

Infectious Disease/Pandemic Emergency Checklist

Preparedness Tasks for all Infectious Disease Events

Required

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. It is the policy Surge Rehabilitation and Nursing to report a single community associated case of a disease on the Communicable Disease Reportable list that is reported by phone to the local health department:

Identify the Problem:

1) Recognize infectious outbreak

- One case of an infection that is highly communicable
- Trends that are 10% higher than the historical rate of infection
- Occurrence of three or more cases of the same infection over a seven-day period

2) Notify members of the pandemic committee

- Contact the administrator immediately to assemble the team and designate roles
 - Administrator –
 - Director of Nursing –
 - Infection control nurse –
 - Medical Director –
 - Director of Social Work –
 - Director of Environmental Services -

3) Organize an emergency meeting as soon as possible

- Identify the nature of the problem
- Try to identify a common factor
- Set up procedures to contain and confine illness. (CDC Guidelines).

Procedure:

1) Nursing

- Use CDC guidelines to determine what equipment is needed
- Inform the administrator immediately if any equipment is needed.

- In-service all shifts on proper use of this equipment as well as the nature of the illness.
- Observe procedures being carried out to make sure they are done properly
- Set up a special care plan for each resident affected to be used for the duration of the illness
- Develop a system to identify any new cases that may develop

2) Housekeeping

- Use disposable equipment whenever possible. Order those items that may be needed
- Give in-service to staff and observe procedures
- Check procedures for handling infectious waste and linen
- Increase the frequency in which high touch surfaces are disinfected.

3) Dietary

- Send food samples for analysis if illness involves the GI tract
- Be prepared to supply extra fluids
- Use disposable equipment if necessary
- Make any diet modifications as may be ordered by the physician

4) Medical

- Inform all attending physicians to evaluate their residents
- Nursing should implement order ASAP
- Take cultures if appropriate
- Physicians should follow up after initial visit
- Progress note should be written for reach resident

5) Training

- All staff will be re-trained and competency.
 - Hand hygiene
 - Use of PPE
 - Terminal Cleaning
 - Types of precautions

6) Report the outbreak to the County and State Department of Health

- Have the following information available to save time

- Date and time of onset
- Number of residents involved
- Number of cases per day (this information can be graphed to help show progress.)
- Nature and severity of symptoms (include how many residents required hospitalization).
- Location of cases within facility
- Complete plan of intervention
 - i) What has been done to date
 - ii) What steps are yet to be implemented?
- Report should be made HCS (Health Commerce System) as well as local county health

7) Keep DOH/DPH informed

- Have frequent meetings of the pandemic committee
- These meetings can be Ad-Hoc involving only a few members of the Committee
- A final meeting is needed to determine when precautions can be lifted
- Complete a final report with all necessary information including date of resolution of cases

Responsibility

The Director of Nursing, infection control nurse, Administrator, and medical Director shall be responsible to ensure compliance to this policy.

Supplies

1. Hand washing supplies
2. Masks (for patients)
3. Gloves
4. Hand sanitizers – 60 -95% alcohol based
5. Gowns
6. Disposable N95 for staff (Respirators (e.g. N95) are only required for aerosol generating procedures such as nebulizer tx, bipap/cpap, hi flow, vent, suctioning, O2, CPR ect. this was written on the WHO website) CDC Website states N95 mask.
7. Eye shields with mask (for staff)
8. EPA-registered, hospital-grade disinfectant such as: (as per who recommendations listed below)
 - a. 70% Ethyl alcohol to disinfect reusable dedicated equipment (e.g., thermometers) between uses
 - b. Sodium hypochlorite at 0.5% (equivalent 5000ppm) for disinfection of frequently touched surfaces in homes or healthcare facilities
 - c. Chlorine is effective as a decontamination (at 0.5%) for environmental cleaning when preceded by cleaning with soap and water.
9. Disposable thermometer, Stethoscopes, Bp Cuffs,

