

Wingate at Beacon Pandemic Emergency Plan

Policy and Organizational Statements

The Pandemic Emergency Plan (PEP) was developed using an all-hazards approach to comply with all applicable federal, state and local emergency preparedness requirements.

This plan has been reviewed to ensure an integrated response during a disaster or emergency situation impacting the facility.

The Emergency Preparedness Plan (EPP) and its components are the master operations documents for the facility in responding to all emergencies, and all catastrophic, major, and minor disasters. The plan defines the responsibilities of all levels of management that make up the facility Healthcare Incident Command Team.

The EPP is compliant with the National Incident Management System (NIMS), and incorporates the principles set forth in the Incident Command System (ICS).

The plan describes the basic strategies, assumptions, operational objectives, and mechanisms through which the Incident Command Team will mobilize resources and conduct activities to guide and support campus, local and state emergency management efforts through preparedness, response, recovery, and mitigation.

Pandemic Plan

The EPP is designed to be flexible, adaptable and scalable. The plan articulates the roles and responsibilities of the Incident Command Team in its response and coordination with local, state and federal emergency officials.

The circumstances of infectious disease emergencies, noted in this PEP, 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 plans effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic. The Facility uses Infectious Disease/Pandemic Emergency Checklists to evaluate 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. Nursing homes use this information in conjunction with an internal risk assessment to create their plan and to set priorities, policies and

procedures. A checklist also includes all elements required for inclusion in the facility's Pandemic Emergency Plan (PEP), as specified 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;

Communication

The Emergency Plan and Incident Command System incorporate multiple ways to enable our facility to communicate in the event of an emergency. In the latest pandemic emergency, we have established communications on our corporate website. A copy of our formal visitation plan is posted on our website; this plan may be viewed at www.wingatehealthcare.com/ny-visitacion.

Communicating Change of Resident's Condition - A resident with suspected or confirmed pandemic disease with a change in condition is assessed and emergency care is provided as needed. A Change of Condition is a change (negative in this case) in the resident's status that:

- Is not self-limiting,
- Impacts more than one area of the residents health status; and
- May require transfer to a higher level of care.

The nurse will notify the attending physician when there has been a:

- Change in status potentially indicating a decline this may include but not be limited to the following progression of symptoms.
- Prior to notifying a physician, the nurse will make detailed observations and gather relevant and pertinent information for an informed discussion.
- The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.
- The nurse will inform the resident of any changes in his/her medical treatment based on mental status or a responsible party/designated representative will be advised by telephone.
- When a hospital transfer is ordered:
 - Continue to monitor the resident's condition.
 - Notify ambulance service indicating suspected or infection.
 - Communicate resident specific information to emergency room indicating suspected or confirmed infection.
- There is significant change in the resident's physical, mental, or psychosocial status
- A change in condition is or has occurred and it is necessary to transfer the resident to a hospital/treatment center or a Step-Down unit.

Step-Down Unit: Isolation Precaution rooms reserved for New Admissions, Re-Admits, or any in-house Resident who is experiencing any new symptoms of Respiratory Illness; that is not otherwise related to any current or historic diagnoses.

- All Residents/Patients will be screened for new symptoms of Infectious Disease per physician order.

- If any Resident/Patient exhibits any new symptom of Infectious Illness, the on shift Supervisor will report the findings to the facility Infection Preventionist for further direction.
- Infection Preventionist will report any pertinent information to the Medical Director.
- If a Resident exhibits symptoms of new Infectious Illness, the Infection Preventionist will place the Resident on the Step-Down Unit until further notice.
- Any new admission will be placed on the Step-Down Unit for 14 days.
- Any re-admit will be placed on the Step-Down Unit for 14 days.
- All Residents currently residing in the Step-Down Unit will be moved from the Step-Down Unit at the discretion of the interdisciplinary team.

Routine Updates During a Pandemic – Upon admission, the facility gathers information related to how to contact you as a designated representative. The facility will inquire as to your address, phone numbers, and e-mail. In the most recent pandemic, and during emergencies, we will establish an e-mail list serv which enables the facility to send weekly updates related to the infectious disease efforts and circumstances within the facility which could include the number of people infected and our infection prevention strategies. Residents who have not elected a designated representative are provided with direct written communications. Designated representatives that do not have active e-mail accounts receive correspondence by mail through the US postal service.

Visitation and Limitations- In the event the facility is required to restrict or limit visitation there will be efforts made toward providing free remote videoconferencing and other similar communications. Appointments are scheduled by calling the front desk at 845-440-1600 and asking for the Activity Director or a Social Worker. Available devices within the facility for communications include; land lines, cell phones, IPADs, computers, and tablets. Window visits are also permitted by appointment. The window must remain closed during any visits and the visitor must remain outside. At the moment, current NY regulation states that a facility must remain COVID free for 28 days in order to have visitors.

Infection Plans

It is the policy that the facility's Infection Prevention and Control Program (IPCP), is based upon information from the Facility Assessment and follows national standards and guidelines to prevent, recognize and control the onset and spread of infection whenever possible. The Infection Prevention and Control Program includes a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to regulatory requirements and following accepted national standards.

