Comprehensive Emergency Management Plan
Pandemic Emergency Plan Annex
Revised August 2021

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I. Introduction

Although remarkable advances have been made in science and medicine during the past century, we are constantly reminded that we live a universe of microbes that are forever changing and adapting themselves to the human host and the defenses that humans create. While science has developed highly effective vaccines and treatments for many infectious diseases that threaten public health, new, potential threats, such as the coronavirus have the potential to spread across the globe.

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.

A pandemic is an event in which an infectious disease spreads across several countries and affects a large number of people. It has the potential to cause more death and illness than any other public health threat. This Pandemic Emergency Plan (PEP) Annex has been reviewed and endorsed by senior leadership for use at Dry Harbor Nursing Home (Dry Harbor). The plan is a component of Dry Harbor's Comprehensive Emergency Management Plan (CEMP), and outlines Dry Harbor's strategy in preparing for, responding to, and recovering from a pandemic.

II. Purpose

The purpose of the CEMP is to identify Dry Harbor's overarching policies, authorities and response organizational structure that will be implemented in an emergency or disaster situation that warrants a Dry Harbor response. In addition, the CEMP identifies the lines of coordination and the centralized coordination of resources that will be utilized in directing the Dry Harbor's resources and capabilities in responding to and recovering from a disaster. Moreover, the CEMP serves as the foundational framework for the Dry Harbor's response levels and serves as the operational basis on which other functional and hazard-specific annexes will build upon.

To protect the well-being of residents, staff, and visitors, an all-hazards approach has been used to develop the CEMP, which now includes considerations necessary to satisfy the requirements for a PEP. The CEMP has been adjusted to meet the needs of the PEP. Relevant sections of the PEP will be posted on the Dry Harbor website for public viewing and will be provided immediately upon request. The CEMP is informed by the conduct of facility-based and community-based risk assessments and pre- disaster collaboration with Centers for Medicare & Services (CMS), New York State Department of Health (NYSDOH), New York City Office of Emergency Management, New York Police Department, New York Fire Department and others.

The purpose of the PEP Annex is to ensure that the strategic and broad-based nature of the Dry Harbor CEMP is more defined to allow the Dry Harbor to adequately prepare for, respond to, and recover from a pandemic.

As part of the CEMP, the PEP Annex is reviewed and updated as needed at least annually.

III. Risk Assessment

Dry Harbor conducts an annual risk assessment to identify which natural and man-made hazards pose the greatest risk to the facility, i.e., human and economic losses based on the vulnerability of people, buildings, and infrastructure. This risk information serves as the foundation for the plan—including associated policies, procedures, and preparedness activities. Dry Harbor conducted a facility-specific risk assessment in August 2021 and determined Infectious Diseases/Pandemic are among the hazards that may affect the facility's ability to maintain operations before, during, and after an incident.

IV. Communication Plan/Checklist

Dry Harbor maintains external notification procedures directed toward authorized family members and guardians of residents, that includes at minimum:

- Social Work and/or Admissions staff is responsible to develop a record of all authorized family members and guardians, which should include secondary (back-up) authorized contacts, as applicable.
- Nursing staff is responsible to update authorized family members and guardians of residents infected with the pandemic infectious disease at least once per day and upon a change in the resident's condition.
- Social Work and/or Nursing staff are responsible to update all residents and authorized families and guardians at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection.
- Recreation staff are responsible to provide all residents with daily access, at no cost, to remote videoconference or equivalent communication methods with authorized family members and guardians.
- The above communications shall be by electronic means or other method selected by each family member or guardian.

V. Infection Protection Plans for Staff, Residents and Families

A. Overview

Dry Harbor maintains an infection control program in accordance with applicable Dry Harbor and federal laws and regulations, including but not limited to 10 NYCRR 415.19, 415.3(i)(3)(iii) and 415.26(i); and 42 CFR 483.15(e). The program is designed to provide a safe, sanitary, and comfortable environment in which residents reside and to help prevent the development and transmission of disease and infection, in accordance with guidance/directives from the Centers for Disease Control (CDC) and regulatory agencies, including the New York State Department of Health (NYSDOH). This policy may change based on changing guidance/directives from these agencies.

B. Readmission/Bed Hold

Protocols for readmission to Dry Harbor after hospitalization for the pandemic infectious disease are established in accordance with all applicable laws and regulations and are structured to minimize risk of exposure to residents, families, and staff. Screening protocols and readmission criteria vary depending on various factors, including the nature of the pandemic infectious disease, its modes of transmission, comorbidities, ability to safely cohort or isolate, etc. The interdisciplinary team, including the Infection Preventionist, Director of Nursing and Medical Director are involved in establishing protocols for readmission.

