

## **Policy & Procedure**

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**Department/Section: Safety & Security/Emergency Management Plan**

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**Date: 5/1/2024**      **Previously Approved: 9/15/20, 9/24/21, 6/2022, 7/13/22**

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**Subject: Pandemic Emergency Plan**

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**Policy:** This Pandemic Emergency Plan (PEP) is an element in Eger's Comprehensive Emergency Management Plan and shall be utilized upon New York State's declaration of a public health emergency. Key components of the PEP include but are not limited to: a communication plan, protection plans against infections for staff, residents and families, maintenance of a 60-day supply of personal protective equipment (PPE), a plan for preserving a resident's place in and/or being admitted to the facility or alternate care site should a resident be hospitalized and to the best of our knowledge and capabilities, shall implement procedures provided in NYSDOH and CDC recovery guidelines that are issued at the time of each specific infectious disease or pandemic event. The PEP shall be made available on Eger's website and immediately upon request.

- A. Communication Plan**
- B. Infection Protection Plans**
- C. Personal Protective Equipment (PPE)**
- D. Plan for Preserving a Resident's Place at the Facility  
When the Resident is Hospitalized**
- E. Recovery**
- F. Visitation**

This plan shall be made public on the facility web-site and available upon request of the Executive Office.

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### **Procedures:**

#### **A. Communication Plan**

1. The facility shall establish with each resident representative a method to communicate with them information covering the pandemic infectious disease either by text message or e-mail.

- a. A daily up-date shall be provided by the unit nurse or the unit social worker to resident representatives or guardians of residents infected with the pandemic infectious disease and by the unit nurse upon a change in the resident's condition.
  - b. Through the facility's mass notification system, resident representatives or guardians shall be updated weekly by Administration on the number of pandemic-related infections and deaths that occurred at the facility during the week, including those residents with a pandemic-related infection who have died for reasons other than such infection.
2. The facility has posted on its web-site a dedicated telephone number (718-989-3043) for resident representatives or guardians to call in order to hear the daily up-date as to any pandemic-related infections and deaths that have occurred within the facility in the past twenty-four hours, including those residents with a pandemic-related infection who have died for reasons other than such infection.
  - a. The Executive Director shall advise the Eger employee making the announcement as to the content of reportable data.
  - b. Resident representatives or guardians of new admissions shall be notified of the telephone number during the admission process.
3. During the daily morning announcement over the public address system, Security shall report the pandemic-related infections and deaths that occurred during the previous day.
4. By means of the facility's free remote video conferencing via Zoom, skype, face-time and through an android tablet, a resident can communicate with family members or guardians. Specific schedules will be established with the family and the communication shall be coordinated by Therapeutic Recreation, Social Services and Nursing.
5. Visiting restrictions and its prohibition shall be communicated to resident representatives and guardians upon the authorization of the Executive Director/designee via the facility web-site, the mass notification system, written correspondence from the Executive Director and signage posted in the main lobby of the facility.
  - a. Notification of restrictions to visiting shall include specific information as to compliance with required procedures in order to reduce exposure risk to residents and staff; IE: wearing of

personal protective equipment (PPE) handwashing/sanitizing, health screening, and maintenance of social distancing, etc.

**B. Infection Protection Plans**

1. Infection prevention and control education for staff is introduced at new employee orientation.
2. During a declared infectious disease outbreak, all departments shall inservice staff on infection control practices upon the declaration of an outbreak and at least monthly thereafter.
  - a. Inservice topics shall include but are not limited to: hand hygiene, infectious disease signs and symptoms, risk of exposure, droplet and contact precautions, correct use of personal protective equipment, hand sanitizer, cough etiquette, etc.
3. Infection prevention and control policies are reviewed at least annually yet will be reviewed upon the onset of an outbreak and/or as often as is needed dependent upon the infectious process within the facility.
  - a. The Infection Control Committee meets quarterly and reviews policies & procedures in addition to conducting new business. The committee shall be called to meet upon the onset of an infectious disease outbreak and at ongoing intervals during the pandemic based upon need as determined by the Director of Nursing or the Medical Director.
4. Roles and responsibilities for reporting on the various sites located on the DOH Health Commerce System (HCS) have been assigned to the Director of Nursing, Assistant Dir. of Nursing, Executive Director and Assistant Administrator; HERDS, NORA, NHSN (CDC), CAS, etc.
  - a. Senior staff access to the HCS, including HERDS, can be achieved seven (7) days/week, including holidays and weekends.
  - b. Senior staff coordinate responsibilities to ensure required surveys are completed as required.
5. To promote enhanced infectious disease surveillance, a line listing is maintained by Nursing Administration, routinely the VP of Nursing to record pertinent information on residents who are positive or are a “person under investigation” for the infection.

