

**SKY VIEW REHABILITATION AND HEALTH CARE CENTER
POLICY/PROCEDURE**

DEPARTMENT: ALL	SUBJECT: Pandemic Emergency Plan (PEP)
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POLICY: It is the Policy of Sky View Rehabilitation and Health Care Center, 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 (PEP) represents Sky View’s 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 social media and web site and will be available for review upon request at the facility.

PROACTIVE ACTIONS: The Administrator; Infection Control Nurse; Director of Nursing; Director of Housekeeping; and Director of Maintenance 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, using EPA guidance, from daily to twice per day or as determined by Infection preventionist. 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.

RELATED POLICIES AND PROCEDURES: Please refer to Transmission Based Precautions Policy and Procedure. In addition: please refer to Policies/ Procedures relating to COVID-19 Visitation, Pandemic Pathogen Surveillance and detection, Staff Testing Plan and Emergency credentialing/staffing portal.

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

I. COMMUNICABLE DISEASE REPORTING

- 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 on 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.

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- 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.

Contact Information:

NYS Regional Epidemiologist Phone:914-654-7057

NYS Regional Epidemiologist Fax: 914-654-7173

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

[http:// www.health.ny.gov/professionals /diseases/reporting/communicable/infection/regional.epi.staff.html](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

- 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) contacts preferred method to be contacted. Social Worker / designee will be responsible to update the information in the Electronic Medical Record.
- A second comprehensive list will be maintained by the Social Worker in the event that the EMR is not available.
- 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).
- 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 Social Service Staff/ designee or a call from a Communication firm with professionally recorded robocall within 12 hours of receiving the results. Those residents who were considered to have close contact with the individual who tested positive will be notified by the Nursing Staff with-in 24 hours of receiving the results. All staff will be notified by their Department Head within 24 hours of the facility receiving the positive results, staff that may have had a high exposure risk will be notified privately by the Administrator/designee. All resident contact notification will be done using their preferred method of notification.
- For the duration of the pandemic the Administrator/designee will communicate whenever there is a newly diagnosed case.
- Social Service/designee will notify all resident contacts as identified previously, via their preferred method, weekly regarding the status of the facility.

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- 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 Recreation 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.
- Phone contact is also encouraged. Both the Recreation 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.
- If In-person visitation is suspended at any time during the pandemic communication will be increased at the resident/family request
- Infection Control Nurse/Designee will update the Infection Control Bulletin Board with current information regarding the Pandemic and Staff Supports available.

III. INFECTION CONTROL

- Informal screening will convert to formal screening for both staff and residents upon the direction of the Infection Control Nurse/ designee. Upon the onset of formal screening all individuals entering the building will be directed to enter/exit the building via the 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.
- 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.
- The Resident screening positive will be assessed by the medical provider and appropriate diagnostics ordered
- If the resident tests positive for the organisms/he will be relocated to our RED Zone for the duration of illness, this area will be determined based off census of the units and/or where the first positive resident is. Their room will be terminally cleaned.
- All individuals who had contact with the resident testing positive will be required to self-screen twice and report any symptoms to the Infection Control Nurse/designee.
- Any resident who had contact with the resident testing positive will be screened twice per day for symptoms.
- During a pandemic event residents will only go to community appointments deemed to be medically necessary.
- Utilization of transport services will occur as follows: preferred – use of ambulance companies already contracted with, or taxi if possible - provider must provide their disinfection plan prior to facility utilizing services for the resident.
- Mail will be picked up and delivered by Director of Housekeeping/designee
- All community outing will be canceled.
- Adjustments will be made regarding communal dining and group activities based upon the transmission of the infectious organism.
- The facility will establish an Observational/ Isolation unit once it is necessary to do so, this unit will be determined by census on the unit and/or unit the first positive case was determined to be on, see cohorting policy for specifics.
- Bathrooms will not be shared between those residents in observation or precautions and those residents not in observation or precautions.
- Staffing assignments will be based upon minimizing contact between those caring for

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residents who are suspected of or who have been diagnosed with the infectious agent.

- **PPE:** The facility will maintain, at all times, a minimum supply of a 60 day supply of PPE based upon identified burn rates of each type. This includes N95 masks, gloves, gowns, face shields/eye protection. PPE will be stored in a storage unit on the facility property.

IV. EDUCATION:

- The Infection Control Nurse/Designee is responsible for all education involving infection prevention
- At least annually and as needed all employees will be in-serviced on Hand Hygiene/Proper hand washing and Competencies will be conducted
- In-servicing that is specific to the infectious pathogen/pandemic will be conducted as the need arises and as directed by the NYS Department of Health during a pandemic

V. OTHER

- 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 a privately occupied room 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.

Approved by Administrator	Date Issued: 9/2020 Date Reviewed: 9/2021, 3/2022, 2/2023, 3/2024
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