Wilkinson RHCF Pandemic 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. Wilkinson RHCF has a plan with effective strategies for responding to infectious diseases, including those that rise to the higher level of pandemic. Wilkinson RHCF will review the Pandemic Plan annually thereafter, or more frequently as may be directed by the commissioner. This Pandemic Emergency Plan (PEP) is posted on the facility's website and will be made available immediately upon request.

Preparedness

Education

Infection Prevention and Control Education will be mandatory for all employees of Wilkinson RHCF. Education offered will be designed to reduce the risk of infection by preventing transmission. Program content will reflect current events, population served, risks associated with that population, and types of services provided.

Mandatory Infection Prevention and Control Education will be provided upon initial employment and annually thereafter to all employees.

- Proactive education programming, in an effort to reduce and control the spread of infection and/or colonization.
- Education related to infection control practices,which includes but is not limited to handwashing and proper use of PPE to ensure a safe environment for residents, visitors and healthcare workers.
- Infection Prevention and Control education will reflect current standards that govern infection control in assigned work areas.
- Infection Control posters will be distributed in key locations around the facility reminding/education staff and residents about the following:
  - Handwashing
  - Mask wearing
  - PPE Donning and Doffing
  - Cough etiquette

Enforcement

Activities performed to ensure compliance of staff and or volunteers to current Infection Prevention and Control policies:

- Routine observation of resident care units to assure maintenance of standard and/ or transmission based precautions.
- Infection control inspections of all resident care areas will be conducted routinely.
- Auditing- In response to areas of concern identified through QAPI (Quality Assurance and Performance Improvement) Committee.
- Staff Competencies- Competency testing to identify gaps in knowledge, skills and abilities.

Surveillance

Wilkinson Infection Prevention and Control Program utilizes a multidisciplinary strategy; taking data from a number of information streams that identifies or suggests infection and requires further investigation.

Review of surveillance data;

- Sentri 7; positive culture reports, dashboard data matches
- Providers, nursing units, clinical departments notify Infection Control when an actual/ potential infectious condition exists.
- Review of 24 hour nursing unit reports.

Case events reviewed/investigated:

- Suspected Nursing Home Acquired Infections
- Transmission of Influenza/ Influenza like Illness
- Suspected Catheter-associated Urinary Tract Infection
- Multidrug resistant Organism (MDRO) confirmed infection and colonization related to VRE, MDRO-AB, ESBL, and CRE
- Gastrointestinal infection including- C.difficile, and Norovirus types outbreaks
- Illness of public health concern
- Blood Borne Pathogen exposure; in collaboration with Employee Health.

For Infection Control events and Outbreaks a surveillance Line list will be completed as a record of outbreak activity including investigation details.

The scope and severity of the pandemic will determine the protocols put in place to to protect the staff, residents and families against infection. The facility will follow the recommendations of the Center for Disease Control (CDC), Centers for Medicare & Medicaid Services (CMS) and New York State Department of Health (NYSDOH). Protocols may include the following;

- Minimize access to the facility by allowing only 1 entry point to the facility.
- Implement an appropriate screening tool for anyone that enters the facility.
- Provide sanitizers and PPE
- Monitor residents for signs and symptoms of infection
- Monitor staff for signs and symptoms of infection
- Monitor local and regional activity during outbreak
- Restrict Visitation

Response:

Communicable Disease Reporting

Importance of Reporting

- NYSDOH is charged with the responsibility of protecting public health and ensuring the safety of health care facilities.
- Reporting is required to detect intra-facility outbreaks, geographic trends, and identify emerging infectious diseases.
- The collection of outbreak data enables the NYSDOH to inform health care facilities of potential risks and preventive actions.
- Wilkinson RHCF can obtain consultation, laboratory support and on-site assistance in outbreak investigations, as needed.