Written standards, policies, and procedures for the Infection Prevention and Control program, include:

Surveillance: A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;

Reporting: When and to whom possible incidents of communicable disease or infections should be reported. It is the policy that the facility will follow State reporting requirements on which communicable diseases will be reported to the local/state authorities

Standard and transmission-based precautions to be followed to prevent the spread of infections.

Hand Hygiene to be followed by staff with direct care, handling resident care equipment and the environment

Selection and Use of PPE:

- Provision of facemasks for residents with new respiratory symptoms
- When and how isolation should be used for a resident; including but not limited to;
- The type and duration of the isolation, depending upon the infectious agent or organism involved.
- A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
- Selection of room (private/semi-private/cohorted on a case-by-case basis as appropriate and available-facility to identify risk factors that could lead to likelihood of transmission.
- Identification of process to manage a resident when a private room is not available.
- Limiting the movement of a resident with a highly infectious disease for only medically necessary purposes.

Implementation Respiratory Hygiene/Cough Etiquette:

- Resources and instructions provided at the lobby.
- Dispenser for Alcohol-based hand rub
- During times of increased prevalence of respiratory infections in the community, facemasks will be used.
- Signs posted for symptomatic visitors to wear a facemask, maintain at least 6-foot separation from others in common areas, and hand hygiene.

Occupational Health procedures, including:

- The circumstances under which the facility must prohibit employees with a communicable disease from direct contact with residents if direct contact transmits the disease.
- Monitoring and evaluating for clusters or outbreaks of staff illness.

Resident Care Activity procedures including:

- Use and care of urinary catheters consistent with requirements and best practice
- Wound care, incontinence care and skin care
- Finger stick and point-of-care testing
- Preparation, administration and care for medications administered by injection or peripheral and central venous catheters
- Use and care of peripheral and central venous catheters
- Environmental cleaning and disinfection
- Routine Cleaning and disinfection
- Cleaning/disinfection of resident care equipment, including shared equipment

- An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
- Recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.
- A system for linen handling to prevent the spread of infection to include handling, storing, processing and transporting linens

The Incident Command System and Infection Control monitoring process is used to determine how the facility will reduce the spread of transmission of pandemic disease within the facility and externally. Standard universal precautions are used for preventing the spread of infection and transmission by incorporating staff education and training into standard operating procedures. During Pandemic events, there are frequent and even daily reviews for identifying residents with pandemic disease. These reviews help the facility to determine methods to slow transmission including isolation procedures for individual residents and a cohort of residents who may be infected. Residents with similar infections may be required to move to a separate unit, wing, or area of the facility for the purposes of keeping non-infected residents safe. This may also require non-infected residents to change their rooms. The facility will incorporate infection control signage and demarcating reminders for residents and staff to follow. Resident access to communal dining and activities may be limited or restricted all together. Areas of active infection may be placed on "off-limits" to residents and staff not living in or assigned to those areas. Activities of Daily living will be provided in the cohorted areas for residents who have suspected or active infections. Staffing assignments may be limited to designated staff providing services to residents with active infections.

The facility will follow guidelines for reporting infectious disease to Federal, State, and Local Health Department Offices on a routine basis including the Center for Disease Control (CDC).

As a health care system, we aim to be an on-going asset to the community and to other health care providers. During emergency situations we plan for "Sheltering in Place". In a pandemic event, we will work with governmental agencies in order to continue providing care and services throughout the event. We will attempt to modify our practices in order to continue to meet community needs by developing systems to manage various infections in a pandemic event. On occasions, residents may require transfers to acute care facilities, home, or other providers. Residents will be advised upon transfer of their rights to return to the facility.

Supplies

Personal Protective Equipment – Personal Protective Equipment (PPE) is used on a routine basis and the facility maintains sufficient supplies in order to address specific pathogens and illnesses related to infection outbreaks. Our pandemic response readiness incorporates necessary supplies in order to handle various scenarios while mitigating shortages of supplies. Supplies kept on hand include, but is not limited to: – N95 respirators – Face shield – Eye protection – Washable Gowns/isolation gowns – Gloves – Masks – Sanitizer and Disinfectants.

The facility will use one primary room for the stockpiling of supplies up to 60-days of inventory. Inventory is maintained on the supply listing in this room. The room will have limited access in order to ensure that appropriate stockpiles are maintained. The facility will maintain a 60 day supply of PPE. If a 60 day supply is not readily available at the facility, then the following will be implemented:

- Maintain evidence that the supplies have been ordered and awaiting arrival in a short period.
- Continue with the current ordering processes via the standard mechanisms with medical supplier and other available companies.
- Contact our Corporate Office for assistance in obtaining supplies.
- Incorporate recommended supply conservation practices.
- Contacting our local County Office of Emergency Management in order to obtain needed supplies.

In the event an emergency or disaster impacts any of the services provided by the facility to its residents, the facility has developed contingency plans to ensure continued services, to the extent possible. These plans include, but are not limited to, emergency procedures, vendor support, agreements with other healthcare facilities, mutual aid plan support and support from local/state emergency management.

Where in-house services for resident care can no longer be provided, it may be necessary to make alternate care arrangements or evacuate the residents to another healthcare facility.