Central Island Healthcare

Pandemic Emergency Plan (PEP)

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Pandemic Response Plan (PEP)

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.
Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites, or fungi. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality.
Under the Pandemic Emergency Plan (PEP) requirements of Chapter 114 of the Laws of 2020, special focus is required for pandemics.

The Pandemic Emergency Plan requirements include:

- Pandemic Communication Plan
- Protection Plans for Staff, Residents and Families
- Procedures for Sufficient Personal Protective Equipment (PPE) Supplies

Continuing to perform essential functions and provide essential services during a pandemic outbreak is vital to Central Island Healthcare's ability to remain a viable entity during times of increased threats. A pandemic outbreak has been identified in the Hazard Vulnerability Analysis (HVA) as a potential emergency/disaster for Central Island Healthcare.

Purpose: This plan provides guidance to the facility and may serve as the plan for maintaining essential functions and services during a pandemic. This guidance neither replaces nor supersedes any current, approved Central Island Healthcare Emergency Management Plan, but instead supplements it, bridging the gap between all-hazards emergency planning and the specialized planning that may be necessary to appropriately manage a pandemic outbreak in a unique healthcare setting such as a nursing home.

This guidance stresses that essential functions can be maintained during a pandemic outbreak through appropriate mitigations strategies, including:

- Social distancing
- Appropriate Infection Prevention & Control protocols
- Increased hand hygiene
- Temporary suspension of non-essential activities

- Temporary suspension of communal activities, such as dining or activities
- Temporary suspension of in-person visitation from members of the community
- Appropriate inventory management and use of Personal Protective Equipment (PPE)

Planning Assumptions: Central Island Healthcare's pandemic plan is based on assumptions included in the Federal Office of Emergency Management (FEMA) National Strategy for Influenza Implementation Assumptions as well as lessons learned from the COVID-19 pandemic. These include:

- Susceptibility to pandemic viruses will be universal, but also elevated in congregate nursing facilities due to the resident population
- Efficient and sustained person-to-person transmission serves as a signal of an imminent pandemic
- Rates of absenteeism will depend on the severity of the pandemic. A pandemic outbreak threatens Central Island Healthcare's human resources by potentially removing essential personnel from the workplace for extended periods of time. Public health measures such as quarantining household contacts of infected individuals or mandatory self-quarantine for workers potentially exposed to a virus may increase absenteeism.
- Multiple waves/periods during which outbreaks occur in a community can be expected, as is historically seen with influenza.
- Appropriate guidance and/or direction will be provided by federal, state and/or local governments regarding current pandemic status in the community where Central Island Healthcare is located.

Infectious Disease Preparedness, Response and Recovery

Infectious Disease Preparedness Planning

As part of its preparedness planning for any infectious disease event, the facility takes the following steps:

- Educates staff on infectious diseases, including any reporting requirements, exposure risks, symptoms, prevention, infection control, proper use of PPE, and any related regulations, guidance or directives.
- As part of its overall emergency/disaster preparedness planning, Central Island Healthcare ensures that all employees receive specific training on their individual, departmental and facility-wide roles during any emergency/disaster at the time of orientation, and at least annual thereafter, with an increasing frequency as needed.
- Reviews and revises, if necessary, existing Infection Prevention and Control policies, including mandatory reporting. Policy updates are reviewed by the QAPI team and disseminated to employees based on their role/department.