Protocols also consider how to reduce transmission in the event there are only one or a few residents with the pandemic disease in a facility and corresponding plans for cohorting, including use of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, such as at the end of a hallway, discontinue any sharing of a bathroom with residents outside the cohort.

Residents who are hospitalized will have their beds preserved at Dry Harbor 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).

C. Overall Strategies to Prevent Transmission/Response to Pandemic (Response Checklist)

- Isolate/cohort symptomatic residents as soon as possible, especially if there are only one or a few residents with the pandemic disease in the facility. Isolate/cohort residents with suspected or confirmed disease. Consider designating a floor or wing, or a group of rooms at the end of a hallway. Consider implementing procedures to minimize floating of staff or designating staff to care for affected residents. Discontinue any sharing of a bathroom with residents outside the cohort.
- Properly identify the area for residents with the pandemic infectious disease, including demarcating reminders for healthcare personnel using signage and other prompts.
- Implement procedures for preventing other residents from entering the affected areas, using signage and other prompts.
- Consider steps to determine cohorting needs and capabilities on a regular basis, including establishing steps to notify regional Department of Health offices and local departments of health if the facility cannot set up cohort areas or can no longer sustain cohorting efforts.
- Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those rates. This will allow for immediate identification when rates increase above these usual baseline levels. To be coordinated by infection preventionist in collaboration with nursing leadership, and to include data from resident’s clinical records, staff test results, etc. Additional testing resources, e.g., additional onsite testing by an outside laboratory vendor, to be provided as needed and appropriate. Based on infection surveillance data determine cohorting needs and capabilities on a regular basis and notify the regional NYSDOH and NYCDHMH if Dry Harbor cannot set up cohort areas or can no longer sustain cohorting efforts

- Provide staff education on infectious diseases (e.g., reporting requirements), 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. To be coordinated by infection preventionist/designee.
- Develop/review/revise and enforce existing infection prevention, control, and reporting policies. To be coordinated by administrator, in coordination with infection preventionist, medical director, nursing leadership and other clinical staff as needed and appropriate.
- Develop/review/revise internal policies and procedures to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary. To be coordinated in cooperation with medical director, nursing leadership, infection preventionist, director of plant operations, human resources, local and state public health authorities, and others, as needed and appropriate.
- Develop/review/revise environmental controls, e.g., areas for contaminated waste. To be coordinated by assistant administrator/designee, in cooperation with the director of plant operations.
- Develop/review/revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. Assistant administrator/designee to coordinate, in cooperation with directors of food and nutrition, nursing and other departments as needed.
- Develop/review/revise a plan to recover/return to normal operations when, and as specified by NYSDOH 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. Administrator/designee to coordinate.
- Ensure that all equipment and supplies are cleaned and properly sterilized where necessary and are stored in a manner that will not violate the integrity of the sterilization.
- Handle, store, process, and transport linens to prevent the spread of infection.
- Prohibit persons, including but not limited to, staff, volunteers, and visitors known to have a pandemic infectious disease or infected skin lesions from direct contact with residents or their food if direct contact will transmit the disease.
- Reduce facility risk: Cancel elective procedures, use telemedicine when possible, limit points of entry and manage visitors, screen everyone entering the facility for disease symptoms, implement source control for everyone entering the facility, regardless of symptoms.
- Protect healthcare personnel: Emphasize hand hygiene, cohort diseased residents, limit the numbers of staff providing their care, and prioritize equipment.

D. Personal Protective Equipment (PPE)

Dry Harbor maintains or contracts to have at least a two-month (60-day) supply of PPE at the facility. The supply needs are based on facility census, not capacity, and include considerations for space for storage. To determine supply needs during a pandemic episode, Dry Harbor bases such need on NYSDOH existing guidance and regulations or other tools such as the Center for Disease Control and Prevention (CDC) PPE burn rate calculator.

All efforts are made to be cognizant of experience with prior pandemic response and adopt protocols outlined in guidance that are specific to the pathogen and illness circulating at the time of the pandemic, and plan to handle worst case scenarios without implementing shortage or other mitigation efforts.

Calculations of PPE supplies address all personal protective equipment necessary for both residents and staff to continue to provide services and supports to residents, current guidance on various supplies and strategies from the CDC. Supplies to be maintained include, but are not limited to: N95 respirators, face shield, eye protection, gowns/isolation gowns, gloves, masks, and sanitizer and disinfectants in accordance with current EPA Guidance.

