

Infectious Disease/Pandemic Emergency Plan

The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, 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 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 assure 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:

- o development of a Communication Plan,
- o development of protection plans against infection for staff, residents, and families, including the maintenance of a 2-month (60 day) supply of infection control personal protective equipment and supplies (including consideration of space for storage), and
- o 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.

Infectious Disease/Pandemic Emergency Checklist	
Preparedness Tasks for <u>all Infectious Disease Events</u>	
<input checked="" type="checkbox"/> Required	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); 42CFR 483.15(e) and 42 CFR § 483.80), and Federal and State guidance/requirements in-service, staff education, 1st day employment and as needed.
<input checked="" type="checkbox"/> Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies. in-service, staff education, 1st day employment and as needed.
<input checked="" type="checkbox"/> Recommended	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. Nursing attempts keeping same staff on same unit. If a positive then all staff remains on same unit and assignment.-
<input checked="" type="checkbox"/> Recommended	Develop/Review/Revise plan for staff testing/laboratory services, we follow NYS requirement for staff testing use Bio Reference Laboratories, Inc.
<input checked="" type="checkbox"/> Required	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 (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys. There are multiple staff assigned to HCS roles.
<input checked="" type="checkbox"/> Required	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) Facility maintains a 60 day stock pile of PPE and environmental cleaning.
<input checked="" type="checkbox"/> Recommended	Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave). All staff are temp. tested screened when arriving to work, no visitors allowed in building
<input checked="" type="checkbox"/> Required	Develop/Review/Revise environmental controls (e.g., areas for contaminated waste) All contaminated waste is put into red trash bags and collected by outside agency

<input checked="" type="checkbox"/> Required	Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. We have multiple resources for re-supply of medical supplies and others.
<input checked="" type="checkbox"/> Required	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, this is our Policy & Procedure on administration and transmission base.
<input checked="" type="checkbox"/> Recommended	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. This is our Policy & Procedure.
<input checked="" type="checkbox"/> Recommended	Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated. Social distancing singae in place, diing moved ot room and only essential service delivered.
<input checked="" type="checkbox"/> Recommended	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. All returning to normal process will follow DOH/CDC guidelines.
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Preparedness Planning Tasks for Pandemic Events

<input checked="" type="checkbox"/> Required	<i>In accordance with PEP requirements,</i> Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP - members of the Interdisciplinary team.
<input checked="" type="checkbox"/> Required	<i>In accordance with PEP requirements,</i> Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP. members of the interdisciplinary team.
<input type="checkbox"/>	
<input type="checkbox"/>	

Response Tasks for all Infectious Disease Events:

<input checked="" type="checkbox"/> Recommended	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: Facility follows NYS-DOH/CDC quidelines.
<input checked="" type="checkbox"/> Required	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. (see Annex K of the CEMP toolkit

	for reporting requirements). Facility follows all DOH/CDC reporting guidelines.
<input checked="" type="checkbox"/> Required	The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting All HCS roles are assigned.
<input checked="" type="checkbox"/> Recommended	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. Postings are through out the facility.
<input checked="" type="checkbox"/> Recommended	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. It's transmission base policy and unit/cover.
<input checked="" type="checkbox"/> Recommended	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: to the best of our ability, staff remains on same unit.
<input checked="" type="checkbox"/> Recommended	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.
<input checked="" type="checkbox"/> Required	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. Letters to families, information on website.
<input checked="" type="checkbox"/> Recommended	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. Vendors are contacted and informed of our testing procedures.
<input checked="" type="checkbox"/> Required	Subject to any superseding New York State Executive Orders 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. 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: Notices to families will be sent out and staff will be screened upon entering the facility.
<input type="checkbox"/>	
<input type="checkbox"/>	
Additional Response Tasks for <u>Pandemic Events</u>:	
<input checked="" type="checkbox"/> Recommended	Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures). Staff are inserviced and observed for proper use.

<input checked="" type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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: Facility will post on website by 9/15/2020 and update as necessary.</p>
<input checked="" type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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: E-mail and phone calls.</p>
<input checked="" type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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: All families are e-mailed a letter and it will be posted on website.</p>
<input checked="" type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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 recreation department will schedule video visits using phones/i-pads</p>
<input checked="" type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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): facility will follow DOH guidelines</p>
<input checked="" type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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): facility will follow DOH guidelines</p>
<input checked="" type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, the facility will implement the following planned procedures to maintain 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.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> – N95 respirators – Face shield – Eye protection – Gowns/isolation gowns – Gloves – Masks – Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)

	Facility has purchased a 60 day supply of the listed items. Facility has purchased a storage container to house all the supplies.
<input type="checkbox"/>	
<input type="checkbox"/>	
Recovery for <u>all Infectious Disease Events</u>	
<input checked="" type="checkbox"/> Required	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. YES
<input checked="" type="checkbox"/> Required	The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders YES
<input type="checkbox"/>	
<input type="checkbox"/>	