- As new guidance arises from the Centers for Disease Control (CDC), NYSDOH or other regulatory body, new policies or practices will be developed and implemented consistent with these best practices.
- The Infection Preventionist conducts routine, ongoing infectious disease surveillance to adequately identify background rates of infectious diseases and detect significant increases above baseline rates, appropriate action will be taken. **Refer to Appendix A - Surveillance, Recording and Reporting of Infection Policy**
- Reviews the plan for testing staff and reviews the emergency staffing plan should the need arise to have staff out of work for periods of time while under observation or quarantine. When directed to do so, and testing capabilities are available for the specific infectious disease concerned, staff are tested per current regulatory requirements. **Refer to Appendix B – Advance Preparations - Staff Management**
- Facility staff members will have access to and have been trained for use of communicable disease reporting tools and other outbreak-specific reporting tools, including the Nosocomial Outbreak Reporting Application (NORA), the Health Commerce System (HCS) and HERDS.
- Reviews and revises, if needed, facility policies and procedures for inventory management of items such as environmental cleaning agents, specific PPE, and medications.
- Develops and implements administrative controls, including visitation policies, employee absenteeism plans and staff wellness/symptom monitoring. **Refer to Appendix B for plans and policies.**
- Reviews and revises procedures for environmental controls as necessary and based upon best practices for infection prevention and control.
- Reviews and revises, as necessary, vendor supply plans to procure adequate supplies of food, water, medications, sanitizing agents and other supplies are available. **Refer to Central Island Healthcare Emergency Operations Plan.**
- Develops, reviews, or revises the facility's plan so 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. Facility cohorting plans include using distinct areas within the facility, depending on the type of outbreak and cohorting required. Any sharing of bathroom facilities with residents outside of the cohort is discontinued.
- Reviews and revises, as necessary, the facility's plan for social distancing measures where indicated and required.
- The facility has plans in place to effectively suspend all non-essential activities, communal dining and activities/ programs, and if required, suspend outside visitation (except for compassionate care situations, if allowable).
- In accordance with State, NYSDOH, and CDC guidance at the time of a specific infectious disease outbreak or pandemic event, the facility will develop and

implement a plan to recover/return to normal operations as specified in regulatory guidance. Updates will be made in accordance with changes to recommendations and requirements. If approval by NYSDOH is required, such as in the case of COVID-19 Visitation Plans, plans will be developed and submitted timely. The Incident Commander/Administrator will be responsible for transmitting these plans.

Infectious Disease Response Tasks

- During an infectious disease outbreak, the facility will implement procedures to ensure that current guidance and advisories from NYSDOH and CDC on disease-specific response actions are obtained and followed.
  - Education will be provided to all staff consistent with their roles.
  - The Information Officer (Administrator/Director of Recreation or designee) will send, robo calls and update the facility's public website to provide pertinent information to authorized family members and guardians.
  - Residents will be provided with relevant information and the protections that the facility is putting into place for their safety through the following process:

- Current signage will be obtained and posted throughout the facility. The Infection Preventionist will be responsible of signage for cough etiquette, hand washing, and other hygiene measures to be posted in high visibility areas. The Logistical Officer (Director of Environmental Services/Central Supplies Manager) will distribute hand sanitizer and have available throughout the facility, as well as other source control supplies if practical and warranted.
- The Infection Preventionist will be responsible for the facility to meet all reporting requirements for suspected or confirmed communicable diseases as mandated by New York State. **Refer to Appendix A.**
- The Incident Command Officer (Administrator) will be responsible for the facility to meet all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting within required timeframes.
- In order to limit exposure between infected and non-infected residents, the facility will develop and implement a plan, in accordance with any applicable NYSDOH and CDC guidance and facility Infection Prevention and Control Policies and Procedures, to segregate impacted residents.
- If the need to develop cohorts arises, the facility will implement procedures to the extent possible, staff are separated and do not provide care outside of a specific cohort.
- In response to the infectious disease outbreak, the facility will conduct cleaning/ decontamination in accordance with any applicable NYSDOH, CDC and

Environmental Protection Agency (EPA) guidance and facility policy for cleansing and disinfection of isolation rooms, including terminal cleaning.

- The facility will provide education to residents, family members and other related parties about the disease and the facility's response strategy at a level appropriate to their need for information and interest level. This education will be provided through robo call communication and through public address announcements.
- All staff and vendors will be contacted and provided with information on the facility's policies and procedures related to minimizing exposure risks to residents, such as by limiting the types of staff, contract staff or vendors who may enter the premises, resident care areas or other changes from normal operations.
- The Information Officer will advise family members that their visits should be limited to reduce exposure risk to residents and staff, subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors. Signage will be placed on all entrance doors alerting visitors. The receptionist staff will be responsible for implementing any necessary screening procedures for visitation.
- If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement procedures to close the facility to new admissions, implement limits to visitors when there are confirmed cases in the community, and/or screen all permitted visitors for signs of infection. The receptionist staff will be responsible for screening all visitors.
- All staff will be provided with re-education on the appropriate use of PPE, including donning and doffing and utilizing the appropriate PPE.