<input type="checkbox"/> Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies. SEE ABOVE INSERT
<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: The facility has several key personal with access to the HCS. This includes the Administrator, Director of Nursing Services, Infection Control Coordinator, and Administrative Assistant.
<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) The facility will maintain a 60-day (2 months) supply of personal protective equipment (PPE). PPE supplies include N95 masks, surgical masks, face shields or goggles, medical gowns, medical gloves, and hand sanitizer based on our daily burn rate reported in April 2020. <ol style="list-style-type: none"> 1. A 30-day stockpile of essential supplies needed to adhere to infection control policies. Essential supplies include environment cleaning and disinfection supplies, disposable masks, disposable gloves, tissues, hand soap and paper towels. 2. All supplies will be checked for expiration dates and rotated on a regular basis to prevent stock expiration. The facility Administrator will determine the frequency of the stock rotation.
<input type="checkbox"/> Required	Develop/Review/Revise environmental controls (e.g., areas for contaminated waste) The facility will follow all applicable guidelines as per the CMS/ NYS DOH/ CDC/ OSHA for contaminated waste.
<input type="checkbox"/> Required	Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. The facility will utilize internal vendors, and or Offices of Emergency Management and or NYS DOH.
<input type="checkbox"/> Required	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: Residents will be separated into 3 cohorts: Positive, Negative and Unknown as outlined in PEP.

Additional Preparedness Planning Tasks for Pandemic Events



Required

In accordance with PEP requirements, Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP The facility has in place a communication plan as part of its emergency preparedness plan. This communication plan can be enhanced and supplemented with additional elements and information to ensure that all parties are provided with updated information on the status of the facility's situations and the status of residents during a pandemic outbreak. The communication plan provides a framework to manage and coordinate the wide variety of communications that take place during a pandemic. It covers who will receive communications, how the communications will be delivered, what information will be communicated, who communicates and the frequency of the communications.



Required

In accordance with PEP requirements, Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP.

The facility has a policy and procedures in place for the education on the prevention and control of infections with the facility. Education on the basic principles of infection prevention and control within the facility is provided to all healthcare providers, other facility staff, volunteers, residents, family members and guardians of residents. For facility staff, infection control prevention and control education occurs upon hire, annually thereafter and when there is a need to provide more in-depth education when surveillance findings identify a need for a focused in-service; for residents, family and visitors, education occurs upon admission, when there is a change in the resident's condition and when surveillance findings identify a need for a focused in-service.

As discussed under Section III Infection Control Plan above, the facility will provide training/in-services as part of its ongoing surveillance program. Education and training efforts will be enhanced and expanded during a reported pandemic outbreak in the community as follows:

Facility Staff

Before the pandemic: Staff will be educated and trained about the facility's containment plan before it needs to be implemented. Examples of containment measures that will be discussed include, but are not limited to, the following:

- Screening procedures the facility expects to implement;*
- Importance of self-assessing and reporting influenza or other pandemic illness symptoms before coming to work;*

- *Information about cohorting of residents and assigning staff;*
- *How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and*
- *How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.*

In addition, leave policies, sick time, PPE and any other policies and procedures that may be implemented during the pandemic will be reviewed with staff. Staff will also be educated about the roles they will play during the pandemic phase. As part of the preparation for the pandemic, staff will be in-serviced on transmission-based precautions, and the requirements for use and correct usage of PPE.

During the pandemic: Staff will receive training and education to update them on pandemic-specific information and any guidance issued by CDC and/or NYSDOH on containment of the pandemic illness or treatment of residents during the pandemic. In addition, staff will be updated and educated on any change in policies or additional containment measures that may be put in place.

Education and training will be provided through department staff meetings and scheduled employee meetings as well as through assigned on-line training modules.

Residents

Before the pandemic: Residents will receive focused training regarding the actions the facility is taking to protect them and why they are important. Training topics to be reviewed with residents include, but are not limited to, the following:

- *Importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette;*
- *Screening procedures for residents the facility expects to implement;*
- *Information about the potential cohorting of residents;*
- *How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and*
- *How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.*

During the pandemic: The facility will continue to provide focused education and training to update residents on the pandemic status of the facility as well as any updated information

regarding the necessary restrictions on movement within the facility and any restriction/limitation on visitors to the facility.

Education materials and information will be adapted to the language needs and cognitive levels of the residents and will include, but not be limited to, signage, posters, pamphlets, letters, and one on one or small group discussion/presentation.

