

## **Saints Joachim & Anne Nursing and Rehabilitation Center**

**Brooklyn, NY**

### **Infectious Disease/Pandemic Emergency**

1) 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:

- The facility's ICP or designee conducts education and training during orientation, annually, and as needed to include, preventing the spread of infection, handwashing, infection control precautions, and proper use of PPE.
- The ICP in conjunction with the Inservice Coordinator will provide in-service training for all staff on infection prevention policies and procedures as needed in the event of an infectious outbreak including all CDC and State updates/guidance.
- The Staff Development Director will coordinate competencies to include handwashing, PPE proper use and donning and doffing.

2) The facility has developed/reviewed/revised and enforced existing infection prevention, control, and reporting policies. The facility ICP, in conjunction with the Medical Director, and DNS have developed policy and procedures to ensure effective infection prevention, control and reporting.

- All policies are reviewed annually at a minimum and are updated as needed to ensure compliance with all City, State and Federal requirements.

- The Infection Control Manual is maintained as a part of the facility's comprehensive infection control plan.
- From time to time, the facility management will consult with local epidemiologist to ensure that any new regulations and/or areas of concern as related to infection prevention and control are incorporated into the facility's Infection Control Prevention Plans.

3) The facility conducts 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:

- The facility has developed baseline data that will allow for immediate identification when rate increase. The ICP conducts ongoing surveillance of infectious diseases and reports to the Medical Director, DNS, and Administrator any variations to the baseline data. The ICP also reports to the QA Team, the prevalence data and any mitigation done to impact the rate.
- The Quality Assurance (QA) Committee will review all resident infections as well as the usage of antibiotics, on a quarterly basis to identify any trends and areas for improvement.
- At daily Morning Meeting, the IDT team will identify any issues regarding infection control and prevention.
- As needed, the Director of Nursing (DON)/designee will establish Quality Assurance Performance Projects (QAPI) to identify root cause(s) of infections and update the facility action plans, as appropriate. The results of this analysis will be reported to the QA committee.
- All staff are to receive annual education as to the need to report any

change in resident condition to supervisory staff for follow up.

- Staff will identify the rate of infectious diseases and identify any significant increases in infection rates and will be addressed.
- Facility acquired infections will be tracked/reported by the Infection Preventionist.

4) The facility has developed/reviewed/revised plan for staff testing/laboratory services:

- The facility will follow the Covid-19 Testing Policy. The policy and procedure will be updated as needed to be in compliance with all City, State and Federal requirements.
- The Facility will conduct staff testing, if indicated, in accordance with NYS regulations and epidemiology recommendations for a given infectious agent.
- The facility shall have prearranged agreements with laboratory services to accommodate any testing of residents and staff including consultants and agency staff. These arrangements shall be reviewed by administration not less than annually and are subject to renewal, replacement or additions as deemed necessary. All contacts for labs will be updated and maintained in the communication section of the Emergency Preparedness Manual.
- Administrator/DON/Designee will check daily for staff and resident testing results and take action in accordance with State and Federal guidance.

5) The facility has reviewed and assured 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 access to Health Commerce System (HCS), and all roles are assigned and updated as needed for reporting to NYSDOH.
- The following Staff Members have access to the NORA and HERDS surveys: Administrator, Director of Nursing, Infection Preventionist, and Assistant Director of Nursing. Should a change in staffing occur, the replacement staff member will be provided with log in access and training for the NORA and HERDS Survey

6) The facility has ensured that an adequate amount of supplies are available. The facility has secured a 2-month supply of environmental cleaning agents and PPE as required. This supply will be secured and maintained by the Environmental Service Director in compliance with all City, State, and Federal requirements. The 2-month supply pars were calculated based on the burn rate of the facility.

- The IP/designee will enter any data in NHSN as per CMS/CDC guidance/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 has contracted with pharmacy vendor to arrange for 4-6 weeks supply of resident medications to be delivered should there be a pandemic emergency.
- The facility has established par levels for Environmental Protection Agency (EPA) approved environmental cleaning agents based on pandemic usage.

- The facility has established par levels for PPE.

7) The facility has developed/reviewed/revised administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).

All sick calls will be monitored by department heads to identify any staff pattern or cluster of symptoms associated with infectious agents. Each department will keep a line list of sick calls and report any issues to IP/DON during Morning Meeting.

- All staff members are screened on entrance to the facility to include symptom check and thermal screening.
- Visitors will be informed of any visiting restriction related to an infection pandemic and visitation restriction will be enforced/lifted as allowed by NYSDOH.
- A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional DOH planning and CMS to address widespread healthcare staffing shortages during a crisis.

8) The facility has developed/reviewed/revised environmental controls (e.g., areas for contaminated waste) Areas for contaminated waste are clearly identified as per NYSDOH guidelines.

