

EPIC HEALTHCARE MANAGEMENT, LLC
WATERVIEW HILLS REHABILITATION AND NURSING CENTER
SALEM HILLS REHABILITATION AND NURSING CENTER
PANDEMIC EMERGENCY PLAN

Infection Control Nosocomial Report Form (DOH 4018), found on the DOH public website, will be faxed to the DOH.

Note: A single case of a reportable disease or newly apparent/ emerging organism that may prove to be infectious is reportable to both the Local County Health Department and if believed to be acquired at the Nursing Home to the NYS Department of Health.

- Reports should be made within 24 hours of diagnosis unless immediate reporting is warranted. Immediate reporting should be done by phone and followed up with a written report.

Contact Information:

NYS Regional Epidemiologist Phone:914-654-7057

NYS Regional Epidemiologist Fax: 914-654-7173

NYSDOH MARO Office Healthcare Epidemiology/ Infection Control Program (for general questions:

<http://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional.epi.staff.html> or after hours/nights/weekends (518)-292-2200

NYSDOH Bureau of Communicable Disease Control 518-473-4439 or after hours 866- 881-2809

To obtain Reporting Forms (DOH-389) 518 -474-0548

II. COMMUNICATION

- Information regarding resident contacts is kept in the Electronic Medical Record. In addition, upon admission and quarterly this information will be updated including the primary and secondary (if applicable) contacts preferred method to be contacted. Social Worker / designee will be responsible to update the information in the Electronic Medical Record.
- A second comprehensive list will be maintained by the Social Worker if the EMR is not available.
- In the event that a resident tests positive for the infectious organism, family will be notified by the Nursing Staff and updated daily with any condition changes per their desired method of communications (excluding texting as texting is not HIPPA secure).
- If a resident, staff member, or contract staff member were to test positive for the infectious organism all residents will be informed by the Social Service Staff/ designee. Those residents who were considered to have close contact with the individual who tested positive will be notified by the Nursing Staff with-in 24 hours of receiving the results. All staff will be notified by their Department Head within 24 hours of the facility receiving the positive results, staff that may have had a high exposure risk will be notified privately by the Administrator/designee. All resident contact notification will be done using their preferred method of notification.

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- For the duration of the pandemic the Administrator/designee will communicate whenever there is a newly diagnosed case. The Administrator will email Nexus Health Resources, who will place a professionally recorded robocall within 24 hours of receiving the results. The secondary contact will be notified only if unable to contact the Primary contact with-in 24 hours.
- Social Service/designee will notify all residents regarding the status of the facility.
- The facility encourages residents and their families / friends to use SKYPE; ZOOM; Face Time to maintain contact. If the resident cannot initiate contact or requires assistance the Recreation Department will arrange the meetings on a 7 day/ week basis. Equipment is available to facilitate these meetings and is provided by the facility if the resident does not have their own devices.
- Phone contact is also encouraged. Both the Recreation Staff and Nursing Staff will assist in facilitating the contact. Phones are available throughout the facility if the resident does not have personal access to a phone.
- If In-person visitation is suspended at any time during the pandemic communication will be increased at the resident/family request
- Infection Control Nurse/Designee will update the Infection Control Bulletin Board with current information regarding the Pandemic and Staff Supports available.

III. INFECTION CONTROL

- Informal screening will convert to formal screening for both staff and residents upon the direction of the Infection Control Nurse/ designee. Upon the onset of formal screening all individuals entering the building will be directed to enter/exit the building via the Front Entrance. All individuals entering the facility will be screened based upon the presenting symptoms of the infectious organism. Any individual screened to have positive symptoms will not be allowed to enter the remainder of the building.
- Upon the onset of formal screening residents will be screened daily for the presenting symptoms of the infectious organism. Any resident found to have symptoms of the infectious organism will be placed in the appropriate Transmission Based Precautions.
- The Resident screening positive will be assessed by the medical provider and appropriate diagnostics ordered
- If the resident tests positive for the organisms/he will be relocated to our RED Zone for the duration of illness, this area will be determined based off census of the units and/or where the first positive resident is. Their room will be terminally cleaned.
- All individuals who had contact with the resident testing positive will be required to self-screen twice and report any symptoms to the Infection Control Nurse/designee.
- Any resident who had contact with the resident testing positive will be screened twice per day for symptoms.
- During a pandemic event residents will only go to community appointments deemed to be medically necessary.
- Utilization of transport services will occur as follows: preferred – use of ambulance companies already contracted with, or taxi if possible - provider must provide their disinfection plan prior to facility utilizing services for the resident.

