



Policy # 9.0  
Section Emergency Management  
DOH Code # : DAL NH 20-09  
New Policy Date 9/20  
Administrator Approval: \_\_\_\_\_  
Revised Policy Date 10/20

## PANDEMIC EMERGENCY PLAN

**POLICY:** Ideal Senior Living Center has completed a full assessment of Infection Control Policies, Emergency Management measures, as well as Human Resources and Facilities Services policies. The information contained in this Pandemic Emergency Plan references many existing and/or revised policies to address any pandemic emergency that may occur.

**PROCEDURE:** Ideal Senior Living Center has utilized Annex E from the NYS Department of Health Comprehensive Emergency Plan Template (CEMP).

## Annex E: 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 facility should indicate for each checklist item, how they plan to address that task.

The Local Health Department (LHD) of each New York State county, maintains prevention agenda priorities compiled from community health assessments. The checklist items noted in this Annex include the identified LHD priorities and focus areas. Nursing homes should use this information in conjunction with an internal risk assessment to create their plan and to set priorities, policies and procedures.

This checklist also includes all elements required for inclusion in the facility's Pandemic Emergency Plan (PEP), as specified within the new subsection 12 of Section 2803, Chapter 114 of the Laws of 2020, for infectious disease events that rise to the level of a pandemic.



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A summary of the key components of the PEP requirements for pandemic situations is as follows:

- o development of a Communication Plan,
- o development of protection plans against infection for staff, residents, and families, including the maintenance of a 2-month (60 day) supply of infection control personal protective equipment and supplies (including consideration of space for storage), and
- o A plan for preserving a resident’s place in and/or being readmitted to a residential health care facility or alternate care site if such resident is hospitalized, in accordance with all applicable laws and regulations.

Finally, any appendices and documents, such as regulations, executive orders, guidance, lists, contracts, etc. that the facility creates that pertain to the tasks in this Annex, and/or refers to in this Annex, should be attached to the corresponding Annex K of the CEMP Toolkit rather than attached here, so that this Annex remains a succinct plan of action.

Infectious Disease/Pandemic Emergency Checklist	
Preparedness Tasks for <u>all Infectious Disease Events</u>	
<input type="checkbox"/> Required	<p>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</p> <p><i>Facility provides regular education on infectious disease, and an active Infection Control Committee that meets regularly under the direction of the Medical Director. Infection control policies cover all elements listed above, as well as several items not referenced - see Infection Control Policies 1.1, 3.4, 3.5, 7.1, 7.2, 7.3, 8.9, 8.10, 8.11, 8.21, 10.4</i></p>
<input type="checkbox"/> Required	<p>Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies.</p> <p><i>Facility has policies on enforcing infection prevention, control, and reporting on infectious disease, and has an active Infection Control Committee that meets regularly under the direction of the Medical Director - see Infection Control Policies 3.9, 7.1, 10.1, 10.2</i></p>
<input type="checkbox"/>	<p>Conduct routine/ongoing, infectious disease surveillance that is adequate to identify</p>



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Recommended	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. <a href="#">Facility conducts routine surveillance as directed by Executive Order or other regulatory guidelines – see Infection Control Policies 10.2, 10.3 and Outbreak Surveillance Plan, COVID-19 Action Plan</a>
<input type="checkbox"/> Recommended	Develop/Review/Revise plan for staff testing/laboratory services  <a href="#">See COVID-19 Action Plan which includes COVID testing as required by NYS Executive Order and/or CMS requirements. Also see Infection Control Policies 9.17 and 9.18 which outline TB screening and TB employee education.</a>
<input type="checkbox"/> Required	Review and assure that there is, adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys  <a href="#">Facility has adequate access and training to report outbreak details - see Infection Control Policy 10.2 which outlines all reporting requirements and utilizing reporting tools.</a>
<input type="checkbox"/> Required	Develop/Review/Revise internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary. (Include facility’s medical director, Director of Nursing, Infection Control Practitioner, safety officer, human resource director, local and state public health authorities, and others as appropriate in the process)  <a href="#">Facility has disaster policies which include assessment of at risk supply chains, and collaborating with procurement to obtain increased supplies of all necessary equipment, which may include medications, food, water, cleaning agents, and PPE. At the time of a disaster / pandemic, a command center is established with key members of Administration and Leadership to determine action items depending on the nature of the situation – see Emergency Management Manual Policy 1.4</a>
<input type="checkbox"/> Recommended	Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).  <a href="#">Facility has Administrative controls that exist in a variety of policies referenced below, which address visitation, human resources and employee relations activities, as well as employee wellness - see Administrative Policies A1.15 and A1.15a, HR policies 4-10S, 4-21S, 4.5, 4-20S, 4.8, 4-1S, 2.23S, 5-17S, 4-25S and the COVID-19 Action Plan.</a>
<input type="checkbox"/> Required	Develop/Review/Revise environmental controls (e.g., areas for contaminated waste)  <a href="#">Facility has environmental controls in place– see policy Facility Services Policies for cleaning procedures - 2.0, 2.2 and contaminated waste policies - 7.3, 7.4, 7.5, 7.6, 19.12 and Infection Control Policies 3.10 and 8.22</a>



