

**Crown Park Rehabilitation and Nursing Center
Pandemic Emergency Plan**

Date Submitted to Department of Health: September 15, 2020

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality.

The facility follows effective strategies for preventing infectious diseases. Each county Local Health Department-(LHD) has prevention agenda priorities compiled from community health assessments that can be reviewed and utilized by the facility in fully developing your CEMP Annex E, planning and response checklist for infectious disease and pandemic situations. The information within this Annex includes the identified priorities and focus areas.

Under the Pandemic Emergency Plan (PEP) requirements of Chapter 114 of the Laws of 2020, special focus is required for pandemics. Please use the template's Appendix E and this Hazard Annex, with prompts for the PEP requirements, to ensure that the plans developed meet all requirements.

Chapter 114 of the Laws of 2020 (full text):

Section 2803 of the public health law is amended by adding a new subdivision 12 to read as follows:

12. (a) each residential health care facility shall, no later than Ninety days after the effective date of this subdivision and annually thereafter, or more frequently as may be directed by the commissioner, prepare and make available to the public on the facility's website, and immediately upon request, in a form acceptable to the commissioner, a pandemic emergency plan which shall include but not be limited to:

(i) a communication plan:

(a) to update authorized family members and guardians of infected residents at least once per day and upon a change in a resident's condition and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility, by electronic or such other means as may be selected by each authorized family member or guardian; and

(b) that includes a method to provide all residents with daily access, At no cost, to remote videoconference or equivalent communication methods with family members and guardians; and

(ii) protection plans against infection for staff, residents and families, including:

(a) a plan for hospitalized residents to be readmitted to such residential health care facility after treatment, in accordance with all applicable laws and regulations; and

(b) a plan for such residential health care facility to maintain or contract to have at least a two-month supply of personal protective equipment; and

(iii) a plan for preserving a resident's place in a residential healthcare facility if such resident is hospitalized, in accordance with all applicable laws and regulations.

(b) the residential health care facility shall prepare and comply with the pandemic emergency plan. Failure to do so shall be a violation of this subdivision and may be subject to civil penalties pursuant to section twelve and twelve-b of this chapter.

The commissioner shall review each residential healthcare facility for compliance with its plan and the applicable regulations in accordance with paragraphs (a) and (b) of subdivision one of this section.

(c) within thirty days after the residential health care facility's receipt of written notice of noncompliance such residential healthcare facility shall submit a plan of correction in such form and manner as specified by the commissioner for achieving compliance with its plan and with the applicable regulations. The commissioner shall ensure each such residential healthcare facility complies with its plan of correction and the applicable regulations.

(d) the commissioner shall promulgate any rules and regulations necessary to implement the provisions of this subdivision.

§ 2. This act shall take effect immediately.

DEFINITIONS

- **Healthcare Personnel (HCP)** – HCP refers to all persons, paid and unpaid, working in healthcare settings engaged in patient care activities, including: patient assessment for triage, entering examination rooms or patient rooms to provide care or clean and disinfect the environment, obtaining clinical specimens, handling soiled medical supplies or equipment, and coming in contact with potentially contaminated environmental surfaces.

POLICY:

1. Monitoring of Residents:
 - a. **Prior to Entry:**
 - i. Residents will be screened by the Corporate Admissions Team for the presence of 1 negative COVID-19 test result during hospitalization prior to admission.
 - b. **After Admission**
 - i. All new admissions/re-admissions will be screened/monitored **every shift for 14 days** by obtaining Vital Signs and Respiratory Monitoring:
 - a. Temperature, Pulse, Respirations, Blood Pressure, Pulse Oximetry
 - b. Cough, SOB, Sore Throat
 - ii. They will have a COVID-19 test performed within 24 to 48 hours of admission/re-admission.
 - c. **Outside Appointments**
 - i. All appointments should be restricted to those only that are medically necessary.
 1. Obtain baseline temperature before leaving and VS and Respiratory Monitoring every shift x 14 days upon return from appointment.
 - ii. All residents receiving dialysis will need VS and Respiratory Monitoring every shift.
 - iii. All residents receiving dialysis will be tested for COVID-19 weekly or with any symptoms.