Infectious Disease Event Recovery Activities

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

- The facility will communicate any relevant activities regarding the recovery process or return to normal operations to staff, authorized families and guardians, residents and other relevant stakeholders.

Pandemic Management Approach

Central Island Healthcare's approach to managing a pandemic, including its plan for managing resident and staff safety and communications with interested parties, will be determined by the level of spread of the associated virus, such as COVID-19, in the surrounding community. The priority of Central Island Healthcare is to maintain a safe and healthy workplace and minimize the transmission of a virus to residents and staff while following all federal, state and local directives and guidance during a pandemic event.

Section 1 - Pandemic Communication Plan

The Pandemic Communication Plan follows the overall Central Island Healthcare's Emergency Management Plan.
Included in the Plan are the following elements, required in the PEP:

- Plan for all residents to have daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians
- Plan to update authorized family members or guardians on the number of infections and deaths at the facility, by electronic or such means as may be selected by each authorized family member or guardian

Procedure for Keeping Residents and Families in Communication

In accordance with PEP requirements and NYSDOH guideline C20-01, the facility will implement the following mechanisms to provide all residents with no-cost daily access to remote video conference or equivalent communication methods with resident's designated representative (family members/guardians/friends/next of kin).

- Face-to-face video calls
- Phone calls

All residents will be offered and assisted as needed in making phone calls and/or video conferencing with their designated representatives. If a resident is unable to communicate via telephone, the representative will be kept apprised of their status by designated staff members.

Communication Procedures Based on Threat Level

Communication When There are No Cases in New York and No Impact to Staff and Residents

When there is growing concern about a pandemic outbreak, but there are currently no New York State or Nassau County cases, and there is no impact to staff and residents, the facility will make frequent updates to residents, designated representatives, and staff

Communication When There Are Cases within the Facility or Staff are Impacted

When there are positive cases at Central Island Healthcare, or our staff members have been impacted, Central Island Healthcare will provide consistent communications with staff, residents, and family members. Per the regulatory requirements for PEP, each authorized contact will be communicated with in the manner he/she prefers.

Pandemic Response Plan-Specific Notification Procedures

Procedure for When a Resident is Infected

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:

- Nursing will provide a list of all residents who have become ill to all department heads and designated supervisors.
- Nursing or physicians will call each resident's designated representative (family member/guardian) to provide an update once per day and upon a change in condition.

Procedure for Weekly Updates on Facility Status

In accordance with PEP requirements, the facility will implement the following procedures/methods to update all residents and authorized representatives (family members/guardians) at least once per 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:

- Central Island Healthcare will use multiple methods to notify all residents in the facility, their designated representatives and families regarding the status of the

facility and its residents, not just those who are suspected/confirmed cases (per CMS QSO Memo QSO-20-29-NH and DAL NH 20-09).
- Notification will include, for example, relevant medical/nursing interventions, and course of treatment when confirmed or suspected cases have been identified.
- Updates will provided at for general facility status updates.
- Communications will be respectful of privacy laws, considering HIPAA-compliant protocols and protecting PHI.
- The facility will make all reasonable efforts to inform residents, designated representatives/families through means authorized representatives have selected as preferred, including:
    - Central Island Healthcare facility website posting/updates
    - Social media
    - Recorded telephone messages

Posting of Facility Pandemic Emergency Plan

In accordance with PEP requirements, the facility will follow procedures to post a copy of the facility's PEP, in an acceptable form to the Commissioner and on the facility's public website. The PEP will also be available immediately upon request.

- To the Commissioner
    - The finalized PEP will be sent to NYSDOH as required on or before September 15, 2020.
    - The Administrator will be responsible for transmitting this plan.
- On the facility's public website
    - The finalized PEP will be provided in .pdf format for viewing on the facility's public website.
    - The Recreation Director is responsible for contacting the web designer to post the plan to the website.

