| PLAN: | PANDEMIC EMERGENCY PLAN (PEP) | |
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| **EFFECTIVE DATE:** 09/20020 | **REVISION DATE:** New | **DATE REVIEWED:** New |
| **RESPONSIBLE TITLE:** LESLIE S BEADLE, ADMINISTRATOR | | Page 1 of 13 |
| **APPROVED BY:** LESLIE S. BEADLE, ADMINISTRATOR | | |

1.0 **PLAN CONTENTS:**

2.0 **INTRODUCTION:**

2.1 The Administrator/designee and/or the Person-In-Charge will be responsible to access the information/guidance sent to keep abreast of any pandemic events. Information will assist in the preparation, mitigation and recovery of any event.

2.2 If infection occurs, the residents will be cohorted as necessary.

2.2.1 The area will be identified depending on the number of residents infected and as per our cohorting policy.

2.2.2 The appropriate personal protective equipment will be utilized as our policy dictates, and appropriate precautions will be put in place.

2.2.3 Appropriate signage will be utilized to indicate the precautions to be followed.

2.3 Information/education will be communicated to staff, residents and family members as outlined in our policy. The Person-In-Charge will notify the NYS Department of Health and the local Department of Health of infections as needed.

2.4 The Incident Command structure, or an assembled team, will collaborate and issue guidance to prepare, mitigate and recover from a pandemic.

2.5 Please refer to our Management Plans for additional guidance

3.0 **COVID-19 TESTING:**

3.1 Resident Testing:

3.1.1 If a resident develops symptoms consistent with COVID-19, immediately contact a provider and request an order for a COVID-19 test.

3.1.2 For residents who initially test negative, retesting should be performed immediately if they develop symptoms consistent with COVID-19.

3.1.3 Roommates of residents with COVID-19 positive results will be tested, if appropriate.

3.1.4 Residents may be tested periodically when it is indicated to confirm the rate of infection.

NATHAN LITTAUER
Hospital & Nursing Home

NURSING HOME FIRE AND DISASTER MANUAL

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3.2 Staff Testing Policy:

    3.2.1 To provide required COVID-19 testing for all personnel, including all employees, contract Staff medical staff, and administrators.

    3.2.2 To comply with New York State Department of Health (NYSDOH) and/or New York State Executive Order requirements.

3.3 Testing Requirements:

    3.3.1 COVID-19 testing per the most current guidelines must occur once every (7) days for all onsite personnel or as otherwise specified as per executive order. Each department manager/supervisor is required to ensure that their staff is compliant with the testing mandate.

    3.3.2 Any personnel who refuse to undergo testing for COVID-19 shall not be scheduled for or permitted to work or provide services for the facility, in any capacity, until such testing is performed.

    3.3.3 All completed tests will be tracked and reported to the NYSDOH as required.

3.4 Testing procedures:

    3.4.1 An Employee Health Office requisition form is required.

    3.4.2 Testing location and sites are made available via a facility memorandum.

    3.4.3 The Hospital's outside laboratory vendor will process the tests.

    3.4.4 Offsite primary care center facilities' personnel testing results are screened by designated staff in the employee health office.

    3.4.5 Results are communicated to the administrator or designee for HERDS reporting.

3.5 Testing Results:

    3.5.1 If positive test results are received, the employee is evaluated and guided by employee health and our policy.

    3.5.2 Positive results are reported as necessary to the NYSDOH, local department of health, and as per our communication plan for families/residents.

    3.5.3 Any personnel who tests positive for COVID-19 must remain at home in isolation.

    3.5.4 Personnel who test positive for COVID-19 but remain asymptomatic are not eligible to return to work for fourteen (14) days from the date of the first positive test.

    3.5.5 Symptomatic nursing home employees may not return to work until fourteen (14) days after the onset of symptoms, provided that at least three (3) days (72 hours) have passed since resolution of fever without the use of fever-reducing medications, and respiratory symptoms are improving.

    3.5.6 Symptomatic and asymptomatic staff must test negative before returning to work.

    3.5.7 Offsite primary care center facilities personnel testing results are screened by designated staff in the employee health office. Results are communicated to the administrator or designee for HERDS reporting

3.6 References: DAL – NYSDOH; Executive Order 202-30; Executive Order 202-40

4.0 **COHORTING OF RESIDENTS:**

4.1 It is the policy of Nathan Littauer Hospital Nursing Home to cohort residents with confirmed positive results for an infectious disease, such as COVID-19.

4.2    Cohorting Guidelines:

4.2.1    Residents testing positive for an infectious disease will be cohorted in semi-private or private rooms by gender and segregated from the general population using temporary barriers, preferably at the end of a unit.

4.2.1.1    Signage will be affixed to denote the unit and the necessary Personal Protective Equipment (PPE) that must be worn.

4.2.1.2    Portable negative pressure machines will be utilized when appropriate.

4.2.1.3    The resident nurse call system will be programmed to ensure that the call lights are monitored on the unit responsible for delivering care.