VI. Other PEP Considerations Checklist (Applicability May Vary Based on the Nature of the Pandemic)

- Communicate with physicians, local health department, regulatory agency, families, staff, and residents.
- Suspend processes and activities that increase residents' risk.
- Immediately inform the local health department of symptomatic residents to determine if disease testing is indicated.
- Stop large group congregate activities and provide alternatives (arrange in room dining or dining that maintains social distancing and activities, stop bingo, beauty shop, outside volunteer presentations, church, etc.)
- Screen all residents and staff including temperature checks and use of checklists to identify symptomatic individuals.
- Inform staff to stay home when sick, insuring non-punitive practices during this period. Screen all staff prior to shift for temperature and respiratory symptoms. If present staff member should be sent home until symptoms resolve.
- Focus on decreased staff rotation and cohort staff to work with symptomatic residents whenever possible.
- Ensure staff are educated on and correctly performing hand hygiene, donning and doffing of PPE, and using appropriate products for environmental cleaning/disinfection.
- Ensure adequate supplies of PPE are easily accessible to staff.
- Post signage for hand hygiene and cough etiquette, ensure necessary supplies to accomplish these tasks are present at all entries and resident care areas. Notify all residents, staff, visitors and families of current situation.
- Ensure that required communications are by electronic means or other method selected by each family member or guardian, i.e., Face Time, Skype, etc.).
- Restrict visitation to essential individuals. All visitors should be informed of risk an instructed on proper PPE use prior to entering unit. Other avenues of communication with family should be explored
- Identify additional isolation rooms limiting to single unit if possible, cohort like cases if necessary (e.g., influenza with influenza, COVID-19 with COVID-19, etc.).
- Ensure adequate testing supplies and masks are available for staff collecting specimens (for first resident being tested). Avoid aerosol generating procedures. If necessary, use face and eye protection, N95 or respirator, close door and pull curtain. Wipe horizontal

surfaces with EPA registered and approved products after procedure. If supplies become scarce, follow CDC recommendations for crisis capacity use.

- Dietary: Consider limiting/restricting food brought in by family. Have dietitians to provide necessary visits, with appropriate PPE. Consider liberalizing diets to alleviate unintentional weight loss, as well as providing snacks and supplements for nutritional support as needed.
- Recreation: Where group activities are determined to be safe for non-diseased and asymptomatic residents, consider bringing residents in the elevator one by one. Limit the number of residents to 5-6, ensure that they wear masks, and practice social distancing. Sanitize all equipment and surfaces the residents touch or sis on. Consider increased one to one visits for socialization and provide independent leisure supplies such as newspapers, tablets, word searches and color pages. Offer video conferencing with family members. Treat diseased and symptomatic patients on the units in the rooms. Defer treatments if residents are febrile.
- Rehab: Where therapy is deemed safe in a congregate setting for non-diseased and asymptomatic residents, consider bringing residents in the elevator one by one. Limit the number of residents being treated in the gym at the same time, always ensure that the residents wear masks, and practice social distancing. Sanitize all equipment or surfaces the residents touch. Treat diseased and symptomatic patients on the units in the rooms. Defer treatments if residents are febrile.

VII. Pandemic infectious disease Reporting to Government Agencies

Dry Harbor recognizes the importance of reporting pandemic infectious disease data, as part of its efforts to protect public health and ensure the safety of its residents. Such reporting contributes to the detection of intra-facility outbreaks, geographic trends, and the identification of emerging infectious diseases. The collection of outbreak data enables the NYSDOH to inform health care facilities of potential risks and preventive actions.

Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees is reported to NYSDOH, either electronically via the Nosocomial Outbreak Reporting Application (NORA) on the NYSDOH Health Commerce System (HCS), or via fax of an Infection Control Nosocomial Report Form (DOH 4018) on the DOH public website.

Dry Harbor conducts surveillance that is adequate to identify background rates and detect significant increases above those rates. A single case of a reportable pandemic infectious disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reported to the New York City Department of Health and Mental Hygiene (NYCDHMH). In addition, if the reportable pandemic infectious disease is suspected or confirmed to be acquired, it is also reported to the NYSDOH.

Dry Harbor reviews and assure that there is adequate facility staff access to pandemic infectious disease reporting tools and other outbreak specific reporting requirements on the HCS, e.g., NORA, HERDS surveys. Resident data is maintained in the electronic medical record. Employee

surveillance data is maintained in a centralized database in Nursing. Infection preventionist and nursing leadership to have access to the data.

Reports to the NYCDHMH are submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should are reported immediately by phone.

VIII. Recovery Checklist

- 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.
- Communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians, and other relevant stakeholders.