Similarly, Human Resources maintains a line listing of employees who have been quarantined due to:

- testing positive,
- experiencing symptoms of the pandemic infectious disease,
- have had close contact with someone with a positive test result (immediate family member living in the same household), or
- have traveled to a state or territory on the New York State restricted list, as applicable.

6. All residents are screened daily by the unit registered nurse for signs and symptoms of the infectious process; vitals are taken and recorded, including the resident's oxygen saturation. Based upon their many interactions with residents during a shift, the CNAs shall report any findings of symptoms to the unit registered nurse who shall follow with an assessment of the resident. Any observed/identified concern is brought to the attention of the Nursing Supervisor who in consultation with Nursing Administration and medical staff arrives at a course of action.
  - a. The attending physician shall be notified and advised of the resident's symptoms of infectious disease; isolation/precautions will be initiated as well as other physician directed orders.
  - b. The unit registered nurse shall communicate the initiation of isolation/precautions verbally with all unit employees, prepare an appropriate care plan and document the isolation/precautions on the 24-hour report to direct all unit employees.
7. Residents and/or the resident representative are advised by the registered nurse of the reason for the isolation/precautions, the probable length of time of isolation/precautions and the resident's plan of care.
  - a. The resident shall be moved to a private room or can be cohorted in the same room with a resident diagnosed with the same infectious organism as per DOH or NYC Epidemiologist guidance.
8. The facility strives to utilize a designated part of a nursing unit or a dedicated nursing unit to cohort residents with the same infectious organism.

9. All employees are screened for temperature and symptoms of infectious disease upon entering the facility. If an employee records a temperature of 100°F or greater and/or presents with symptoms associated with the pandemic infectious disease, the employee is advised to leave the facility and monitor their temperature and self-assess for symptoms of the infectious disease. This information is reported to the Infection Prevention and Control Nurse.

The employees will be able to return to work with documentation from their primary care physician indicating that it is appropriate to do so.

All employees are tested based upon Executive Order and NYSDOH requirements. As required, personnel may undergo testing on-site at Eger's facility or through an appropriate testing location off-site. Personnel who wish to be tested off-site are responsible for making such arrangements, payment for the testing and for ensuring that documentation is provided to the Facility upon their return. Additionally, for personnel who work at other facilities that must comply with the same testing standards, results of such testing may be used to meet Eger testing requirements, so long as the individual provides documentation of the test result to the Facility.

Routinely, employees who are out sick for three or more days must provide a medical clearance upon returning to work; however, as above, during a pandemic, an employee calling out sick describing symptoms associated with the pandemic infectious disease can return to work prior to three days only with documentation from their primary care physician that it is appropriate to do so.

10. Employees whose responsibilities make it possible to work remotely from home, shall be scheduled to accommodate this arrangement.
11. Durable multi-use medical, rehabilitation and therapeutic recreation supplies and materials will be sanitized prior to and again after resident use.
  - a. Single use supplies and materials shall be maintained for those residents/patients and discarded when no longer viable or given to the patient upon discharge, IE: respiratory supplies.
12. During an infectious disease outbreak periodic random audits on the nursing units shall be conducted by Nursing Administration and other Department Directors as scheduled.

- a. Competencies on employee hand hygiene shall be performed on a routine basis.

Eger maintains a relationship with a local privately-operated laboratory whose standard of practice is to provide test results within 24 to 36 hours of receipt of the sample.

### **C. Personal Protective Equipment**

1. The facility shall maintain a 60-day supply of personal protective equipment (PPE) based upon the facility specific burn-rate experienced and reported on the HERDS survey. At a minimum, the following PPE shall be included in the 60-day supply:

N95 Respirators,  
Face Shields,  
Eye Protection,  
Gowns/Isolation Gowns,  
Gloves,  
Surgical masks,  
Sanitizer and disinfectants.

2. The 60-day supply of PPE shall be maintained in a secured storage area within the Central Supply store-room with access limited to: Administration, the Purchasing Coordinator and Security.
3. All withdrawals of supplies from this area shall be approved by Administration and recorded on the inventory log maintained in the secure storage area.
  - a. Two signatures are required on the inventory log in order to remove personal protective equipment.
4. A 60-day supply of commonly used over-the-counter medications shall also be maintained in the central supply secured storage area.

### **D. Plan for Preserving a Resident's Place at the Facility When the Resident is Hospitalized**

1. The facility shall honor a resident's right to return to the facility following a hospitalization unless the facility can no longer meet the resident's needs; i.e.: ventilator dependent
  - a. The resident and/or resident representative shall be advised of this decision.