4.2.1.3.1    The nurse call system must be reprogrammed once the unit is disbanded.

4.3    Upon a Confirmed Case of COVID-19:

4.3.1    Notify the local health department (518) 736-5720 and NYSDOH (518) 408-5372 (or a newly designated number) if not already involved.

4.3.2    Actively monitor all residents on affected units once per shift. This monitoring must include a symptom check, vitals, lung auscultation, and pulse oximetry.

4.3.3    Assure that all residents in affected units remain in their rooms. Offer other activities for residents in their rooms to the extent possible, such as video calls.

4.3.4    Residents must wear facemasks when HCP or other direct care providers enter their rooms, unless such is not tolerable.

4.3.5    All residents on affected units should be placed on Enhanced Droplet and contact precautions, regardless of the presence of symptoms.

4.3.6    Staffing assignments should be made to maintain separate teams to the greatest extent possible and every effort should be made to reduce the number of staff caring for residents in different cohorts.

4.3.6.1    For staff caring for residents in different cohorts, they should bundle care and plan the order of care to minimize the need to go back and forth (i.e., RN assess resident at end of shift on evening, nights prior to leaving the shift; 11:45am – 8:15pm C.N.A. assigned to cohort to cover 2 meals and cross over two shifts to minimize care for both populations).

4.3.7    If units are placed on precautions, collapsible barriers will be implemented to isolate/segregate the unit.

4.3.8    Residents should remain in the cohort in which they are placed until repeat testing identifies a need to move them.

4.3.9    Proper cleaning techniques and products will be utilized to clean rooms once they are vacated.

4.3.10    Every effort will be made to return the resident to their original room upon leaving the segregated infectious unit.

5.0    **BED HOLDS:**

5.1    It is the policy of Nathan Littauer Hospital Nursing Home to reserve a bed for a resident, as follows:

5.1.1    Upon admission and transfer, each resident and/or their designated representative is informed of our bed reservation policy.

5.1.2 A bed hold will be requested, when appropriate, for a Medicaid recipient (21 years and over). A bed will be reserved:

5.1.2.1 For ten (10) days in a twelve (12) month period for non-hospital therapeutic leaves of absence.

5.1.2.2 For up to fourteen (14) days in a twelve month period for those residents on hospice.

5.1.3 A resident may pay privately to reserve a bed for any period for which they agree to pay.

5.1.4 A resident who has resided in the nursing home for thirty (30) days or more, and who has been hospitalized or who has been transferred or discharged on a therapeutic leave, without being given a bed hold, will be readmitted into the next available semiprivate room, when requiring services provided by the facility, is eligible for Medicaid, and wishes to be readmitted.

5.2 References: NLH-NH Resident Care Manual and Social Services Manual/Bed Hold Policy.

6.0 **VISITATION:**

6.1 Nathan Littauer Nursing Home generally offers liberal visitation activity, however, there are circumstances that require us to close or restrict visitation.

6.2 Visits – Inside the building

6.2.1 On March 13, 2020, the New York State Department of Health issued a Health Advisory requiring all nursing homes to close to visitors due to the COVID-19 pandemic.

6.2.1.1 Per the Health Advisory, visitation may be allowed due to special circumstances, including but not limited to, end of life family visits.

6.2.1.2 The nursing staff will make every effort to keep family informed of end of life conditions, as they are known.

6.2.2 Visits shall be limited to one or two guest(s) at a time, and 30 minutes per visit.

6.2.2.1 Visitors shall be required to wear a mask covering nose and mouth, and follow hand hygiene. If resident is on Isolation, the precautions for PPE will be followed.

6.2.2.2 Nurse Managers or Supervisors who give family member(s) permission to visit will notify the following parties:

6.2.2.2.1 Social Worker

6.2.2.2.2 Administrative Assistant

6.2.2.2.3 Manager of Supervisor for next shift

6.2.2.2.4 NH Infection Control Nurse

6.2.2.2.5 Notification to the above parties should include:

6.2.2.2.5.1 Name of Resident

6.2.2.2.5.2 Date of Visit

6.2.2.2.5.3 Time of Visit

6.2.2.2.5.4 Whom is Visiting

6.2.3 Visiting Hours may be limited or restricted due to an emergency. Residents and family/responsible party will be informed of the changes as per CMS/DOH guidance by telephone, email, or other appropriate forms of communication.

6.3   Visitation Screening:

   6.3.1   If the visitor's temperature is 100°F or above, the visitor shall not be permitted inside the building.

   6.3.2   If the visitor gives a positive response to any of the following COVID-19 symptoms, the visitor shall not be permitted inside the building:

     6.3.2.1   Cough

     6.3.2.2   Sore throat

     6.3.2.3   Shortness of Breath

     6.3.2.4   Nausea / Vomiting

     6.3.2.5   Diarrhea

     6.3.2.6   Loss of ability to smell or taste

     6.3.2.7   Muscle aches or pains (new onset)

   6.3.3   If the visitor gives a positive response to any of the travel questions, the visitor shall not be permitted inside the building.

     6.3.3.1   An up-to-date listing of "restricted states" will be posted at the sign-in area located in the front lobby.

     6.3.3.2   If a visitor is coming from, or has recently visited a "restricted state", they will not be permitted inside the building.

