

**1. Betsy Ross Nursing and Rehabilitation Center
Policy and Procedure**

Policy Name: Pandemic Emergency Plan	Issue Date: 3.5.2020	Revision Dates: 3.13.2020; 3.25.20, 4.4.2020; 4.10.2020; 9.12.2020; 9.26.2020; 11.17.2020, 11.10.2021
Prepared by: Administrator, Director of Nursing	Department Head: Director of Nursing	Administration: Helen Norine LNHA
Medical Director: Elizabeth Cooley, MD	Distribution To: All Departments	Review Date:

POLICY: It is the Policy of Betsy Ross to comply with all guidelines and regulations issued by the Governor of the State of New York, NYSDOH and the CDC as they relate to any type of infectious pandemic. The highest / most stringent standard will be followed when guidance from these governmental entities are in conflict.

SUPPORTIVE INFORMATION: This Pandemic Emergency Plan represents Betsy Ross' plan to proactively prevent and /or minimize the spread of any infectious organism during a pandemic state. In addition it outlines facility practices to promote the mental and physical well – being of the staff and residents during the time of the pandemic period. Policies / Procedures as they related to the specific infectious organism. This Plan will be posted on Face Book (The facility does not currently have an active website) and will be available for review upon request at the facility.

PROACTIVE ACTIONS: The Administrator; Infection Control Nurse; Director of Nursing; Housekeeping Coordinator; and Director of Facilities will monitor local and nation-wide trends indicating a potential for a pandemic infectious event. Upon recognizing potential for a pandemic infectious event the facility will increase disinfection of frequently touched surfaces from daily to twice per day. Staff and visitors are already encouraged to not enter the facility if exhibiting signs/symptoms of a communicable illness. Staff, designated representatives and residents will be kept informed of the evolving potential threat. Staff , residents and families will be educated regarding the specifics of the infectious organism and preferred methods to reduce transmission, correct PPE use (as appropriate), and any testing screening requirements.

RELATED POLICIES AND PROCEDURES: Please refer to the Transmission Based Precautions Policy and Procedure. (Enhanced Droplet Precautions refers to the utilization of both contact and Droplet Precautions including the use of a face shield for the employee.) In addition: please refer to Policies / Procedures relating to Handling of Resident Packages; Safe Package Handling; Clothing Intake; Outbreak Management and Visitation .

Note: Policies / Procedures specifically related the the evolving pandemic infectious organism will be developed and current Policies / Procedures modified as necessary.

I. COMMUNICABLE DISEASE REPORTING

1. The Infection Control Nurse / designee will report suspected or confirmed communicable diseases as mandated under NYS Sanitary Code (10 NYCRR 2.10) as well as by 10NYCRR 425.19 via the Nosocomial Outbreak Reporting Application (NORA) on the NYS Health Commerce System (HCS) If the HCS is down then an Infection Control Nosocomial Report Form (DOH 4018), found the the DOH public website, will be faxed to the DOH.

Note: A single case of a reportable disease or newly apparent / emerging organism that may prove to be infectious is reportable to both the Local County Health Department and if believed to be acquired at the Nursing Home to the NYS Department of Health. Reports should be made within 24 hours of diagnosis unless immediate reporting is warranted. Immediate reporting should be done by phone and followed up with a written report.

2. Contact Information:

CNY Regional Epidemiologist Phone: 315- 866- 1689

CNY Regional Epidemiologist Fax: 315-866-8094

NYSDOH Central Office Healthcare Epidemiology / Infection Control Program (for general questions:

<http://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional.epi.staff.html> or after hours/nights/weekends (518)-292-2200

NYSDOH Bureau of Communicable Disease Control 518-473-4439 or after hours 866-881-2809

To obtain Reporting Forms (DOH-389) 518-474-0548

II. COMMUNICATION

1. Information regarding resident contacts is kept in the Electronic Medical Record. In addition, upon admission and quarterly this information will be updated including the primary and secondary (if applicable) contact's preferred method to be contacted. Social Worker / designee will be responsible to update the information in the Electronic Medical Record.
2. A second comprehensive list will be maintained by the Facility Receptionist in the event that the EMR is not available.
3. In the event that a resident tests positive for the infectious organism family will be notified by the Nursing Staff and updated daily and with any condition changes per their desired method of communications (excluding texting as texting is not HIPPA secure).
4. In the event that a resident, staff member, or contract staff member were to test positive for the infectious organism all residents will be informed by the Nursing Staff with-in 24 hours with a follow-up written communication from the Administrator. All primary contacts for the residents will be notified by the Reception Staff (except those residents who were considered to have close contact with the individual who tested

positive – the Nursing Staff will provide notification) with-in 24 hours with a follow-up written communication from the Administrator. The secondary contact will be notified only if unable to make contact with the Primary contact. All staff will be notified by their Department Head within 24 hours with a follow-up written notification from the Administrator. Note: All resident contact notification will be done using their preferred method of notification.