NYSDOH Regulated Article 28 nursing homes:

- Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.8.
- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be reported to the NYSDOH. Wilkinson has adequate staff with access to communicable disease reporting tools required by our regulatory bodies. Data is submitted by the assigned reporters to the following agencies which may include but is not limited to DOH and NHSN per regulatory guidance. Review of access and roles will be reviewed on a regular basis by Wilkinson Administration to ensure reporting requirements are met. At a minimum, the Administrator, Director of Nursing, Assistant Director of Nursing & Infection Preventionists will maintain an HCS account. Alternatively, Wilkinson RHCF may fax an *Infection Control Nosocomial Report Form (DOH 4018)* on the DOH public website.

    - Wilkinson RHCF conducts surveillance that is adequate to identify background rates and detect significant increases above those rates. Healthcare associated infection outbreaks may also be reported to the LHD.

- A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) must be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it must also be reported to the NYSDOH. This can be done electronically via the NORA, or, by faxing an Infection Control Nosocomial Report Form (DOH 4018).
- Reports must be made to the local health department in the county in which the facility is located (as the resident's place of residence) and need to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.
- Categories and examples of reportable healthcare-associated infections include:
    - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridium difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
    - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
    - Foodborne outbreaks.
    - Infections associated with contaminated medications, replacement fluids, or commercial products.
    - Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired legionella, measles virus, invasive group A beta hemolytic Streptococcus.
    - A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
    - Clusters of tuberculin skin test conversions.
    - A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
    - Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
    - Closure of a unit or service due to infections.

- Additional information for making a communicable disease report:
    - Wilkinson RHCF will contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare

Epidemiology and Infection Control Program is located here:

    - https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.

- Wilkinson will call the local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.

Visitation

The scope and severity of the pandemic as well as the guidance provided by state and federal regulators will determine if the facility's visitation policies are impacted. In the event the facility suspects a pandemic situation, visiting hours may be altered prior to seeking additional guidance from the NYSDOH. If visitation is impacted, communication and education will be provided to the residents, family members and staff to assure new protocols are followed.

New Admission/ Re-Admissions

The scope and severity of the pandemic as well as the guidance provided by state and federal regulators will determine if the facility's admission and readmission policies are impacted. Based on the scope and severity of the pandemic, residents who are being admitted or readmitted to Wilkinson may be placed on a 14 day quarantine. All new admissions and readmissions during a pandemic will be admitted to a designated unit and/or area (grouping of rooms) based on bed availability. Wilkinson will preserve residents' place in the residential health care facility if a resident is hospitalized in accordance with all applicable laws and regulations. To the extent possible new admissions/re-admissions will be cohorted together in one section of a unit to minimize potential exposure.

Cohorting

The scope and severity of the pandemic will determine the need to cohort residents and staff. Wilkinson RHCF will attempt to separate residents into cohorts based on infection status as well as attempt to cohort staffing teams to deal with the pandemic situation. In order to effectuate this policy, Wilkinson will make efforts to transfer residents within the facility or to another healthcare facility. All cohorting decisions will be based on NYSDOH and Centers for Disease Control and Prevention (CDC) guidance.

- To reduce transmission amongst residents the facility will use part of a unit, dedicated floor, or wing in the facility or group of rooms at the end of the unit.
- Residents would be cohorted based on a confirmed positive diagnosis of pandemic infectious disease, confirmed negative for pandemic infectious disease, and unknown status.
- Discontinue any sharing of bathrooms with residents outside the cohort.
- Demarcation of cohort areas for residents testing positive with pandemic infectious disease with signage and environmental barriers to remind healthcare personnel and prevent other residents from entering the area.

Adequate Supplies

The Emergency Operations Plan describes how the Nursing Home will obtain and replenish medications, medical supplies, and non-medical related supplies that will be required throughout the response and recovery phases of a pandemic, including access to and distribution of medication caches that may be stockpiled by the hospital, its affiliates, or local, state or federal sources.

Nursing Home Administration and other designees will coordinate with our Vendor Pharmacy and Materials Management for the initial delivery of supplies, equipment and pharmaceuticals upon activation of the Emergency Operation Plan relating to a Pandemic. Prioritization will be given to those areas either immediately impacted by the pandemic, or are likely to be so.