Section 2 - Protection of Staff, Residents and Families Against Infection

The facility's Pandemic Emergency Plan includes:

- Plans to protect staff, residents and families through enhanced screening processes, changes to staffing, and the use of designated units for cohorting residents of similar status
- A plan for hospitalized residents to be readmitted to the facility after treatment, in accordance with all applicable laws and regulations

- A plan to preserve a resident's place in the facility if such resident is hospitalized, in accordance with all applicable laws and regulations
- A plan for the facility to maintain or contract to have at least a two-month (60 day) supply of Personal Protective Equipment (PPE)

Procedures for Protecting Staff, Residents and Families against Infection

Screening

- The facility will monitor all entrances and screen those entering per the facility's Pandemic Screening policy, including staff, visitors and vendors. Screening types and questions will be based on regulatory guidance, including, but not limited to, CDC, CMS and NYSDOH.
- All staff will be screened prior to entering the facility and at least every 12 hours. Consistent with the guidance set out during the COVID-19 pandemic, any staff with symptoms or a temperature of 100.0 will be sent home with a mask and instructed to call their direct supervisor and the Infection Preventionist.
- If required by the Centers for Disease Control (CDC) or federal, state or local authorities, all employees who have travelled within the time period set out by the authorities to impacted countries/states/locations will be screened for international travel.
- Staff who have been potentially exposed to someone with a confirmed case of the virus, or to someone who is a person under investigation (PUI), will be placed under precautionary quarantine or mandatory quarantine by public health officials, based on the symptoms presented and/or level of risk for having contracted the virus as per current guidelines.
- All residents must be screened daily for signs and symptoms of the virus, including a temperature check, observing for signs and symptoms consistent with the virus, including symptoms or complaints of cough, shortness of breath, sore throat, elevated temperature, nausea and vomiting or any changes in status. If the resident is on a unit that has residents who are positive cases, temperatures will be taken daily with increased frequency depending on severity of outbreak.
- Anyone entering the facility will be reminded of the need to perform appropriate hand hygiene, socially distance and wear a facemask for the duration of their time in the facility, consistent with applicable regulatory recommendations and requirements.

Visitation

Visitors to the nursing home may introduce the infection into the nursing home if they are ill as a result of community transmission either internationally or in the United States or have had close contact with a person(s) known to have or reasonable suspected to have the virus.

- The nursing home will have staff available to screen visitors for symptoms or potential exposure to someone with the virus.
- Post signs at the entrance instructing visitors not to visit if they have symptoms of cold or flu-like symptoms. Individuals (regardless of illness presence) who have a known exposure to someone with a confirmed case or who have recently traveled to areas with virus transmission should not enter the nursing home.
- Visitors who enter the facility will be reminded of the importance of practicing appropriate hand hygiene, social distancing and be required to wear a facemask/ cloth face covering for their safety. Anyone who is not able to follow these infection control measures will not be permitted to enter the facility.
- Depending on the level of spread and presence in the community and/or facility, family members may be restricted from visitation if mandated by NYSDOH or other agency for their protection.
    - Any visitation for compassionate care situations, including end of life, must be screened.
    - When visitation is allowed or the facility is reopened to visitors under certain circumstances, the Central Island Healthcare Visitation Policy will be followed. **Refer to Appendix D – Visitation Policy.**

Staffing

Central Island Healthcare has planned for potential staffing issues during a pandemic, including accounting for increasing levels of absenteeism due to illness or presence of signs or symptoms of the virus, and the need to augment existing staff with outside resources. The following measures provide an overview of the measures that will be taken:

- Reinforce sick leave policies. Ask employees to stay home if they have symptoms of the flu or are ill. They should call rather than coming in for medical advice. Management should monitor sick calls for compliance. If they notice an employee exhibiting signs of infection, they should send that person home.
- As much as possible, in-person meetings will be avoided, and the use of conference calls and other electronic methods will be implemented.

- Staff who have symptoms of respiratory illness or other symptoms associated with the virus must stay home and not come to work until they are free of fever, and any other symptoms for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). A fever is defined as a temperature of 100.0 degrees F or 37.8 degrees C taken by an oral or body thermometer. All employees must remain out of work determined by the NYS Department of Health). All staff with symptoms of the virus must be cleared by their department head/Infection Preventionist prior to returning to work.
- The Logistics Team will implement the plan to augment staffing through outside agency staff. If necessary, the New York State Office of Emergency Management among other agencies, will be contacted for assistance with emergency staffing resources.