5. For the duration of the pandemic the Administrator/designee will post weekly on Face Book the status of the facility. In addition, a post will occur whenever there is a newly diagnosed case.
6. Reception will notify all resident contacts as identified previously, via their preferred method, weekly regarding the status of the facility.
7. The facility encourages residents and their families / friends to use SKYPE; ZOOM; Face Time to maintain contact. If the resident cannot initiate contact or requires assistance the Activities Department will arrange the meetings on a 7 day / week basis. Equipment is available to facilitate these meetings and is provided by the facility if the resident does not have their own devices.
8. Phone contact is also encouraged. Both the Activities Staff and Nursing Staff will assist in facilitating the contact. Phones are available throughout the facility if the resident does not have personal access to a phone.
9. If In-person visitation is suspended at any time during the pandemic the Activities Staff will arrange for Closed Window visits with the aid of Baby monitors, walkie talkies and cellphones to enhance the auditory experience.
10. Infection Control Nurse/Designee will update the Infection Control Buletin Board with current information regarding the Pandemic and Staff Supports available.

III. INFECTION CONTROL

1. Informal screening will convert to formal screening for both staff and residents upon the direction of the Infection Control Nurse / designee.
 - a. Upon the onset of formal screening all individuals entering the building will be directed to enter the building via the Receiving Entrance and exit via the Patio or Front Entrance. All individuals entering the facility will be screened based upon the presenting symptoms of the infectious organism. Any individual screened to have positive symptoms will not be allowed to enter the remainder of the building.
 - b. Upon the onset of formal screening residents will be screened daily for the presenting symptoms of the infectious organism. Any resident found to have symptoms of the infectious organism will be placed in the appropriate Transmission Based Precautions.
2. The Resident screening positive will be assessed by the medical provider and appropriate diagnostics ordered.
3. If the resident tests positive for the organism s/he will be relocated to the L Pod for the duration of illness. Their room will be terminally cleaned.

4. All individuals who had contact with the resident testing positive will be required to self screen twice per day and report any symptoms to the Infection Control Nurse.
5. Any resident who had contact with the resident testing positive will be screened twice per day for symptoms.
6. During a pandemic event residents will only go to community appointments deemed to be medically necessary.
7. Utilization of transport services will occur as follows: preferred – facility transport; community medical transport (except EMS) – provider must provide their disinfection plan prior to facility utilizing services for the resident.
8. Mail will be picked up and delivered to Post Office by facility.
9. All community outing will be canceled.
10. Adjustments will be made regarding communal dining and group activities based upon the transmission of the infectious organism.
13. The L Pod will be established as an Observational Pod / Isolation Infirmery. One door is mag locked and the other has 2 sets of fire doors which will remain closed. Both fire doors have had wooded scenery door panels to deter movement in to L Pod. Both entrance / egress doors on L Pod are to have signs posted re: DO NOT ENTER. Residents residing in L Pod, when established as the infirmery, will not be able to exit the Pod except for essential medical appointments during their “Observation” or “Isolation” Period. If the number of infected / suspected infections / observational residents exceed the number of available beds in the L Pod consideration will be given to establishing other Pod(s) in order to cohort and maintain separation from the non-infected population. .
14. Residents in observation or precautions will not share bathrooms with any other residents. Bedside commodes will be utilized as appropriate.
15. Residents in observational status or precautions will be restricted to their room for the duration of their “Observational or Precaution “ status unless cohorted as described in #16. Cohorted residents may utilize their POD lounge area and ambulated within the cohorted area.
16. In the event that multiple residents in an area that allows for corhorting e.g. all residents in a specific grouping of PODs must be placed on Enhanced Precautions due to a potential exposure the facility will close the fire doors containing the PODs involved. Staff will utilize appropriate PPE to prevent the potential for spread of the infectious agent but may wear one gown while in the cohorted area changing gloves and performing handwashing between residents for care. Upon exiting the cohorted area the staff member will dispose of the gown either in trash or laundry bin dependent if disposable or reuseable. When reusable face shields are used the employee will disinfect the face shield between congregate groups of residents, each shift and when they become soiled. The shield should be labeled with the employees name and date put in use. The shields should be stored in the Medication Room in their cover bag. All reusable shields should be replaced at the end of their usable life or if damaged.
17. Staffing assignments will be based upon minimizing contact between those caring for residents who are suspected of or who have been diagnosed with the infectious agent.
18. PPE: The facility will maintain, at all times, a minimum supply of 60 days PPE based upon identified burn rates of each type. This includes N95 masks, gloves, gowns, face shields/ eye protection, hand sanitizer, and disinfectants as identified by EPA Guidance

for Cleaning / Disinfection. Adequate storage space is available on the facility grounds including 4 storage rooms within the facility and a large intact, weather secure shed outside the facility

IV. OTHER

1. All attempts will be made to treat the resident, who has become ill with the infectious organism, in place. If the resident requires hospitalization, when ready to return to the facility, the resident will be assigned to the "Observational" Pod for the period of designated post hospitalization observation period and then returned to his/her prior room. The only exceptions to this would be if the facility was not able to deliver the medically ordered care or the resident preferred to transfer to a different room available to him/her.