- The facility environmental coordinator shall follow all Department of Environmental Conservation (DEC) and DOH rules for the handling of contaminated waste. The onsite storage of waste shall be labeled and in accordance with all regulations. The handling policies are available in the Environmental Services Manual. Any staff involved in handling

of contaminated product shall be trained in procedures prior to performing tasks and shall be given proper PPE.

- The facility will amend the policy and procedure on biohazardous wastes as needed as it relates to any new infective agents.

9) The facility has developed/reviewed/revised its vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents.

- The facility has contract agreements with vendors for re-supply of food, water, medications other supplies and sanitizing agents.
- The facility currently has a 3-4 days' supply of food and water available. This is monitored on a quarterly basis to ensure that it is intact and safely stored.
- The facility has adequate supply of stock medications for 4-6 weeks.
- The facility has access to a minimum 2 weeks supply of needed cleaning/sanitizing agents in accordance with storage and NFPA/local guidance. The supply will be checked each quarter and weekly as needed during a pandemic. A log will be kept by the department head responsible for monitoring the supply and reporting to Administrator any specific needs and shortages.

10) The facility has developed/reviewed/revised the 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 are isolated/cohorted based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control guidance.
- The facility administration maintains communication with local epidemiologist, NYSDOH, and CDC to ensure that all new guidelines and updates are being adhered to with respect to infection prevention.

- The Cohort will be divided into three groups: Unknown, Negative, and Positive as it relates to the infectious agent.
- The resident will have a comprehensive care plan developed indicating their Cohort Group and specific interventions needed.

11) The facility has developed plans for cohorting, including the 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, and discontinuing any sharing of a bathroom with residents outside the cohort.

- If possible, the facility will dedicate a wing or group of rooms at the end of a unit in order to Cohort residents. This area will be clearly demarcated as an isolation area.
- Appropriate transmission-based precautions will be adhered to for each of the Cohort Groups as stipulated by NYS DOH.
- As needed, staff will be educated on the specific requirements for each Cohort Group.
- Residents that require transfer to another health care provider will have their cohort status communicated to the provider and transporter and clearly documented on the transfer paperwork.
- All attempts will be made to have dedicated caregivers assigned to each Cohort Group and to minimize the number of different caregivers assigned.

12) The facility has developed/reviewed/revised a plan to ensure social distancing measures can be put into place where indicated.

- The facility will review/ revise the Policy on Communal Dining Guidelines and Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidance.
- The facility will review/revise the Policy on Recreational Activities During a Pandemic to ensure that social distancing is adhered to in accordance with State and CDC guidelines. Recreation activities will be individualized for each resident.
- The facility will ensure staff break rooms and locker rooms allow for social distancing of staff.
- All staff will be re-educated on these updates as needed.

13) The facility has developed/reviewed/revise a plan to recover/return to normal operations when, and as specified by, State and 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.

The facility will update and revise P&P initiated.

- The facility will adhere to directives as specified by, State and 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.
- The facility will maintain communication with the local NYS DOH and CMS and follow guidelines for returning to normal operations. The decision for outside consultants will be made on a case by case basis taking into account medical necessity and infection levels in the community. During the recovery period residents and staff will continue to be monitored daily in order to identify any symptoms that



could be related to the infectious agent.

### **Additional Preparedness Planning Tasks for Pandemic Events**

The facility has developed/reviewed/revised a Pandemic Communication Plan that includes all required elements of the PEP.

- The Administrator in conjunction with the Social Service Director will ensure that there is an accurate list of each resident's representative, and preference for type of communication.
- Communication of a pandemic includes utilizing established Staff Contact List to notify all staff members in all departments.
- The facility will update website on the identification of any infectious disease outbreak of potential pandemic.

The facility has developed/reviewed/revised plans for protection of staff, residents and families against infection that includes all required elements of the PEP.

- Education of staff, residents, and representatives.
- Screening of residents.
- Screening of staff.
- Visitor restriction as indicated and in accordance with NYSDOH and CDC.
- Proper use of PPE.
- Cohorting of residents and staff.

### **Response Tasks for all Infectious Disease Events:**

The facility has implemented the following procedures to obtain and maintain current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and

staff suspected or confirmed to have disease.

- The facility will obtain and maintain current guidance, signage advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions.
- The Infection Preventionist/designee will ensure that appropriate signage is visible in designated areas for newly emergent infectious agents.
- The Infection Control Practitioner will be responsible to ensure that there are clearly posted signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas.
- The Infection Preventionist/designee will ensure that appropriate signage is visible in designated areas to heighten awareness on cough etiquette, hand hygiene and other hygiene measures in high visible areas.

The facility has assured 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).

- 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).
- The DON/Infection Preventionist will be responsible to report communicable diseases via the NORA reporting system on the HCS.
- The DON/Infection Preventionist will be responsible to report communicable diseases on NHSN as directed by CMS.