Infection Control and Cohorting

Infection Control during a Pandemic

- Any residents suspected of having symptoms of the virus will immediately be placed on Contact and Droplet precautions. Staff will notify their supervisor and communicate with the infection control preventionist.
- Symptomatic residents will be given a mask to wear, if tolerated, when out of their rooms.
- Residents with suspected or confirmed infections should be given a surgical or procedure mask to wear, if tolerated, during care and maintained on Contact and Droplet precautions.
- All residents will be encouraged to stay in their rooms. For residents who cannot remain in their rooms, staff will place residents at least 6 feet away from each other.
- For a cluster of symptomatic residents, a line list will be created, and a NORA report will be submitted to NYSDOH. The local health authority, i.e. Nassau County DOH, will also be made apprised.
- In all cases, staff shall utilize Standard, Contact and Droplet precautions including a N95 mask(where required) + eye protection, and a gown and gloves (surgical mask with either goggles or face shield if N95 masks are not available) when handling any resident suspected to have or who has, the virus.
- Standard, Contact and Droplet precautions (N95 masks + eye protection) and potentially private isolation room to the extent possible are needed when providing care for positive residents
- If a resident requires hospitalization, the resident must be isolated in a separate room with the door closed and transported with a mask. Ambulance transport and the

receiving hospital must be notified that a resident is a confirmed positive case or a person under investigation due to possible exposure.

Cohorting

- Signage will be posted on the door or wall outside of the resident room or confirmed positive wing that clearly describe the type of precautions needed and/or required PPE.
- Proper signage will be in place to demarcate that this is a restricted area to remind everyone of the need for precautions.
- Separate staffing teams, to the extent possible, will care for positive residents, suspected residents and non-positive residents.
- During an outbreak, the interdisciplinary team will evaluate and cohort positive, negative, unknown (including inconclusive/invalid test results) and not testing cases in the designated unit/wing.
- All positive cases will be isolated on a designated positive unit/wing. This area may be either a full unit or designated part of a unit dependent on the number of residents impacted.
- All new suspected cases will be tested for the virus, isolated and moved to the area designated for suspected cases. If the test result is positive, the resident will be moved to the positive unit/wing. If the test result is negative, the resident will be moved back to the original room in the non-positive until provided NYSDOH non-test-based strategy or test-based strategy guidelines for discontinuing Contact/Droplet precautions are met as follows:
  - Non-test-based strategy:
    - At least 72 hours of being asymptomatic (lack of fever off anti-pyretic) and improvement in respiratory symptoms AND
    - At least 14 days have passed since symptoms attributed to virus first appeared
  - Test-based strategy:
    - Lack of fever (greater than or equal to 100.0F) without anti-pyretic and improvement in respiratory symptoms AND
    - Two virus molecular assay test results negative performed at least 24 hours apart

- If a new suspected case has an asymptomatic roommate, the roommate will be considered as possible exposure and will be tested and isolated in the same room until the test results become available. If the result is positive, the resident will be

moved to the positive unit/wing. If the result is negative and the resident remains asymptomatic, then the resident will continue to remain in the same room.
- All unknown, not testing and inconclusive/invalid cases will be isolated in the designated unit/wing.
- All test-negative and recovered cases will be placed in non-positive units.

Admissions, Readmissions and Bed Hold/ Bed Reservation

The facility's PEP considers that hospitalized residents may need to be readmitted to the facility after treatment. The plan also considers that a plan should be in place for preserving a resident's place in the facility if that resident is hospitalized.

The facility has developed and put into place a thorough plan with these considerations in mind, with the overall goal of protecting all residents and staff. This includes planning for protecting residents who remain in the facility, are readmitted to the facility or are new admissions from the hospital, consistent with New York State and NYSDOH directives and all regulatory requirements. This includes implementation of dedicated units/wings for residents of differing pandemic-related health status and drives the decisions for where a resident will reside upon readmission or admission from the hospital.

