24 hours indicating any newly confirmed cases and/or deaths related to the infectious agent.
- All residents will be provided with daily access to communicate with their family member and guardians. The type of communication will be based upon the resident's preference (i.e. video conferencing, telephone calls, and/ or email.

In accordance with PEP requirements, the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection.

In accordance with PEP requirements, the facility will implement the following mechanisms to provide all residents with no cost daily access to remote videoconference or equivalent communication methods with family members and

guardians:

- The facility will provide residents at no cost daily access to remote videoconferencing or equivalent communication method with family member and guardians
- The Director of TR will be responsible to arrange time for all videoconferencing.

In accordance with PEP requirements, 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 415.26(i); and 42 CFR 483.15(e):

The facility will implement procedures to assure hospitalized residents will be admitted or readmitted to the 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),

- The Admission Nurse will review hospital records to identify the resident needs, exposure risk to infectious agent, and the facility's ability to provide care including cohorting and treatment needs

In accordance with PEP requirements, the facility will implement the following process 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):

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):

In accordance with PEP requirements, the facility will implement the following planned procedures to maintain or have access to at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) 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. 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:

- N95 respirators
- Face shield
- Eye protection
- Gowns/isolation gowns
- Gloves
- Masks

– **Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)**

- The facility has implemented procedures to maintain at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) 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.
- This includes, but not limited to:
 - N95 respirators
 - Face shield
 - Eye protection
 - Gowns/isolation gowns
 - Gloves
 - Masks
 - Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)
- The facility will calculate daily usage/burn rate to ensure adequate supply of PPE

The facility will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, 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 review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.

The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders

- The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.
- During the recovery phase all residents, staff, and contracted employees will be monitored and tested to identify any developing symptoms related to infectious agent in accordance with NYSDOH and CDC guidance.