2. All HCP and other facility staff shall wear a facemask and face shield while within 6 feet of residents. Extended wear of facemasks is allowed; facemasks should be changed when soiled or wet and when HCP go on breaks. The facility will attempt to bundle care and minimize the number of HCP and other staff who enter rooms to reduce the number of personnel requiring facemasks.
3. If there are suspected cases of COVID-19 in the facility:
 - a. Residents suspected of infection with COVID-19 should be given a facemask to wear, and the facility must immediately contact the NYSDOH.
 - b. The resident must be isolated in a separate room with the door closed.
 - c. Staff attending the resident if and until they are transferred should wear gowns, gloves, eye protection (goggles or a face shield), and facemasks and should maintain social distancing of at least six (6) feet from the resident except for brief, necessary interactions.
 - d. The facility will bundle care and minimize the number of HCP and other staff who enter rooms to reduce the number of personnel requiring facemasks.
4. If there are confirmed cases of COVID-19 in the facility:
 - a. Notify the local health department and NYSDOH if not already involved.
 - b. Actively monitor all residents on affected units once per shift.
 - i. This monitoring must include a symptom check, vitals, lung auscultation, and pulse oximetry.
 - c. Assure that all residents in affected units remain in their rooms. Cancel group activities and communal dining. Offer other activities for residents in their rooms to the extent possible, such as video calls.
 - d. Residents must wear facemasks when HCP or other direct care providers enter their rooms, unless such is not tolerable.
 - e. Do not float staff between units.
 - f. Cohort residents with COVID-19 with dedicated HCP and other direct care providers. Minimize the number of HCP and other direct care providers entering rooms.
 - g. All residents on affected units should be placed on droplet and contact precautions, regardless of the presence of symptoms and regardless of COVID-19 status.
 - h. HCP and other direct care providers should wear gown, gloves, eye protection (face shield), and N95 respirators (or equivalent) if the facility has a respiratory program with fit tested staff and N95s. Otherwise, HCP and other direct care providers should wear gown, gloves, face shields, and facemasks. Facilities may implement extended use of eye protection and facemasks/N95s when moving from resident to resident (i.e. do not change between residents) unless other medical conditions which necessitate droplet precautions are present. However, gloves and gowns must be changed and hand hygiene must be performed.
 - i. For residents who initially test negative, re-testing should be performed immediately if they develop symptoms consistent with COVID-19.

- j. In the event a resident is hospitalized as aforementioned in 12(ii)(a); a plan is in place and established for hospitalized residents to be readmitted to Crown Park after treatment, in accordance with all applicable laws and regulations. The purpose of this is to ensure bed availability upon return to the facility from a short hospitalization or therapeutic leave. The Admissions Director is responsible for this.

Testing Requirements:

The facility can meet the testing requirements through the use of rapid point-of-care (POC) diagnostic testing devices or through an arrangement with an offsite laboratory.

“Facility staff” includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions.

Testing of Staff and Residents with COVID-19 Symptoms or Signs

Staff with symptoms or signs of COVID-19 must be tested and are expected to be restricted from the facility pending the results of COVID-19 testing. If COVID-19 is confirmed, see “Protocols for Personnel to Return to Work Following Suspected or Confirmed Positive for the COVID-19 Virus” below. Staff who do not test positive for COVID-19 but have symptoms should follow facility policies to determine when they can return to work.

Residents who have signs or symptoms of COVID-19 must be tested. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions (TBP) in accordance with CDC guidance. Once test results are obtained, the facility must take the appropriate actions based on the results.

Testing of Staff and Residents in Response to an Outbreak

An outbreak is defined as a new COVID-19 infection in any healthcare personnel (HCP) or any nursing home-onset COVID-19 infection in a resident. A resident who is admitted to the facility with COVID-19 does not constitute a facility outbreak.

Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents will be tested, and all staff and residents that tested negative will be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

For individuals who test positive for COVID-19, repeat testing is not recommended. A symptom-based strategy is intended to replace the need for repeated testing.

Other Testing Considerations

In keeping with current CDC recommendations staff and residents who have recovered from COVID-19 and are asymptomatic do not need to be retested for COVID-19 within 3 months after symptom onset.