New Admissions to the Facility

Should it be necessary to accept pandemic virus positive patients from hospitals, the NYSDOH guidance provided during COVID-19 will serve as the basis for admitting new patients in the absence of more current guidance.
- The receptionist will notify the nursing supervisor when an admission arrives. If the status of the admission is unknown, the new admission will be screened prior to bringing the resident to the unit. If the admission has any signs and symptoms of an elevated temperature or respiratory symptoms, a mask will be placed on the resident and the physician will be contacted for further evaluation, including admitting diagnosis, type of precaution and history of exposure.
- If allowable, all positive cases will be admitted to the facility to a designated positive unit.
- All admissions recovered from the virus and not requiring isolation must meet qualifying facility criteria for discontinuing isolation.
- All non-virus admissions will be admitted to the non-virus unit.

Accepting Patients from Hospitals

NYSDOH Guidance for accepting patients from hospitals during the COVID-19 pandemic will be followed in the absence of more current guidance. Per NYSDOH Guidance:

- "Separate residents into cohorts of positive, negative, and unknown as well as separate staffing teams to deal with COVID-19 positive residents and non-positive residents. In order to effectuate this policy, nursing home facilities should transfer residents within a facility, to another long-term care facility, or to another non-certified location if they are unable to successful separate outpatients in individual facilities.
- If the facility is unable to meet cohorting standards or any infection control standards, admission must be suspended to the facility

Bed Hold, Return to Facility & Readmission of Hospitalized Residents

Per the requirements of the PEP regulation, Central Island Healthcare will follow its Bed Reservation/ Bed Hold Policy to preserve a resident's place in the facility if such a resident is hospitalized, in accordance with applicable laws and regulations, including, but not limited to: 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e). The facility will also follow this process to assure hospitalized residents will be admitted or readmitted to the facility 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). **Refer to Appendix C – Bed Reservation/ Bed Hold Policy**

Section 3 – Procedures for Sufficient PPE Supplies

Per the PEP requirements, the facility will develop pandemic infection control plans for staff, residents and designated representatives/families. This includes:

- Developing supply stores and specific plans to maintain, or contract to maintain, at least a two-month (60 day) supply of personal protective equipment (PPE) based on facility census, including consideration of space for storage.

Personal Protective Equipment Supply

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 (PPE), including consideration of space for storage, or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements during a specific disease outbreak or pandemic. As a minimum, all types of PPE found to be necessary in the COVID-19 pandemic should be included in the 60-day stockpile. This includes, but is not limited to:

- N95 respirators
- Face shields/Eye protection
- Gowns/Isolation Gowns
- Gloves
- Surgical Masks
- Sanitizer

A 60-day supply of necessary PPE will be maintained at the nursing home, or in a nearby rental storage facility.

Appendices

Appendix A – Surveillance, Recording and Reporting of Infection Policy

POLICY: SURVEILLANCE, RECORDING AND REPORTING OF INFECTIONS

PURPOSE:

1. To outline a systematic approach of data collection, comparison, analysis and dissemination of infection events and rates.
2. To promote resident safety by identifying areas for improvement that supports and minimizes infection rates.
3. To monitor changes in infection rates and maximize control measures to minimize the impact of epidemics or outbreaks.
4. Identification of residents at risk for Health Care Associated Infections (HAI) and implement prospective Infection Control intervention.

DEFINITION: The continuous and systematic process of collection, analysis, interpretation and dissemination of descriptive information for monitoring health problems, planning, implementation, and evaluation of health care related practices.

HAI: Localized or systemic conditions resulting from an adverse reaction to the presence of an infectious agent which was not present at the time of admission to the healthcare facility.

INFORMATION: Surveillance includes:

- Review of practices related to resident care, i.e. hand hygiene, clean techniques, PPE use, cleaning or disinfecting reusable equipment.
- Collection, documentation, monitoring, analysis of data on individual cases and comparing to standard definitions of infection.

Infections are tracked to determine the following:

- Which conditions might be communicable
- Which are reportable to local and state regulatory agencies
- Which are nosocomial
- Which residents require isolation or other precautions
- Causative agents, control spread and identify prevalence

Accurate records of infections are maintained and made available.

