

## Infectious Disease/Pandemic Emergency

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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 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.

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.

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, will be attached to the Comprehensive Emergency Management Plan located at the Facility.

## Infectious Disease/Pandemic Emergency Checklist

### Preparedness Tasks for all Infectious Disease Events

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| <input type="checkbox"/><br>Required    | <p><b>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</b> All facility staff are provided training on the emergency operations plan including the (PEP) pandemic plan. Training is provided by staff educator and/or the infection preventionist on infection prevention, exposure risk, appropriate PPE including donning and doffing of PPE based on CDC and other regulatory guidelines. Staff are taking/taken the CMS Targeted COVID-19 Infection Control Training Program.</p>                         |
| <input type="checkbox"/><br>Required    | <p><b>Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies.</b> The facility has developed policies and procedures for the Infection Control program including infection prevention, control and reporting. Infection prevention policies address universal standard precautions and other types of precautions. Policies address fundamentals such as hand hygiene, proper use of PPE, and resident education. The infection preventionist tracks data to identify trends and reports these to the Infection Control Committee on monthly basis. Rounds are conducted on the care units to insure compliance with infection control standards. Competencies are completed for direct care staff.</p>   |
| <input type="checkbox"/><br>Recommended | <p><b>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.</b> The Infection Preventionist tracks and trends infections in order to identify a potential outbreak. This data is provided monthly to the IC committee and immediately if an outbreak is suspected. An ad-hoc team meeting is held to review actions needed. If necessary, the outbreak is reported to the proper authorities and actions are implemented to contain the outbreak which may include testing of staff and/or residents as determined by the Medical Director. Such tasks as monitoring community prevalence is conducted as well.</p> |
| <input type="checkbox"/><br>Recommended | <p><b>Develop/Review/Revise plan for staff testing/laboratory services.</b> The facility has an existing contract with a laboratory for all resident testing and one for staff testing. A policy is in place which outlines the parameters for resident testing based on signs and symptoms and regulatory compliance. Staff testing is based on guidelines from state and federal entities and as well as furlough requirements in the event of a positive test result.</p>  |
| <input type="checkbox"/><br>Required    | <p><b>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))</b> Multiple staff have been assigned access to the required on-line reporting tools (NORA, HERDS) as well as fax to NYSDOH.</p>   |
| <input type="checkbox"/><br>Required    | <p><b>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</b></p>   |

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|   | <p><b>Practitioner, safety officer, human resource director, local and state public health authorities, and others as appropriate in the process).</b> In the emergency operations plan, a sufficient supply of necessary items are required to be available in inventory. Facility will maintain a minimum of two month supply of personal protective equipment (PPE) and sufficient amounts of disinfection agents for cleaning. Preparing for a pandemic the team will identify the necessary items and work with vendors to stock these items and utilize substitutes where feasible. Medical Director will review with DNS the inventory of medications required based on care needs and make substitutions or changes as practicable. Key staff such as Medical, Nursing, Pharmacy, Plant Operations and community agencies such as the office of emergency management are participants in this process. All policies are reviewed and updated as needed.</p>            |
| <input type="checkbox"/><br>Recommended | <p><b>Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).</b> The facility has a policy which defines who can enter the building during a pandemic and what screening will be required. All staff are required to enter via one entrance. In addition to screening, testing may be required. A human resource policy outlines necessary or required leave procedures for staff during an outbreak. Human Resource staff are responsible to provide up to date resources and requirements to staff regarding a leave of absence. Resources are available for mental health needs as well. An emergency staffing plan is in place to maintain resident care during shortages. All policies are reviewed and updated as necessary.</p>   |
| <input type="checkbox"/><br>Required    | <p><b>Develop/Review/Revise environmental controls (e.g., areas for contaminated waste)</b> All vents and filters are routinely maintained and replaced by Building Services on a schedule. All facility linens are cleaned by an outside vendor in appropriate hot temperatures. All contaminated waste is handled as Hazardous and disposed of in designated bags and containers. Waste is then removed by a hazardous waste vendor.</p>   |
| <input type="checkbox"/><br>Required    | <p><b>Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents.</b> The facility maintains a 60-day inventory of PPE supplies, water and sanitizing agents. Arrangements are made to insure potable water, food and related supplies based on resident need and emergency operations planning. Additional Vendors will be utilized in the event one vendor cannot meet full demand. The facility will also review re-use of products when possible or change in product to insure needs are met. The plan is routinely reviewed for updates as necessary.</p>   |
| <input type="checkbox"/><br>Required    | <p><b>Develop/Review/Revise facility plan to ensure that residents are isolated/cohosted and or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance.</b> A plan is in place to cohort any residents who test positive or who are presumed to be infectious based on symptoms. The plan has designated one resident unit for the purpose of separating negative residents from positive or presumed positive residents. Separate, dedicated staff will be assigned to work on the designated unit and will not be assigned to any other unit for the duration of the pandemic event. The area offers flexibility to use all or part of the unit depending on the number of rooms needed for Positive residents and residents who are Presumed positive pending testing results. This plan will be reviewed and updated as necessary. The facility has all private rooms as well.</p> |
| <input type="checkbox"/>                | <p><b>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</b></p>   |