Carts and/or pallets, containing pre-positioned pharmaceuticals, supplies, and equipment, are kept at strategic locations within the SNF and will be sent to designated staging areas.

The contents of the carts or pallets will be rotated out on a regular basis to assure that inventory does not expire. Equipment designated for pre-positioning is included in the organization’s medical equipment inventory and is maintained in accordance with pre-established preventive maintenance requirements.

Ongoing replenishment of supplies, equipment, and pharmaceuticals

For the duration of the pandemic – including response and recovery phases – Nursing Home Administration will be responsible for monitoring the inventory of supplies (including personal protective equipment), equipment, and pharmaceuticals in the various care areas. Replenishment from storage areas (Central Supply) will occur on an as needed basis.

A general inventory of supplies (including personal protective equipment), equipment and pharmaceuticals will be taken in their respective storage areas on at least a daily basis (or more frequently if necessary) for the duration of the pandemic. Remaining inventory shall be measured against the rate of consumption that is occurring as a result of the pandemic.

When existing inventory of critical supplies (including personal protective equipment), equipment, and/or pharmaceuticals are in danger of reaching insufficient levels, then contingency plans with outside vendors will be implemented.

In accordance with PEP requirements, 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) 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 pandemic should be included in the 60-day stockpile. This includes, but is not limited to:

– N95 respirators
– Eye protection (face shield or goggles)
– Gowns/isolation gowns
– Gloves
– Masks
– Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)

Wilkinson will coordinate with St Mary's Healthcare to maintain a 60 day supply of PPE and will store supplies on the Memorial Campus in a secured area for easy access.

Ongoing replenishment of non-medical supplies

For the duration of the pandemic – including response and recovery phases – Nursing Home Administration with Central Supply are responsible for monitoring the non-medical supply inventory. These supplies include, but are not necessarily limited to:

* Food * Water * Linen * Fuel for Emergency Power Generators * Fuel for Vehicles

A general inventory of non-medical supplies will be taken in their respective storage areas on at least a daily basis (or more frequently if necessary) for the duration of the pandemic. Remaining inventory shall be measured against the rate of consumption that is occurring as a result of the emergency. When existing inventory of critical non-medical supplies are in danger of reaching insufficient levels, then contingency plans with outside vendors will be implemented.

Sustainability of operations without external support

It is possible that the nature, scope, and duration of the pandemic may preclude outside agencies, vendors, authorities, or other vital entities from assisting the organization in a timely manner. Outside assistance may not be available for up to 96 hours following initiation of the Emergency Operations Plan.

The facility has designed its operations so that it can be self-sufficient for a designated time frame depending on resources and assets being affected.

Environmental Controls for Contaminated Waste

The scope and severity of the pandemic will determine the impact on the generation, disposal and storage of contaminated medical waste. If it is determined that an excessive amount of contaminated medical waste will be generated as a result of the pandemic, additional trash receptacles for contaminated medical waste will be placed on the nursing units and/or the residents room to minimize the spread of infection.

If the accumulation of hazardous waste has exceeded the normal storage areas, the waste will be placed in 1429A Pharmaceutical Hazardous Waste Room or 1624 Medical Waste Room at Guy Park Campus and the closed Operating Room at Memorial Campus (contact the Safety Officer for site specific location) until pick up of those materials. Similar emergency storage locations have been established for trash, linens, or biohazardous waste. These temporary locations will be made as secure as possible to avoid runoff into storm drains or waterway, and to prevent unauthorized entry.

Communication Plan

As part of its Emergency Operations Plan (EOP) Wikinson RHCF prepares for how it will communicate during emergencies. Upon activation of the EOP, the Command Center will communicate with staff, residents and families in the following ways: overhead page, telephone and cellular phone, email, mass notification system (Send Word Now), verbally through the chain of command, and runner if normal communications are disrupted. The specific mechanism(s) used for communicating will depend upon the scope and duration of the emergency as well as its impact on communication mediums.