Appendix B - Administrative Control Plans

Advance Preparations - Staff Management

Purpose: Central Island Healthcare has proactively planned for potential staffing issues during a pandemic. The strategy for staff management involves many considerations and contingencies that may arise in the event of staffing issues. Advance preparations for staff management include:

- Prepare staff scheduling enhancements to cover the period, including shift alterations, extended shifts and additional contracted coverage
- Place off-duty/on-call staff in alert status
- Review staffing policies covering staff absenteeism during emergencies
- Implement denial of leave requests, cancellation of pre-scheduled leaves and days off and medical clearance for use of sick leave
- Include executive leadership coverage in the staffing plan
- Update lists of employees who live or will stay within proximity to the facility. Ensure that complete contact information, including address, email and phone numbers including cell phones are updated.
- Facilitate and encourage the establishment of employee self-help transportation pools.
- If determined feasible, create sleeping arrangements or reserve hotel accommodations for key staff
- Identify potential need for staff dependent care, including pets, and activate plans as needed
- Direct incoming personnel to bring extra clothing, food, water and personal necessities, including medications, in preparation for an extended stay
- Review facility emergency procedures with staff, including shelter in place and evacuation plans, as well as absenteeism policies
- Brief the Critical Incident Stress Debriefing team, if needed

Appendix C – Bed Reservation/Bed Hold Policy

POLICY: Bed Reservation/ Bed Hold

PURPOSE: To outline the Bed Hold Process when residents are temporarily hospitalized or out of the facility on "therapeutic" days.

INFORMATION:

- At the time of admission and again at the time of transfer to hospital, the Resident and/or the Resident's Designated Representative will be informed orally and in writing of this policy.
- As of May 29th, 2019, Bed reservation (bed hold) reimbursement will apply as follows:
  - Patients 21 and over on hospice are eligible for 50% of the Medicaid rate otherwise payable to the facility for services provided. Payments cannot exceed 14 days in any 12-month period.
  - Patients 21 and over on therapeutic leaves of absences will be reimbursed at 95% of the Medicaid rate otherwise payable to the facility for services provided. Payments for Therapeutic Leave cannot exceed 10 days in any 12-month period.
  - Patients under 21 will be reimbursed at 100% of the Medicaid rate for hospital, therapeutic and hospice leaves of absences. There are no limits for patients under 21 years old.
- Medicare does not pay for a bed to be held during hospitalizations or therapeutic leave. Patients whose stay is paid for by Medicare and who wish to have their bed "held" must pay for overnight absences at the prevailing per diem rate.
- Private paying residents who which to have their bed "held" must pay for overnight absences at the prevailing per diem rate.
- Health Maintenance Organizations (HMOs) and Managed Long-Term Care Companies (MLTCs) must be notified of and approve a hospital transfer or therapeutic leave and may reimburse the facility.
- Family members or designated representatives of a Medicaid recipient may pay privately to reserve the Resident's bed for any days beyond the period of allowable Medicaid reimbursement by paying the facility its daily Medicaid rate for each additional bed hold day requested.

- If the Resident's hospitalization or therapeutic leave do not meet the criteria noted here, the facility will re-admit the Resident to his or her previous room, if available, or immediately upon the first availability of a bed in a semi-private room, provided the Resident:
    - Requires the services provided by the facility; and
    - Is eligible for Medicare skilled nursing services or Medicaid nursing home services.
- At the time of transfer to the hospital or commencement of therapeutic leave, the Resident and/or Resident's Designated Representative will be provided with the following information orally and in writing:
    - The bed-hold policy for hospitalization or therapeutic leave, as applicable;
    - Reasons the Resident is being transferred to the hospital;
    - The effective date of the transfer or leave;
    - The location to which the Resident is transferred or will be staying on therapeutic leave.
- The Resident or Resident's Designated Representative will be provided with instructions on how to appeal the transfer to the hospital.
- If the facility determines that a Resident who was transferred with an expectation of returning to the facility cannot return, the facility will provide Resident with the following information, sending a copy to the State Ombudsman:
    - The reason the Resident is being discharged;
    - The effective date of the discharge;
    - The location to which the Resident is discharged;
    - Instructions on how to appeal the discharge.