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<input type="checkbox"/> Required	<p>Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents.</p> <p>Facility has disaster policies which include assessment of at risk supply chains, and collaborating with procurement to obtain increased supplies of all necessary equipment, which may include medications, food, water, cleaning agents, and PPE. At the time of a disaster / pandemic, a command center is established with key members of Administration and Leadership to determine action items depending on the nature of the situation – see Emergency Management Manual Policy 1.4</p>
<input type="checkbox"/> Required	<p>Develop/Review/Revise facility plan to ensure that residents are isolated/cohorted and or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance</p> <p>Facility has isolation and cohorting plans for residents who are Persons Under Investigation (PUI) or found to be COVID positive - see COVID-19 Action Plan and COVID-19 Protocol</p>
<input type="checkbox"/> Recommended	<p>Develop plans for cohorting, including using of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, and discontinuing any sharing of a bathroom with residents outside the cohort.</p> <p>Facility has isolation and cohorting plans for residents who are Persons Under Investigation (PUI) or found to be COVID positive - see COVID-19 Action Plan and COVID-19 Protocol</p>
<input type="checkbox"/> Recommended	<p>Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated [describe facility’s process, e.g. which non-essential activities to eliminate, changes in dining/other physical space arrangements involving residents/staff] Facility has plans for ensuring social distancing where indicated, as well as masking of staff and residents when unable to maintain social distancing - see COVID-19 Action Plan</p>
<input type="checkbox"/> Recommended	<p>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. [describe areas covered in your plan]</p> <p>Facility will follow all guidance as provided by NYS DOH, CDC, and other governing agencies regarding recovery / return to normal operations, after the pandemic is deemed no longer a threat to the population the Facility cares for. Removal of pandemic precautions will be planned in collaboration with our Medical Command Center, and at the direction of governing agencies. Normalizing campus activities will be phased into the facility with close monitoring - see COVID-19 Action Plan</p>



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<input type="checkbox"/>	
<input type="checkbox"/>	
<b>Additional Preparedness Planning Tasks for <u>Pandemic Events</u></b>	
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements,</i></b> Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP. Facility has a comprehensive communication plan, which includes all elements of the PEP, and meets or exceeds the communication requirements of CMS, NYS Department of Health and other regulatory agencies.</p> <p>Facility holds regular Family Council meetings and sends electronic updates to families who prefer that method of communication. Alternate communication offerings include posted by mail or phone calls – see COVID-19 Action Plan</p>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements,</i></b> Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP.</p> <p>Facility has policies, procedures, and equipment for protecting residents, families, as well as staff, including adequate Personal Protective Equipment (PPE) - see COVID-19 Action Plan - see Administrative Policies A1.15 and A1.15a, Infection Control Policy 3.3, 3.5, 3.9, and COVID-19 Action Plan</p>
<input type="checkbox"/>	
<input type="checkbox"/>	
<b>Response Tasks for <u>all Infectious Disease Events</u>:</b>	
<input type="checkbox"/> Recommended	<p>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:          [list facility-specific procedures to obtain/maintain/enact guidance]</p> <p>Facility will obtain and maintain current guidance from all regulatory and governing agencies, post guidance, signage and advisories as directed by any of the following: NYS DOH, U.S. Centers for Disease Control and Prevention (CDC), or any other governing entity related to a natural disaster or pandemic - see Administrative policies A16.1, A16.2, A16.3 and COVID-19 Action Plan</p>



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<input type="checkbox"/> Required	<p>The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19. (see Annex K of the CEMP toolkit for reporting requirements).</p> <p>Facility meets all reporting requirements listed in Annex K of the CEMP toolkit, as well as additional COVID-19 reporting on a daily and weekly basis – see Infection Control Policies 10.1 and 10.2</p>
<input type="checkbox"/> Required	<p>The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting Facility meets all reporting requirements for COVID-19 reporting on a daily and weekly basis. Administrative responsibilities are outlined in Administrative policy A16.1</p>
<input type="checkbox"/> Recommended	<p>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.</p> <p>Facility has signage posted regarding cough etiquette, hand hygiene, and adequate supply of hand sanitizer as well as PPE.</p>
<input type="checkbox"/> Recommended	<p>The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies.</p> <p>Facility has isolation and cohorting plans for residents who are Persons Under Investigation (PUI) or found to be COVID positive - see Infection Control Policy # 7.2, 7.3, Outbreak Surveillance Plan, and COVID-19 Action Plan and COVID-19 Protocol</p>
<input type="checkbox"/> Recommended	<p>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:</p> <p>Facility has protocols to dedicate health care personnel to consistent work assignments, and minimizing floating whenever possible, in order to limit the risk of transmission – see Outbreak Surveillance Plan, COVID-19 Protocol</p>
<input type="checkbox"/> Recommended	<p>The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.</p> <p>Facility has protocols in place to increase cleaning and sanitizing in situations where infectious disease is prevalent, or a risk due to community illness -see Facility Services</p>