In the incident command system, a position is designated for communications with external authorities during a disaster. This incident command system position is the Liaison Officer. The Liaison Officer will communicate with external authorities during an emergency when the emergency response measures are initiated. External authorities will be notified by the Liaison Officer through telephone, radio and/or *Send Word Now*. The Liaison Officer will report updates to the Hospital Incident Command Center when contact has been made with external authorities. External authorities may include local, regional, and/or state Incident Command Posts, 911 Centers, Emergency Operations Centers, and others as applicable.

Communication With Residents & Family

The scope and severity of the pandemic will determine the schedule for communication with residents, family members and/or responsible parties. Upon the declaration of a pandemic, communication will occur immediately with residents, family members and/or responsible parties. The Social Work staff or designees will telephone the family members and/or responsible parties providing them with information about the current impact of the pandemic on the facility. If appropriate, the Activity Director or designee will immediately schedule a Resident Council meeting to provide an overview of the pandemic. Also, a summary document will be provided for each resident on their next meal tray and posted on the nursing unit. Follow-up communication and education will be posted and maintained on the facility's website.

Update family members of infected people versus general population

- The Nurse Manager/designee will notify the resident's designated representatives/guardians via telephone, when a resident becomes infected with the pandemic infectious disease. An update will be provided at least once per day and upon a change in the resident's condition.
- Wilkinson will update all residents and authorized family members (Contact #1) or guardian once per week on the number of pandemic related infections and deaths at the facility including residents with a pandemic related infection who passed away for reasons other than such infection. This information will be posted on the facility's website and may also be provided via email

Video communication to families - no cost access

- Residents will be provided access via electronic devices to communicate with their family members or guardians (ie. Facetime, Skype) at no cost to the resident. Facility staff will provide assistance with scheduling and the use of technology at no cost to the resident.

Resident care providers will communicate with residents using routine methods, such as verbal, and through call light response. If the call light system is inoperable, more frequent rounds will be required to determine the needs of the resident (until power is restored to the call light system). The Public Information Officer (PIO) will establish processes to communicate pertinent information to residents and their families – including when residents are relocated to an alternative care site. Consistent with The Health Insurance Portability and Accountability Act (HIPAA), as well as local laws and regulations and surrounding confidentiality of resident information, families may be apprised of the following:

- Verification that the resident is at the organization.
- The general condition of the resident .
- If the resident is going to be moved to an alternate care site, then the name, address, and specific care area of that site, as well as the anticipated time frame for relocation.

If residents must be relocated to an alternate care site, the Planning Section Chief will develop a complete list of residents who will require transfer to the alternate care site, and the name/phone number of a family member to be contacted. Information regarding the address of the alternate care site, the location within the alternate care site, and the estimated time of relocation will be determined.

The clinical care team will determine what type of transfer will be needed, and the primary care nurse will notify the resident of the plan for relocation to an alternate care site once a physician has ordered the relocation. The PIO or designee will contact the family member and notify them of the relocation information.

Communication With Media & Community

The Command Center will establish a Public Information Center for the Public Information Officer (PIO) for the purpose of providing timely and accurate information to the public during a crisis or emergency situation. During an event, the PIO will handle:

- Media and public inquiries.
- Emergency public information
- Rumor monitoring and response
- Media monitoring

The PIO will also perform other functions required for coordinating, clearing with appropriate authorities, and disseminating accurate and timely information related to the pandemic, particularly regarding information on public health, safety and protection, and resident care and management issues. All media and community inquiries will be managed through the PIO.

The effective use of the media to convey information during and following an incident is critical. The information provided to the public must include direction on what actions should and should not be taken, along with appropriate details about the incident and the actions being taken by the facility. The PIO will work closely with the PIO at other community response agencies, so that any contradictory or confusing messages coming from different sources can be avoided.