Appendix D

RESIDENT VISITATION

POLICY

It is the of this facility to begin visitation for residents, families and resident representatives while ensuring safety and adherence to infection prevention strategies to minimize any potential spread of infection. This will be done in accordance with all state and federal guidance for the prevention of COVID-19. The following information is provided by the New York State Department of Health.

PURPOSE

To promote and enhance resident quality of life by implementing visitation to combat psychological impacts of isolation from family and representatives.

CRITERIA

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission including, but not limited to:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status);
- Hand hygiene (use of alcohol-based hand rub is preferred);
- The use of face coverings or masks (covering mouth and nose);
- Social distancing at least six feet between persons;
- Instructional signage throughout the facility and proper visitor education on COVID- 19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene);
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
- Appropriate staff use of Personal Protective Equipment (PPE);
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care);
- Resident and staff testing conducted as required by NYSDOH.

Effective November 16, 2021:

CMS issued revisions to the Guidelines for Nursing Home Visitation during the COVID-19 PHE. On November 16, 2021, NYSDOH issued a DAL (21-27, attached) in full alignment with the CMS revised Visitation guidelines.

At this time Facilities must allow indoor visitation at all times and for all residents. As per revised Federal and State guidance facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advanced scheduling of visits.

Highlights include:

1. Visitation is now allowed for all residents at all times.

2. Visitation can now be conducted in a resident room, dedicated visitation spaces, and outdoors. Room visitation should be avoided if the resident's roommate is unvaccinated or immunocompromised if possible. Should the resident be unable to leave his/her room, in room visitation should be attempted while adhering to the core principles of infection control

3. Facilities can no longer limit the frequency of visits, the number of visitors, or require advanced scheduling of visits. Facilities must ensure that during peak times social distancing can still be maintained

4. During indoor visitation visitor movement in the facility should be limited: Visitors should be directed to go directly to resident room or visitation area.

5. Visitors and residents should wear face coverings at all times during visitation, if the community level of transmission is substantial to high, regardless of vaccination status. (Found at CDC's COVID-19 Integrated County View webpage.)

6. In areas of low to moderate transmission, if the resident and visitors are fully vaccinated, and the resident is not immunocompromised, they may choose not to wear face masks and have personal contacts during the visit.
7. Residents on Transmissions Based Precautions (TBPs) can receive visitors. These visits must occur in the resident's room and the resident should wear a well-fitting mask as tolerated. Gowns and face shields are required. Visitors must be educated of the potential risks of visiting and the precautions necessary. Visitors may be offered well- fitting face masks and appropriate PPE.

8. Visitation may occur during an Outbreak Investigation; however, visitors must be made aware of the potential risks of visiting during an outbreak.

9. Visitor testing is not required, however in counties with substantial or high levels of community transmission it is recommended. Facilities that do not offer testing should recommend that visitors test on their own 2-3 days prior to visitation.

10. Facilities may ask a visitor about vaccination status however visitors are not required to show proof of vaccination. Recommendations may include:

- Facilities must ensure that they are adhering to Core Principles of COVID-19 infection Prevention. Screening of all visitors and exclude visitation for any visitor who has symptoms of COVID-19 or currently meets the criteria for quarantine

- Hand Hygiene

- Face covering for nose and mouth and physical distancing of at least 6 feet • Instructional signage throughout the facility

- Cleaning and disinfecting high frequency touched surfaces in the facility and designated visitation areas after each visit • Appropriate use of staff PPE

- Cohorting of residents

- • Resident and staff testing conducted as required Facilities have the right to restrict visitation for individuals that will not adhere to the Core Principles of Infection Control

- .Facilities are encouraged to contact local epidemiologists for guidance and direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation and/or for residents that are currently on TBP.

- Facilities in conjunction with the Medical Director should identify those residents that meet the criteria for severely immunocompromised in order to adhere to the new guidelines.

- Facilities must educate residents and families that even though the number of visitors cannot be limited, the number must allow for social distancing and therefor visitors may need to visit in small numbers so that social distancing can be maintained.

- Prevention are being followed by visitors and need to report any areas of noncompliance to appropriate personnel.