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

- 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).
- The DON/Infection Preventionist will be responsible to report communicable diseases via the NORA reporting system on the HCS.
- The DON/Infection Preventionist will be responsible to report communicable diseases on NHSN as directed by CMS.

The Infection Control Practitioner has clearly posted signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Hand sanitizer and face/nose masks, are available in a readily available central location

The facility has implemented the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies.

- The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies.
- Facility will cohort residents according to their infection status.

- Facility will monitor all residents to identify symptoms associated with infectious agent.
- Units will be quarantined in accordance with NYSDOH and CDC guidance and every effort will be made to cohort staff.
- Facility will follow all guidance from NYSDOH regarding visitation, communal dining, and activities and update policy and procedure and educate all staff.
- Facility will centralize and limit entryways to ensure all persons entering the building are screened and authorized.
- Hand sanitizer will be available on entrance to facility, exit from elevators, and according to NYSDOH and CDC guidance.
- Daily housekeeping staff will ensure adequate hand sanitizer and refill as needed.

The facility will implement the following procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies:

- The facility will implement procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.

See emergency Staffing P&P

The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.

- The facility will conduct cleaning/decontamination in response to the infectious disease utilizing cleaning and disinfection product/agent

specific to infectious disease/organism in accordance with any applicable NYSDOH, EPA, and CDC guidance.

See Cleaning and Disinfecting P&P

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.

- The facility will implement 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.
- All residents will receive updated information on the infective agent, mode of transmission, requirements to minimize transmission, and all changes that will affect their daily routines.
- The facility will post education regarding the specific disease and the response strategy on the facility Website. Additionally, signage will be posted at the entrance to the facility.

The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents.

- The facility will contact all staff including agencies, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents and staff.
- Consultants that service the residents in the facility will be notified and arrangements made for telehealth, remote chart review, or

evaluating medically necessary services until the recovery phase according to State and CDC guidelines.

- Staff will be provided with immediate on ongoing education regarding the facility P&P to minimize exposure.

Subject to any superseding New York State Executive Order(s) 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.

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:

- Subject to any superseding New York State Executive Order(s) and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors and vendors to limit/discontinue visits to reduce exposure risk to residents and staff.
- Emergency staff including EMS will be informed of required PPE to enter facility.
- Vendors will be directed to drop off needed supplies and deliveries in a designated area to avoid entering the building.
- The facility will implement closing the facility to new admissions in accordance with any NYSDOH directives relating to disease transmission.
- The facility will limit and or restrict visitors as per the guidelines from the NYSDOH.

- Residents and representatives will be notified as to visitation restrictions and/or limitations as regulatory changes are made.

P&P

Visitation

Admissions

Screening all staff and visitors

### **Additional Response Tasks for Pandemic Events:**

Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures).

#### **Ensure Staff Are Using PPE Properly**

- The facility has an implemented Respiratory Protection Plan.
- Appropriate signage shall be posted at all entry points, and on each residents', door indicating the type of transmission-based precautions that are needed.
- Staff members will receive re-education and have competency done on the donning and doffing of PPE.
- Infection Control rounds will be made by the DON, IP, and designee to monitor for compliance with proper use of PPE.
- The facility has a designated person to ensure adequate and available PPE is accessible on all shifts and staff are educated to report any PPE issues to their immediate supervisor.
- The facility has competencies for donning and doffing PPE that are completed as part of the orientation, and annually thereafter.

***In accordance with PEP requirements***, 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.

- The facility will 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.
- The PEP plan will be available for review and kept in a designated area in the Administrator's, Nursing Supervisor's and DON's Office.

***In accordance with PEP requirements***, 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) within 24 hours of changes in a resident's condition.

- The facility website is updated as needed with all pandemic related infections.
- The facility team will contact authorized family members regarding the resident's condition, additionally they will contact for a change in condition.

***In accordance with PEP requirements***, the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated within 24 hours 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:

All authorized family members and guardians will receive a robo call on the infection status at the facility.



***In accordance with PEP requirements***, 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.

See Activities P&P regarding Window Visits and Zoom Conferences.

***In accordance with PEP requirements***, 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 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).

All residents being readmitted will be quarantined for 14 days upon re-entry to the facility.

***In accordance with PEP requirements***, 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).

- The facility will follow the Bed Hold During a Pandemic guidance.

***In accordance with PEP requirements***, 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) 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. As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile.

- The facility has implemented procedures to maintain at least a two-month (60 day) supply of PPE (including consideration of space for

storage) 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.

- This includes, but is not limited to:
  - N95 respirators
  - Face shield
  - Eye protection
  - Gowns/isolation gowns
  - Gloves
  - Masks
  - Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)

### **Recovery for all Infectious Disease Events:**

The facility will 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.