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| Recommended  | <b>sharing of a bathroom with residents outside the cohort.</b> See above  |
| <input type="checkbox"/><br>Recommended                                  | <b>Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated.</b> During a pandemic, all congregate gatherings such as dining, religious services, activities are suspended or modified based on regulation. This plan is communicated to all staff and residents and monitored for compliance. Any situation such as dining which may require supervision is reviewed to insure spacing is appropriate. All staff are responsible to ensure that residents maintain social distancing on the units as well as other common areas. During a pandemic all residents will be required to social distance as will staff. Any gathering of residents will be limited in number with requirement that social distance be maintained. Areas may be visibly marked to cue staff. The plan will be reviewed and revised as necessary.  |
| <input type="checkbox"/><br>Recommended                                  | <b>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.</b> In order to return to normal operations, facility will follow NYSDOH guidelines to return staff to normal work procedures, notify families of schedule for resumption of visitation, notify volunteers of guidelines for return, notify vendors of resumption of normal operations, identify any changes in operations, inventory, and supplies, resumption of congregate dining and activities, and insure the continuation of standard infection control procedures. Any staffing assignments that were changed during the pandemic will be reviewed. The plans will be implemented in accordance with any federal and state regulatory guidelines.   |
| <b>Additional Preparedness Planning Tasks for <u>Pandemic Events</u></b> |  |
| <input type="checkbox"/><br>Required                                     | <b><i>In accordance with PEP requirements, Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP</i></b> The pandemic plan outline methods of communication with all stakeholders. This includes communication requirements for family/guardians, residents, and staff. This frequency of updates is determined by whether the resident is positive or had a significant change in condition. Families will also receive a general update weekly via RAVE (mobile alert systems) on numbers of infections and related deaths for that week. Residents will receive written updates and the administrator will provide a weekly update via televised announcements to each resident's room. A variety of means will be used to communicate including RAVE, phone calls, email, text, and written notices.  |
| <input type="checkbox"/><br>Required                                     | <b><i>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.</i></b> The PEP defines the frequency and type of staff screening for symptoms and testing as required by NYSDOH. Currently staff are screened daily and tested weekly. If family visitation is allowed, family/guardians must be screened on the same criteria as staff. Visitation may be limited to special circumstances such as end of life. The areas identified in the plan are admission and readmission test status for residents, cohorting of positive residents including clear demarcation of space, secure entrance and exit from unit to prohibit non-infectious residents from entry, handwashing and face masks, other PPE, as well as social distancing. A two- month minimum PPE inventory is maintained for use by staff and residents. PPE will also be provided to family members in the event of end of life. Protection of all stake holders will be reviewed and |

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|   | revised as necessary.   |
| <b>Response Tasks for <u>all Infectious Disease Events</u>:</b> |   |
| <input type="checkbox"/><br>Recommended                         | <b>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:</b><br>Administrator/designee is responsible to insure the most recent guidelines from CDC, CMS, NYSDOH are reviewed and disseminated to appropriate staff and incorporated into policy and procedure as required. This includes the posting of any signage required and/or recommended. |
| <input type="checkbox"/><br>Required                            | <b>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.</b> Facility has policy and procedure defining all reporting requirements in the event of suspected or identified communicable disease. The Infection Preventionist/designee has the responsibility to report such instances to facility leadership and via the NORA system. Contact/questions can also be made through the NYSDOH regional epidemiologist or the Central Office.                |
| <input type="checkbox"/><br>Required                            | <b>The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting.</b> The administrator/designee is responsible to report any required information to the NYSDOH via the HCS. Multiple staff members have access to the HCS to insure any required reports are completed timely. The administrator has the overall responsibility to insure the reporting is done timely.   |
| <input type="checkbox"/><br>Recommended                         | <b>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.</b> The Infection Preventionist/designee monitors the posting of educational signs and advises on the location of hand sanitizer. The infection preventionist also monitors proper practice of infection control practices along with nursing leadership.  |
| <input type="checkbox"/><br>Recommended                         | <b>The facility will implement the actions 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.</b> The facility will place residents on precautions as indicated and relocate a resident to a segregated unit if warranted to prevent exposure. All the facility rooms are private. A unit has been designated to cohort infectious residents if necessary or presumed infectious residents.   |
| <input type="checkbox"/><br>Recommended                         | <b>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:</b><br>The Director of Nursing will determine the staffing pattern based on the number of affected residents and the cohorting of presumed or confirmed infectious residents. Staff will be specifically assigned to the infectious group and will not provide care to non-infectious residents.  |
| <input type="checkbox"/>  | <b>The facility will conduct cleaning/decontamination in response to the infectious</b>   |