Visitors, Family Members and Guardians of Residents

Before the pandemic: *Visitors, family members and guardians of residents will receive focused training regarding the actions the facility is taking to protect residents and anyone who enters the facility and why they are important. Training topics to be reviewed include, but are not limited to, the following:*

- Importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette;*
- Screening procedures for residents the facility expects to implement;*
- Information about the potential cohorting of residents;*
- How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and*
- How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.*

During the pandemic: *The facility will continue to provide focused education and training to update visitors, family members and guardians of residents on the pandemic status of the facility as well as any updated information regarding the necessary restrictions on movement within the facility and any restriction/limitation on visitors to the facility.*

Education materials and information will be adapted to the language needs and cognitive levels of the visitors and family members and will include, but not be limited to, signage, posters, pamphlets, and letters.

Response Tasks for all Infectious Disease Events:



Required

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:

As required under Sections 2.1 and 2.2 of 10 NYCRR, nosocomial infections are to be reported within 24 hours of recognition. The facility is required to notify the state and local health department as follows:

- New York State Department of Health: Reported via the Nosocomial Reporting Application (NORA) electronic system.
- New York City Department of Health and Mental Hygiene: Reported by phone.

The facility will meet any additional notification requirements that may be put in place by NYSDOH during a pandemic situation, including submission of information and reports through the Health Commerce System.

Required

The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting

The facility will report based on all New State Reporting guidelines.

Required

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

Before the pandemic: Visitors, family members and guardians of residents will receive focused training regarding the actions the facility is taking to protect residents and anyone who enters the facility and why they are important. Training topics to be reviewed include, but are not limited to, the following:

- **Importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette;**
- **Screening procedures for residents the facility expects to implement;**
- **Information about the potential cohorting of residents;**
- **How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and**
- **How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.**

During the pandemic: The facility will continue to provide focused education and training to update visitors, family members and guardians of residents on the pandemic status of the facility as well as any updated information regarding the necessary restrictions on movement within the facility and any restriction/limitation on visitors to the facility.

Education materials and information will be adapted to the language needs and cognitive levels of the visitors and family members and will include, but not be limited to, signage, posters, pamphlets, and letters.

<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>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><i>In accordance with the applicable New York State Executive Order this facility will screen all visitors for signs and symptoms of infection and limit entrance into the facility if needed. This facility will also maintain and restrict admissions and or visitation as per New State Executive Order, and or NYSDOH guidance.</i></p>
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Additional Response Tasks for Pandemic Events:

<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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><i>This facility will post a copy of the PEP in an acceptable form on the facilities website as of 9-15-2020</i></p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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><i>This facility will utilize in person contact, and or, telephone contact, and or electronic contact to keep authorized family members and guardians updated.</i></p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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><i>This facility will utilize the facility website, and or physical mailings, and or robo call system to ensure that residents and authorized families and guardians are updated weekly.</i></p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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><i>This facility has access to multiple electronic devices (ie iPads) for resident use at no cost to stay in communication with family members and guardians.</i></p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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</p>

	<p>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):</p> <p><i>The facility will follow all applicable laws and regulation, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15 (e) in regard to hospitalized resident being admitted or readmitted into the facility.</i></p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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):</p> <p><i>This facility will make every effort to preserve a resident's place in the facility if such resident is hospitalized while abiding to cohorting regulations.</i></p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, 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"> - N95 respirators - Face shield - Eye protection - Gowns/isolation gowns - Gloves - Masks - Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic) <p><i>The facility will maintain a 60-day (2 months) supply of personal protective equipment (PPE). PPE supplies include N95 masks, surgical masks, face shields or goggles, medical gowns, medical gloves, and hand sanitizer based on our daily burn rate reported in April 2020.</i></p> <p><i>All supplies will be checked for expiration dates and rotated on a regular basis to prevent stock expiration. The facility Administrator will determine the frequency of the stock rotation.</i></p>

Recovery for all Infectious Disease Events

<input type="checkbox"/> Required	<p><i>This facility has 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.</i></p>
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Required

This facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders