

Capstone Center for Rehabilitation and Nursing

POLICY AND PROCEDURE MANUAL		
CATEGORY:	Safety & Emergency Preparedness	
Title:	Pandemic Disaster	
Effective Date:	9/9/20	# Pages: 5
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POLICY: It is the policy of Capstone Center for Rehabilitation and Nursing to plan for disasters based on an all hazards risk assessment and the Emergency Preparedness Manual.

PURPOSE: To provide guidance and information during a developing Pandemic outbreak affecting the facility and the surrounding community. To comply with the requirement for a Pandemic Emergency Plan as specified in subsection 12 of Section 2803, Chapter 114 of the Laws of 2020.

DEFINITIONS:

A *Pandemic* is an epidemic that spreads rapidly around the world with high rates of illness. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics, and pandemics.

BACKGROUND:

This plan is in addition to, not in place of, the entire Emergency Preparedness Manual and Plan developed by the facility. The manual already addresses many concerns with a pandemic emergency. These are additional guidelines and reminders of policies found elsewhere. The plan provides recommendations. The ultimate decision of policy formation at the time of an emergency falls to facility leadership and some decisions may vary from documented policy.

PROCEDURE/IMPLEMENTATION

- 1) In accordance with Federal and State guidance/requirements the facility provides staff education on infectious diseases, exposure risks, symptoms, prevention, infection control and correct personal protective equipment. The facility develops/ reviews and revises staff education in accordance with directives from the CDC. Education is provided upon hire, annually, and as needed.

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- 2) The facility will test residents and employees for communicable diseases in accordance with Federal and State Guidance/requirements and will develop, review, and revise as necessary.
- 3) The facility develops reviews, revises and enforces existing infection prevention, control, and reporting policies in accordance with Federal, State, and CDC guidance/requirements. Policies are reviewed annually and updated on an as needed basis.
- 4) In the event of a disaster limiting the facility to utilize the contracted labs that are in place, the facility will implement at the discretion of the Administrator the contracted back-up lab for emergency situations only.
- 5) The facility reviews and updates infection control policies annually and as needed. The facility reviews surveillance reports and alerts regarding Health Emergencies including Pandemics sent out by the Department of Health. In house surveillance and auditing are conducted.
- 6) The facility will review and assure that there is adequate staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System. All necessary leadership staff at the discretion of the administrator will be given access to communicable disease reporting tools. The administrator reports the HERDS survey 7 days a week. All other disease/outbreak reporting will be conducted by the ICP at the directive of the Director of Nursing.
- 7) The facility Administrator, Medical Director, Director of Nursing, Infection Preventionist/Employee Health Nurse, Human Resource Director/Safety Officer are all involved in the Emergency back-up/re-supply processes for medications, environmental cleaning agents and personal protective equipment as followed:
 - a. An in house supply of medications are kept within the facility along with a 7 day back up supply.
 - b. A 30 day in house supply of environmental cleaning agents is kept along with an off-site storage warehouse with additional available supplies on demand if needed.
 - c. A daily/weekly burn rate is conducted to ensure the appropriate amount of Personal Protective equipment (N95 respirators, face shields, eye protection, gowns, gloves, masks and hand sanitizer) is kept on site at the facility; in addition there is a stock –pile offsite located near the facility with a 60 day supply available on demand.
 - d. A back-up water plan is in place in the event that the facility has no drinkable water.
 - e. A re-supply process for food has been constructed and is in place.
- 8) The facility will be in contact with local and state public health on an as needed basis.

