



Infectious Disease/Pandemic Emergency Plan

Applies to:

- All Nursing Activities Education Finance Housekeeping Laundry Maintenance
 Mission Services/Pastoral Care Nutrition Quality Management Social Work Therapy

PURPOSE:

An infectious disease pandemic has the potential to cause widespread illness and death. Planning and preparedness before the next pandemic strikes are critical for an effective response. The purpose of the Infectious Disease/Pandemic Emergency Plan is to ensure that each of the CPRNC employees are trained and prepared to effectively maintain resident and staff safety in the event of an infectious disease pandemic.

POLICY:

It is the policy of CPRNC to have at the ready a plan of active measures to prevent the spread of infectious disease and promote the health and safety of residents and staff in response to a declared pandemic. It is the policy of the CPRNC Skilled Nursing Facility to maintain a **Comprehensive Emergency Management Plan (CEMP)** that outlines the chain of command and the policies to be employed during emergency situations. As part of the CEMP, and the **Emergency Infectious Disease Plan** therein CPRNC will employ and maintain the Infectious Disease/Pandemic Emergency Plan to **prepare, respond and recover** from an infectious disease pandemic.

The Infectious Disease/Pandemic Emergency plan will be maintained to ensure compliance with all Federal and State regulations and directives. Declaration of a pandemic will initiate applicable sections of the Comprehensive Emergency Management Plan as directed by the facility Incident Commander (IC) in collaboration with the facility Infection Preventionist.

In addition to the established policies and procedures outlined in the facility's CEMP – Emergency Infectious Disease Plan, and in order to comply with New York Public Health Law Section 2803 subdivision 12, the facility will also initiate the following steps to prepare for and respond to the declaration of an infectious disease pandemic:

A. PREPARATION:

1. **Education** All staff will be required to receive infection control training in accordance with the requirements set forth in 42 CFR 483.73(d)(1) Emergency Preparedness training.

2. **Personal Protective Equipment (PPE)**

As part of the facility's ongoing preparation efforts, an inventory of PPE as outlined in *10 NYCRR 415.19(f)* will be maintained for immediate use. Per CPRNC policy, we will maintain 7-10 days of supply of PPE on-site, with the remainder of the required 60 day supply on hand and available in the CPRNC centralized warehouse. CPRNC employees will follow established ordering procedures to replenish on-site inventories.

Supplies to be maintained include, but are not limited to:

1. N95 respirators
2. Face shield,
3. Eye protection

4. Gowns/isolation gowns,
5. gloves,
6. masks, and
7. Sanitizer and disinfectants in accordance with current EPA guidance.

All staff will be fit-tested to appropriately identify the type and size of respirator to be worn when such equipment is required.

B. RESPONSE:

1. Reporting

The facility will ensure compliance with all regulatory reporting requirements as identified in the New York State Sanitary Code (10NYCRR 2.10) and 10 NYCRR 415.19(d).

2. Resident Family Communication

Upon declaration of an infectious disease pandemic, facility staff appointed by the IC will consult the resident medical record to identify the designated representative and their preferred mode of communication. The preferred mode of communication will be used to engage the designated representative to relay the required information highlighted under RESPONSE section of this plan.

3. Pandemic Communication Plan

The facility will augment the Communication Plan contained within the CEMP with the following communications required upon the declaration of an infectious disease pandemic. Required communications must be by electronic means or other method selected by each family member or guardian.

- a. Daily updates to authorized family members and guardians of residents infected with the pandemic infectious disease. Updates will also be provided upon a change in the resident's condition;
- b. Weekly updates to all residents and authorized family members and guardians regarding the number of infections and deaths at the facility;
- c. A plan to provide all residents with daily access to free remote videoconferencing, or similar communication methods, with authorized family members and guardians; and

4. Cohorting

The goal of cohorting is to minimize interaction of infectious individuals with non-infected individuals to the extent possible. Upon the declaration of a pandemic, the IC in consultation with the Infection Preventionist will identify areas of the building to cohort residents, including identification of rooms to isolate residents who test positive for the infectious disease and residents who are considered "persons under investigation" (PUI).

Sections of a unit or the floor of the building chosen for cohorting will be demarcated to clearly identify their use where possible, staff will be assigned to each demarcated unit to prevent the spread of infection to other areas of the facility.

5. Visitation

The IC or delegated staff member will initiate visitation restrictions in accordance with the federal recommendations from the Centers for Medicare and Medicaid Services and the New York State Department of Health.