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| Recommended   | <p><b>disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.</b> The facility has guidelines for terminal cleaning and disinfection using only appropriate EPA approved cleaning products. In addition, electrostatic spray will be used to supplement cleaning of high touch areas. Increased cleaning and disinfection will be done in resident care areas to minimize infection including rooms/areas used for cohorting positive residents.</p>  |
| <input type="checkbox"/><br>Required                                | <p><b>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.</b>The facility will provide education to residents on infection control measures such as hand washing, social distancing and face masks. This will be accomplished through one to one education by staff and internally televised broadcast reminders via room televisions. Families/guardians will receive education on the disease by notices and educational information that can be shared via website, email, upon visitation, and upon discharge.</p>  |
| <input type="checkbox"/><br>Recommended                             | <p><b>The facility will contact all staff, vendors, other relevant stakeholders regarding efforts to minimize exposure risks to residents.</b> The facility will provide updates to staff, families, volunteers primarily via the mobile alert system RAVE. Regular mail will also be utilized to provide information on exposure reduction. Continuing education is given on proper PPE use, hand washing and social distancing. Permitted contractors and necessary contract staff and consultants will be notified regarding both restrictions, precautions and screening prior to entry. All stakeholders who may require entry will be notified by the appropriate Director via phone, email or letter. Each time an update is provided, the message will include efforts by the facility to mitigate the spread of the virus.</p>   |
| <input type="checkbox"/><br>Required                                | <p><b>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.</b> 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: In the event that normal operations such as visitation or admissions are modified, the facility will per policy notify family contacts/guardians of the limits or suspension of visitation via RAVE (mobile alert system) Notification will also be posted on social media and facility website. Signage will also be posted at the front entrance. Included in any communication will be any screening procedures that will take place. In the event the facility must suspend admissions, Admissions Director/Medical Director will notify referring acute care hospitals of suspension of admissions.</p> |
| <p><b>Additional Response Tasks for <u>Pandemic Events</u>:</b></p> |   |
| <input type="checkbox"/><br>Recommended                             | <p><b>Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures).</b> The facility will utilize direct observation, return demonstration, staff education, signage to ensure proper use of PPE.</p>  |
| <input type="checkbox"/><br>Required                                | <p><b><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</b></p>  |

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|                                      | <p><b>request:</b> The administrator will facilitate the posting of the PEP on the facility website. A RAVE alert (mobile alert system) will communicate the availability of the PEP to family/guardians. A copy will be made available at the facility and provided upon request.</p>  |
| <input type="checkbox"/><br>Required | <p><b>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:</b> The facility will utilize staff phone calls to families to update them on the status on an infected relative daily.</p>  |
| <input type="checkbox"/><br>Required | <p><b>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:</b> In addition to a daily communication in the event of The facility will utilize RAVE ( a mobile alert system) to notify families and guardians at least weekly on the number of pandemic related infections and deaths including any deaths from pandemic related infection along with facility efforts to mitigate the virus.</p> |
| <input type="checkbox"/><br>Required | <p><b>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:</b> All residents will have the capability to remote conference family/guardian via tablets provided by the facility and at no charge to residents or families. The facility has a system by which family can notify staff of the desire to videoconference and staff provide a tablet and assist the resident as necessary. Window visits are scheduled as the request of the family.</p>  |
| <input type="checkbox"/><br>Required | <p><b>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(l)(3)(iii), 415.19, and 415.26(l); and 42 CFR 483.15(e):</b>The facility policy is to hold a bed for readmission for any hospitalized resident as long as the facility is able to provide the necessary care upon return. This is also part of the admission agreement.</p>  |
| <input type="checkbox"/><br>Required | <p><b>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):</b> The facility has in a policy and the admission agreement that the facility will preserve a bed for return of a hospitalized resident as long as the facility can provide the level of care.</p>  |
| <input type="checkbox"/><br>Required | <p><b>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 COVID pandemic will be included in the 60-day stockpile. This includes, but is not limited to:</b></p>  |

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|  | <ul style="list-style-type: none"> <li>- <b>N95 respirators</b></li> <li>- <b>Face shield</b></li> <li>- <b>Eye protection</b></li> <li>- <b>Gowns/isolation gowns</b></li> <li>- <b>Gloves</b></li> <li>- <b>Masks</b></li> <li>- <b>Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)</b></li> </ul> <p>The purchasing agent for the facility calculates burn rates and established the amount of PPE required to maintain a 60- day supply. Inventory is maintained on site. Facility utilizes multiple vendors to insure inventory needs. In the event of any lack of availability, facility will contact NYSDOH and the office of emergency management for Suffolk County for assistance.</p> |
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**Recovery for all Infectious Disease Events**

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| <input type="checkbox"/><br>Required | <p><b>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.</b> The facility follows all procedures and directives from NYSDOH, CDC, and CMS and incorporate these into policy, procedure and planning. The administrator maintains responsibility for this process.</p> |
| <input type="checkbox"/><br>Required | <p><b>The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.</b> The administrator will be responsible to communicate all updates and changes regarding recovery and return to normal operations.</p>   |