Routine Testing of Staff and Residents

Routine testing of asymptomatic residents is not recommended unless prompted by a change in circumstances, such as the identification of a confirmed COVID-19 case in the facility. Facilities may consider testing asymptomatic residents who leave the facility frequently, such as for dialysis or chemotherapy.

Facility staff will be tested at a minimum of weekly. See “Monitor and Manage Ill and Exposed Healthcare Personnel.”

Refusal of Testing

Staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the return to work criteria are met.

If outbreak testing has been triggered and a staff member refuses testing, the staff member will be prohibited from entering the building until the procedures for outbreak testing have been completed.

Staff who refuse routine testing will be prohibited from entering the building.

Residents (or resident representatives) may exercise their right to decline COVID-19 testing. If a resident has symptoms consistent with COVID-19 or has been exposed to COVID-19, or if there is a facility outbreak and the resident declines testing, he or she should be placed on or remain on TBP until he or she meets the symptom-based criteria for discontinuation.

Manage Visitor Access and Movement within the Facility

1. Visitation has been suspended in the facility.
2. Visitation may be allowed when medically necessary (i.e. visitor is essential to the care of the patient or is providing support in imminent end-of-life situations) or for family members of residents in imminent end-of-life situations, this will be a case by case basis for arrangements to be made for the visitation, and those providing Hospice care. Any such visitors shall be subject to the same health checks for all HCP and other facility staff.
3. The duration and number of visits will be minimized. Visitors will be required to wear a facemask while in the facility and will only be allowed in the resident’s room.
4. The facility will provide other methods to meet the social and emotional needs of residents, such as video calls.
5. The facility has signage posted notifying the public of the suspension of visitation and has notified resident family members.

Monitor and Manage Ill and Exposed Healthcare Personnel

1. Health checks for all HCP and other facility staff will be completed at the beginning of each shift. This includes all personnel entering the facility regardless of whether they are providing direct patient care (See attached Staff Monitoring Log).
2. Facility staff performing health checks must wear a facemask.

3. HCP and other facility staff with symptoms or with $T \geq 100.0$ F will be sent home, and HCP and other facility staff who develop symptoms or fever while in the facility will immediately be sent home.
4. HCP and other facility staff will be screened for any travel states that have a significant degree of community-wide spread of COVID-19 and are listed as restricted states per NYS. If travel occurred in one of the identified restricted states:
 - a. Essential workers should seek PCR diagnostic testing for COVID-19 as soon as possible upon arrival (within 24 hours) to ensure they are not positive. The essential worker will be required to have a negative PCR COVID-19 test result before returning to work.
 - b. Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distancing, clean and disinfect workspaces for a minimum of 14 days.
 - c. Essential workers, to the extent possible, are required to avoid extended periods in public, contact with strangers, and large congregate settings for a period of, at least, 7 days.
5. All full-time employees, contract staff, medical staff, operators and administrators will be tested for COVID-19 weekly. Staff that refuses testing will not be allowed to work.

Protocols for Personnel to Return to Work Following COVID-19 Exposure

1. HCP who are asymptomatic contacts of confirmed or suspected cases should self-monitor twice a day (temperature, symptoms), and undergo temperature monitoring and symptom checks at the beginning of each shift and at least every 12 hours. At the current time, staff who are recovered from Covid-19 should wear a facemask until 14 days after onset of illness if mild symptoms persist but are improving. Staff who are asymptomatic contacts should wear a facemask while working until 14 days after the last high-risk exposure.
2. At the current time, staff working under these conditions should preferentially be assigned to patients at lower risk (e.g. on units established for patients with confirmed Covid-19) as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this pandemic grows, all staff will need to be assigned to treat all patients regardless of risk level.
3. If staff who are asymptomatic contacts working under these conditions develop symptoms consistent with Covid-19, they should immediately stop work and isolate at home. Testing should be prioritized for hospitalized health care workers. All staff with symptoms consistent with Covid-19 should be dealt with as if they have this infection regardless of the availability of test results.

Protocols for Personnel to Return to Work Following Suspected or Confirmed Positive for the COVID-19 Virus:

1. Employees who test positive for COVID-19 but remain asymptomatic must be off work for a minimum of 14 days from first positive test date and a negative test result.
2. Symptomatic employees may return to work after 14 days from the onset of symptoms, provided at least 3 days (72 hours) have passed since resolution of fever without the use of fever-reducing medications and respiratory symptoms are improving and a negative test result.