2. Readmissions to the facility shall follow routine and customary admission protocols, review of a PRI and Screen, medical record documents, consent of the resident when cognitively intact or the resident representative and evidence of medical stability with respect to the pandemic related infectious disease (IE: negative PCR swab for Covid-19).
  - a. Prior to the readmission, the facility representative shall advise the resident or resident representative of the need/reason for isolation/precautions, probable duration for isolation precaution and the plan of care that will be initiated.
  - b. Should the resident be re-admitted still positive for the infection, they will be admitted to a private room pending its availability or to a semi-private room where they will be co-horted with another resident who has the same infectious organism.
3. When the facility can no longer meet the needs of a resident, facility staff will cooperate with the alternate receiving facility upon their request for medical records.
4. The facility will give priority consideration to re-admit the resident should their condition improve thereby enabling the facility to meet their needs.
5. When a resident is discharged to the hospital, the social services Director will send a copy of the notice of transfer or discharge to the facility's representative of the office of the State Long-Term Care Ombudsman.

#### **E. Recovery**

1. The facility shall implement procedures provided in New York State Department of Health and Centers for Disease Control and Prevention (CDC) recovery guidance that is issued at the time of the specific infectious disease event to include but not be limited to:
  - activities, procedures and restrictions that may be eliminated and/or restored, and
  - the timing of when the changes may be executed.
2. The phases of recovery shall be communicated to resident

representatives and guardians, residents and employees in accordance with procedures outlined in the communication plan of this document.

#### **F. Visitation**

1. Visiting residents within or outside the facility shall be predicated upon the level of community transmission of the infectious disease and guidance from the New York State Department of Health.
2. The visitation policy shall be posted on the facility web-site and documented on signage conspicuously posted so can be read from outdoors of the main lobby, in the main lobby, near the main lobby elevators and on each nursing unit. The policy and the reasons for a restriction or limitations will be communicated to the resident representatives and guardians via the facility mass notification system.
  - a. Residents shall also be advised of the facility visitation policies and procedures and facility practices to enable communication with their families and friends when visiting is restricted.
  - b. Revisions to the visitation policy shall be communicated as above.
3. When visiting is permitted, with and without exceptions (IE: visiting residents receiving Hospice care), each visitor upon entering the facility, shall be:
  - screened for temperature and symptoms of the infectious disease,
  - screened for exposure to someone who has or has symptoms of the pandemic infectious disease, or
  - screened for travel to a State or Country that is listed with sustained community transmission by the Centers for Disease Control and Prevention (CDC).

As directed by the New York State Department of Health, visitors may be required to submit a negative test result for presence of the pandemic infectious disease that was performed within the directed period of time prior to the visit.



4. The facility reserves the right to deny visitation based upon health screening results.
5. Visitors shall be provided the required PPE at the time, IE: face mask, gown; and advised that the PPE must be properly worn at all times.
6. Visitors shall be advised of the social distancing requirements, as applicable.
7. Educational materials pertinent to the infectious disease will be provided to visitors upon request but signage can be found throughout the facility.
8. Any visitor who fails to adhere to the facility visitation protocols shall be prohibited from visiting for the duration of the State declared public health emergency.

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### **Miscellaneous:**

#### **Contaminated Waste**

1. Contaminated waste, IE: regulated medical waste, shall be properly segregated, packaged and labeled from the point of origin on the nursing unit through pick-up by the Facility vendor.
2. Environmental Services staff shall remove the contaminated waste from the designated storage area on the nursing unit and transport it off the nursing unit in a separate covered bin to a secured location identified as Bio-Hazardous outside of the Facility.
  - a. The contaminated waste shall never be left unattended.
3. The contaminated waste shall be placed in a locked container maintained in the secured location outside of the facility.

4. Environmental Services staff shall wear the appropriate personal protective equipment (PPE) during the transport of the contaminated waste and placement in the secured location.
5. Vendor pick-up of the contaminated waste shall be observed by the designated Environmental Services staff who shall sign the manifest with the Vendor confirming the contents of the pick-up.

### **Signage**

Signage shall be conspicuously posted to:

- illustrate cough etiquette, hand washing and related infection prevention and control measures
- advise of the symptoms of the pandemic infectious disease
- illustrate the cornerstone of safe work practices
- address social distancing requirements
- address the facility visitation policy

Other signage and notices shall be posted as authorized by Administration/designee.

### **Supplies**

1. The Facility maintains a five (5) day emergency supply of food and a three (3) day emergency supply of water. The Facility's vendors confirm at least annually their commitment to supply food, water and disposable supplies in the event of an emergency.
2. The Facility maintains an arrangement with an alternate pharmacy in the event the primary pharmacy cannot deliver ordered prescription medications and/or over-the-counter medication.
3. The Facility utilizes several medical supply vendors to procure needed medical supplies.
4. The Facility maintains an arrangement with a local distributor of diesel fuel for maintaining operation of its emergency generator.