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- Mail will be picked up and delivered by Director of Housekeeping/designee
- All community outing will be canceled.
- Adjustments will be made regarding communal dining and group activities based upon the transmission of the infectious organism.
- The facility will establish an Observational/ Isolation unit once it is necessary to do so, this unit will be determined by census on the unit and/or unit the first positive case was determined to be on. One set of fire doors will remain closed, both entrance/egress doors as well as confirmed case room doors are to have red stop signs posted re: DO NOT ENTER. Residents residing on unit, when established as the "ISOLATION UNIT", will not be able to exit the unit except for essential medical appointments during their "Observation" or "Isolation" Period. If the number of infected/ suspected infections/ observational residents exceed the number of available beds on the designated unit, consideration will be given to establishing other Units in order to cohort and maintain separation from the non-infected population.
- Bathrooms will not be shared between those residents in observation or precautions and those residents not in observation or precautions.
- Staffing assignments will be based upon minimizing contact between those caring for residents who are suspected of or who have been diagnosed with the infectious agent.
- **PPE:** The facility will maintain, at all times, a minimum 60 day supply of PPE based upon identified burn rates of each type. This includes N95 masks, gloves, gowns, face shields/eye protection, hand sanitizer, and disinfectants as identified by EPA Guidance for Cleaning/ Disinfection. PPE will be stored in a storage unit on the facility property.

IV. EDUCATION:

- The Infection Control Nurse/Designee is responsible for all education involving infection prevention
- At least annually and as needed all employees will be in-serviced on Hand Hygiene/Proper hand washing and Competencies will be conducted
- In-servicing that is specific to the infectious pathogen/pandemic will be conducted as the need arises and as directed by the NYS Department of Health during a pandemic

V. OTHER

- All attempts will be made to treat the resident, who has become ill with the infectious organism, in place. If the resident requires hospitalization, when ready to return to the facility, the resident will be assigned to a privately occupied room for the period of designated post hospitalization observation period and then returned to his/her prior room. The only exceptions to this would be if the facility was not able to deliver the medically ordered care or the resident preferred to transfer to a different room available to him/her.

VI. ADMISSIONS AND READMISSIONS

- The facility will follow state and federal guidance pertaining to the admission and readmission of residents with a communicable disease.
- All Admissions and Readmission will be screened prior to entrance to the facility and placed in a designated cohort as determined by the facility policies and procedures. (See Addendum 9: "Admission of Residents with a Communicable Disease.")

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- The facility has policies and procedures to cohort confirmed positive, confirmed negative/non-precautionary, suspected/precautionary, new admissions, re-admissions or groups.
- Facility will comply and adhere to the perseverance of resident's place at the facility when resident is hospitalized and will comply with all applicable state and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15

VII. OCCUPATIONAL HEALTH

- All staff are screened for pandemic illness and exposure prior to reporting to their assigned duties and as mandated based on shift duration.
- Practices are put into place that addresses the handling of symptomatic staff and facility staffing needs, including:
 1. Handling of staff members who fail the facility screening protocol
 2. Staff members who develop symptoms while at work
 3. When staff members who are symptomatic, but well enough to work, are permitted to continue working as dictated by the CDC or NYSDOH
 4. Staff members who need to care for ill family members or infected residents
 5. Determining when staff may return to work after having pandemic-related illness.
 6. Staff will consult with the IP or designee prior to being excused from, or returning to work
- A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizing critical and non-essential services, based on resident's needs and essential facility operations. The staffing plan includes collaboration with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis, as well as any government waivers altering required licenses/certifications to provide resident care.
- All attempts will be made to have mental-health or faith-based resources available to provide counseling to staff and residents during a pandemic.
- If and when available, vaccinations of staff are encouraged and monitored.
- High risk employees may be monitored and managed by placing them on administrative leave or altering their work assignment
- If staff have any questions including but not limited to: what to do during Pandemic, where to seek education, any responsibilities, etc. they are to speak to IP/designee, unit manager or supervisor,

VIII. EDUCATION AND TRAINING

- The IP/designee is responsible for coordinating education and training on the pandemic event. Local health department and hospital-sponsored resources are researched, as well as usage of web-based training programs. The website www.cdc.gov is considered a resource
- Education and training of staff members regarding infection control procedures, transmission-based precautions, as well as respiratory hygiene/cough etiquette are ongoing to prevent the spread of infections, but particularly at the first point of contact with a potentially infected person
- Education and training will include the usage of language and reading-level appropriate, informational materials, such as brochures, posters on Pandemic event, as well as relevant policies. Such materials should be developed or obtained from www.cdc.gov

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IX. SUPPLIES, SURGE CAPACITY, and EVACUATION

- Administration/designee will ensure the facility has adequate supply of food, water, and medical supplies to sustain the facility if a pandemic occurs. The stored amount is regulated by capacity. Office of Emergency Management will be contacted for any assistance needed
- Plans include strategies to help decrease hospital bed capacity in the community
- In the event of a facility evacuation, the facility will attempt to evacuate resident cohorts are evacuated together