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- 9) The facility develops, reviews, and revises administrative controls as needed including visitor policies, employee absentee plans, staff wellness/ symptoms monitoring and human resource issues for employee leave as stated below:
 1. In accordance with Federal, State and CDC recommendations the facility will develop, review and revise visitor policies in the event that there is a pandemic or communicable disease within the facility.
 2. In the event that employee absenteeism becomes a prominent issue the administrator will direct that the emergency staffing plans/policies be put into place.
 3. Staff wellness/Symptoms monitoring policies and screening sheets are in place and conducted before the employee is able to punch in and begin work.
 4. Human Resource policies will be followed as necessary for issues concerning employee leave.
- 10) Locked dirty utility rooms, biohazard covered bins and a biohazard shed is available if needed for infectious waste.
- 11) Residents will be cohorted and/or isolated based on characteristics of the epidemic illness with the goal of reducing potential exposure while maintaining the right for readmission for those residents who require hospitalization. In the event that the facility is unable to meet cohorting requirements for current residents, new admissions, or re-admissions the resident may be transferred out of the facility and able to return back to the facility once they are medically stable and the facility is able to provide the level of care and services required.
- 12) In accordance with NYSDOH and any superseding New York State Executive Orders the facility may temporarily prohibit visitors which may include prohibiting new admissions when there are confirmed infectious diseases within the community. The facility will follow directives from the NYSDOH regards limiting visits and screening protocols to reduce risk to residents and staff.
- 13) In the event that the facility is unable to cohort as needed, the Department of Health, resident and family will be notified.
- 14) Social distancing measures have been put into place for both residents and staff. In the event that social distancing cannot be met in situations such as providing care to a resident extra PPE will be required for the staff member.
- 15) As the pandemic resolves the following will be implemented and communicated with the residents, staff and public. Information will be posted visibly within the facility and posted on the facility website.

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- a. A plan to re-introduce and recover normal operations will be put in place based on current procedures.
 - b. Activity participation, communal dining, visitation, therapy gym use, patio access, building access, outside appointments and the need for social distancing will be re-introduced.
- 16) Timing of when plans will be reintroduced to return to normal operations will be dependent upon guidance and directives of the NYSDOH and the CDC and will be communicated with residents, family and the public.
- 17) The facility has a “Communication Plan” in place for communication during pandemics including means of communication for residents, families, and staff. This includes communication when necessary regarding those infected with a pandemic-related infection. The Administrator, Director of Nursing, Medical Director and Infection Preventionist were all involved in the decision making for the plan. For reference please see attached policy labeled “Communication during Pandemics”.
- 18) People will naturally begin their own research as the pandemic develops. Educate and encourage them to go to reputable websites such as the CDC, NYS DOH, and Local Health Department. For reference please see attached labeled as “Reference Sheet”
- 19) The facility will obtain and maintain current guidance from the NYSDOH and CDC on disease specific response actions including management of residents and staff suspected or confirmed to have disease. Signage will be posted describing cough etiquette, hand washing, and other hygiene measures in highly visible areas.
- 20) 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. The Administrator, Director of Nursing and Infection Preventionist will work closely in accordance with applicable laws to ensure all reporting requirements are met.
- 21) The facility will assure it meets all reporting requirements of the Health Commerce System as well as CDC reporting. The Administrator will conduct the HERDS survey reporting 7 days a week before 1 p.m. unless delegated otherwise. The Administrator will conduct CDC reporting every Friday at 1 p.m.
- 22) Hand Sanitizer will be readily available on each floor of the facility.
- 23) In the event that the facility contract any kind of communicable/infectious disease the facility will limit staff floating as much as possible to limit transmission of the disease.
- 24) The facility will conduct environmental control/cleaning and disinfection of isolation rooms in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance.

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- 25) To ensure residents, relatives, and friends have readily accessible education in regards to the disease and the facility's response strategy the facility will provide a reference sheet with information to websites from the CDC, NYSDOH, and Local Health Department.
- 26) The facility will ensure all staff, vendors, and other relevant stakeholders are contacted related to minimizing exposure risks to residents. During the pandemic only prioritized staff will be allowed within the facility.
- 27) Personal Protective equipment audits are conducted on a weekly basis to ensure staff are properly donning and doffing with on spot education provided as needed.
- 28) The facility will ensure that this PEP is posted on the facility website by September 15th 2020 and made readily accessible within the facility in the Disaster Binder located at the front desk.

PEP written and submitted by:

**Jessica Edwards, LNHA
Administrator**