Train and Educate Healthcare Personnel

1. Provide HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
2. HCP must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering face piece respirators).
3. Ensure that HCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Implement Environmental Infection Control

1. Dedicated medical equipment should be used for patient care.
2. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
3. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
4. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19.

Establish Reporting within Healthcare Facilities and to Public Health Authorities

1. Communicate and collaborate with public health authorities.
2. Promptly notify state or local public health authorities of patients with known or suspected COVID-19 (i.e., PUI). The Infection Control Preventionist is responsible for communication with public health officials and dissemination of information to HCP.

Protocols for Communication with Residents, Staff, Family Members and the General Public

1. The entry doors to our facility also have signs to notify public of our current procedures and information regarding Covid-19 and our facility.
2. Family members/resident representatives will be kept up to date with all new information via our facility website, USPS mailing and phone calls.
3. Residents are updated via meetings (resident council when in session), letters/memos, and in-person visits.

4. Staff are updated through emails, texts, phone calls, memos/letters, meetings, and in-person visits.
5. When a suspected Covid-19 case is identified at Crown Park the NYS DOH and county epidemiologist will be notified. This will also be the case for any positive Covid-19 cases within the building.
6. Cortland County Emergency Management is also notified routinely for PPE purposes and emergency planning.
7. Crown Park reports daily to the NYSDOH via HERDs survey.
8. Cortland PD and FD are notified of visitation policy and any new information that pertains.
9. It is the duty of the Administrator, and ADON/IP to notify and complete the aforementioned in conjunction with the DON and IDT.
10. Notification must be and will be made to all families (or Next of Kin) within 24 hours for:
 - Resident(s) that tests positive for COVID-19
 - Resident(s) suffers a COVID-19 related death

Chapter 114 of the Laws of 2020:

Section 2803 of the public health law is amended by adding a new subdivision 12 to read as follows under communication:

12. (i) a communication plan:

(a) to update authorized family members and guardians of infected residents at least once per day and upon a change in a resident's condition and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility, by electronic or such other means as may be selected by each authorized family member or guardian;

11. Our communication team is comprised of our RN UMs, Social Work Team, and Director of Concierge. This team will place a phone to family members and/or guardians of infected residents detailing the aforementioned information located in section 12(i)(a).
12. Crown Park also can utilize a “robo call” system that we have in place called ‘Dial My Calls’. Family and guardian information is updated with the ‘Dial My Calls’ system and is overseen by the administrator. This system allows for us to make phone calls (messages) to families/guardians via mass calling. This system will and can be used in place of our communication team.
13. Social Media outlets can and are also utilized to inform our family members/guardians and the public. Facebook is our main social media source that is overseen by the Administrator. Our website provides a link for visitors to access and view our Facebook page for real time information.
14. and (b) that includes a method to provide all residents with daily access,
15. At no cost, to remote videoconference or equivalent communication methods with family members and guardians; and
16. Residents are able to retrieve electronic daily access to any information under 12(i)(a) using these tablets to access our website. Information is also disseminated via letters/memos addressed to them.

17. Crown Park has multiple tablets for resident use for videoconferencing. These tablets are used for therapeutic relief but also to video conference/chat with their families/guardians at no cost.
18. For scheduled care conference meetings family is invited to join remotely by videoconference, this is handled and scheduled by the social work team.
19. All videoconference calls can and are set up by our social work, activities, and concierge team members if residents need additional help and oversight.

Protocol for Personal Protective Equipment

1. Crown Park at the minimum will have at least a two-month supply of personal protective equipment (PPE) on hand, if not more at all times.
2. Our PPE burn rate was and is routinely calculated through our facility specific daily HERDS and our weekly CDC submissions; this has been on-going since 3/2020. Central Supply is responsible for logging in and out all PPE, the organization of the PPE and for ordering when in need, timely.
3. Our corporate office (USG), along with the facility Administrator oversee all PPE supply and ordering from various vendors to ensure our staff and residents are effectively and appropriately protected and are provided with the PPE resources they need.
4. PPE is securely stored on-site within the facility