Communication With Suppliers

The Logistics Section Chief and Operations Section Chief will work collaboratively to assure that there is appropriate communication with vendors that may provide essential supplies, services, and equipment once emergency measures are initiated. Memorandums of Understanding (MOU) may be invoked with key vendors to assure priority delivery and service to the organization during an emergency pandemic.

Communication With Other Healthcare Organizations

The facility Incident Command Center will use normal methods of communication, e.g., phones (landline and cellular), and email and text messages to communicate with the Network Incident Command Center, other healthcare organizations, providing these services have not been interrupted. If communications have been interrupted, the Incident Command Center will communicate via redundant systems listed in Supplemental Materials-Communications.

At a minimum, the following may be communicated to and from these healthcare organizations:

- Essential elements of the command structures and control centers for emergency response
- Names and roles of individual(s) in their command structures and the telephone number of their command center
- Resources and assets that could potentially be shared in an emergency response, such as beds, transportation, linen, fuel, personal protective wear, medical equipment and supplies

How and under what circumstances, the facility will communicate information about residents to third parties (such as other health care organizations, the state health department, police and the FBI).

Consistent with The Health Insurance Portability and Accountability Act (HIPAA), as well as local laws and regulations surrounding confidentiality of resident information, the PIO will establish a plan to communicate pertinent resident information to third parties – including when patients are relocated to an alternative care site. Every attempt will be made to remain consistent with law and regulation surrounding patient confidentiality.

The plan to communicate resident information will include minimally the following:

- Verification that the resident is at the facility
- The general condition of the resident
- If the resident is going to be moved to an alternate care site, include the name, address, and specific care area of that site, as well as the anticipated time frame for relocation.

Communication With Alternate Care Sites

Depending on the nature, scope, and duration of the emergency, the Incident Command Center will establish periodic communication with designated alternate care sites. The first choice of communication will be landline, fax, cellular phone, radio, and e-mail. If these forms of communication are disrupted, runners will be dispatched from the Labor Pool to send and retrieve information if it is safe to do so.

The purpose of communication will be to:

- Apprise alternate care sites as to the status of the organization, its operational capability, and the anticipated need for assistance
- Determine the status of the alternate care site(s), their operational capability, and their ability to receive residents should it become necessary.

Backup Communication

Backup communication technologies include use of the following: overhead page, VoIP systems, two-way radio, cell phones, satellite phones, radios, and runners. One or more types of communications may be used during a disaster depending upon the nature and scope of the disaster, and depending upon what is operational. Through various activities, the facility participates in advance preparation to support communications during an emergency. These include, but are not limited to:

- Maintenance of communication equipment (e.g., hand-held radios)
- Practice with alternate communications during drill exercises (e.g., hand-held radios and activation of runners.)
- Practice with downtime procedures relative to email and internet capabilities (e.g., during routine service repairs and/or equipment maintenance, electrical shut-downs.)

Recovery

Throughout the pandemic, the facility will collaborate with local, regional, state and federal agencies while remaining current with their recommendations and guidance. The facility will implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each 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 recovery strategies and actions are designed to help restore the systems that are critical to providing care, treatment, and services after the pandemic. Activities are designed to assist the facility and management in the resumption of normal operations after a pandemic. Demobilization strategies include, but are not limited to the following:

- Review of policy and procedure changes that occurred as a result of the pandemic and development of a plan to safely return those areas to their original status.
- Briefings for residents, family members, staff, administration and the Board of Trustees.
- Ensuring outside agencies are aware of the status change.
- Return of borrowed equipment, replacement of broken or lost items and restocking supplies and equipment.
- Ensuring that after-action activities are coordinated and completed.
- Conducting debriefings to identify accomplishments and opportunities for improvement.
- Assessing the need to change the EOP.
- Coordination and submission of response and recovery costs, and reimbursement documentation.
- Participating in external (community and governmental) meetings, and other post-incident discussion and after action activities.
- Participating in media debriefings.
- Providing stress management and services for staff and/or residents as needed.