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	<p>Policies 7.0 and 7.11 as well as Infection Control Policy # 7.2</p>
<input type="checkbox"/> Required	<p>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.</p> <p>Facility has active Family Council and Resident council representatives. Facility Administration as well as Nursing Leadership and Social Work departments have regular contact with residents and families to educate on disease management, including Influenza, COVID-19, and other outbreaks that may occur. See references to Resident and Family Councils in Administrative Policies A1.6 and A16.1</p>
<input type="checkbox"/> Recommended	<p>The facility will contact all staff, vendors, other relevant stakeholders on the facility’s policies and procedures related to minimizing exposure risks to residents</p> <p>Facility has internal and external communication plans in place to disclose exposure risks to residents, visitors, and vendors alike - see COVID-19 Action Plan and COVID-19 Protocol. Any vendor with resident care responsibilities will be approved by Administration only after vendors proposed infection prevention plans have been assessed.</p>
<input type="checkbox"/> Required	<p>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.</p> <p>Facility has Visitation policies and will limit visits when a risk to the residents or visitors exists, in the interest of public health - See Administrative Policies A1.15 and A1.15a visitation section of COVID-19 Action Plan</p> <p>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:</p> <p>Facility will follow NYS DOH guidance regarding closing to admissions based on local and state infection rates, or if an outbreak occurs in the facility. Limitations on visitors are guided by NYS Executive Orders and/or NYSDOH - See Administrative Policies A1.15 and A1.15a as well as the visitation section of COVID-19 Action Plan</p>
<input type="checkbox"/>	
<input type="checkbox"/>	



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### Additional Response Tasks for Pandemic Events:

<input type="checkbox"/> Recommended	<p>Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures)</p> <p>In the case of a pandemic event, Facility will do fit-testing for appropriate N-95 sizing, and any other applicable PPE fitting. Competency for PPE usage, donning and doffing will be completed as the Infection Control Nurse and Nurse Educator deem necessary.</p>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, the facility will follow the following procedures to post a copy of the facility's PEP, in a form acceptable to the commissioner, on the facility's public website, and make available immediately upon request:</p> <p>In collaboration with UHS Community Relations department, Annex E of the Comprehensive Emergency Management Plan (CEMP) will be completed fully, and posting will be facilitated to the public website by September 15, 2020 and made available to any party upon request of the Administrator's office.</p>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, 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:</p> <p>Facility Nurse Manager or designee will place phone call to family members and responsible parties of infected residents to provide an update on his/her condition daily.</p>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, 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:</p> <p>Facility intends to utilize electronic communication via e-mail as preferred method to communicate with family members and responsible parties. Alternatives to be offered will be posted mail or phone calls. Facility will obtain preferences from current families by September 15, 2020 – and family members of any new admissions thereafter will be offered the same by the Social Work Department.</p>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, 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:</p> <p>Facility has electronic devices available for resident use upon request, including iPads and computers at no cost to the resident or family member. Those devices are equipped with the ability to accommodate virtual visits in a variety of applications.</p>





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<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, the facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e): [describe facility’s planned process]</p> <p>Facility admissions department will facilitate admissions / readmissions for any resident hospitalized, following treatment of acute conditions, provided the facility is able to safely care for the needs of the residents - see Administrative Policy A.19</p>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, 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): [describe facility’s planned process]</p> <p>Facility admissions department will preserve a residents bed in accordance with bed hold policy and regulations – we will facilitate readmission for any resident hospitalized, following treatment of acute conditions, provided the facility is able to safely care for the needs of the residents. – See Administrative Policy on Transfer and Discharge, A1.9</p>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, 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) <u>or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic</u>. As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>– N95 respirators</li> <li>– Face shield</li> <li>– Eye protection</li> <li>– Gowns/isolation gowns</li> <li>– Gloves</li> <li>– Masks</li> <li>– Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)</li> </ul> <p>Facility has 60-day supply of all PPE, obtained in collaboration with our procurement department. All supplies are maintained on-site at Ideal.</p>
<input type="checkbox"/>	
<input type="checkbox"/>	



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<b>Recovery for <u>all Infectious Disease Events</u></b>	
<input type="checkbox"/>  Required	<p>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.</p> <p>Facility will begin return to normal operations at the direction of NYSDOH and CDC as guidance is provided to the industry. Upon receiving guidance, reopening plans will begin slowly and be closely monitored – see Return to Normal Operations section of the COVID-19 Action Plan.</p>
<input type="checkbox"/>  Required	<p>The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.</p> <p>Facility will begin return to normal operations at the direction of NYSDOH and CDC as guidance is provided to the industry. Upon receiving guidance, reopening plans will begin slowly and be closely monitored – see Return to Normal Operations and Communication sections of the COVID-19 Action Plan.</p>
<input type="checkbox"/>	
<input type="checkbox"/>	