6.4   Visitation Record:

   6.4.1   Visitors shall sign in to the Visitor's Log.

     6.4.1.1   Sign in shall include:

       6.4.1.1.1   Date of visit

       6.4.1.1.2   Visitor's name, physical address, day and evening telephone numbers, email address

       6.4.1.1.3   Visitor's temperature, COVID-19 symptom check, and travel questions, or as infectious disease dictates.

6.5   Visits – Outside the building/Designated Visitation Area (West Patio).

   6.5.1   In order to offer visitation and mitigate the risk of COVID-19, we have developed the following procedure:

     6.5.1.1   Outdoor, supervised visitation will be available, weather permitting, on the West Dining Room Lobby Patio.

     6.5.1.2   The area can accommodate three (3) residents, and no more than two (2) visitors at a time for each resident, for a 30-minute period.

     6.5.1.3   All residents and visitors must socially distance (remain 6' apart), wear masks (covering mouth and nose), and perform hand hygiene.

       6.5.1.3.1   We will provide a procedure mask to be kept for use during visitation.

   6.5.2   Tables, chairs and any other items touched by individuals will be wiped down between visits with appropriate cleaning products.

   6.5.3   All visitors must comply with the Screening Protocol (recording name, address, telephone numbers, temperature check, and answer the symptom and travel questions), and cleared for screening to visit.

   6.5.4   Visitors under the age of 18 must be accompanied by an adult, 18 years of age or older.

6.5.5 Current COVID-19 positive residents, PUIs (Persons Under Investigation for COVID-19), and residents in a 14-day quarantine or observation period, are not eligible for visits.

6.5.6 If any visitor fails to adhere to the protocol, they will be prohibited from visiting for the duration of the COVID-19 state-declared Public Health Emergency.

6.5.7 The visitors will enter the patio area on the path between the Nursing Home and the Dialysis Center. Visitors will not be allowed to enter the building.

6.6 Visitation Availability and Scheduling:

6.6.1 Hours will be arranged at the following times:

6.6.1.1 Mondays: 2:00 pm, 3:00 pm, and 4:00 pm

6.6.1.2 Wednesdays: 10:00 am and 11:00 am

6.6.1.3 Fridays: 2:00 pm, 3:00 pm, and 4:00 pm

6.6.2 To schedule a visit, please contact Melissa Buanno at (518) 773-5613, or MBuanno@nlh.org.

6.6.3 Visitation will continue as long as staffing levels can accommodate the visitation plan.

6.6.4 Visitation will be paused upon a new confirmed COVID-19 positive resident and/or staff.

6.7 References: NLH-NH Resident Care Manual and Social Services Manual: Nursing Home Visitation Guidelines (DURING COVID-19), Section V.

## 7.0 COMMUNICATION:

7.1 It is the policy of Nathan Littauer Hospital Nursing Home to communicate the following information to residents and family, or their designated representative.

7.2 Communication Guidelines:

7.2.1 Staff, residents and family/designated representatives will be educated and informed of staff or resident status per regulations/directive as follows:

7.2.1.1 <u>At least once per day</u>, authorized family members and guardians will be updated on residents infected with the pandemic infectious disease, and upon a change in the resident's condition.

7.2.1.2 <u>At least once per week</u>, all residents and family/designated representatives will be informed of the number of infections and deaths at the facility, which will include residents with a pandemic infection who pass away for reasons other than such infection.

7.2.2 Email, telephonic, mail, website postings, and verbal communication by designated staff, will be utilized to communicate a variety of required information as per this policy.

7.2.3 Free remote daily access is available to all residents and their families.

7.2.4 Residents and/or families may request for any staff member to assist in facilitating remote access.

7.2.5 Notify staff, residents and resident's family members of a positive test result of a resident or staff, within 24 hours.

7.2.6 Notify family member or next of kin for all residents should any resident suffer a COVID-19 related death, within 24 hours of such death.

## 8.0 INFECTION CONTROL:

8.1 Infection Control Policy:

8.1.1 The Infection Control Prevention and Control program is a planned, systematic approach to monitor/evaluate the quality and appropriateness of Infection Control interventions. The

Infection Prevention and Control program plans to prevent disease transmission using an effective and efficient epidemiological approach to the reporting and management of infections associated with patients, employees, affiliates (students and volunteers) and visitors.

8.2 Mission/Goal of the Infection Control Program:

8.2.1 Reflective of the mission of the Hospital and Nursing Home, the Infection Prevention and Control Program exists to enable the organization to ensure quality patient care and safety by:

8.2.1.1 Rapidly identifying infections in patients and staff to reduce the risk of disease transmission

8.2.1.2 Identify epidemiological significant issues and address them

8.2.1.3 Having a qualified practitioner manage the infection control process

8.2.1.4 Institute Infection control practices that are based upon standards of practice (Center for Disease Control, NYSDOH, OSHA, DNV, World Health Organization and APIC)

8.2.1.5 Manage Quality and Performance Improvement initiatives to decrease infection rates or trends

8.2.1.6 Actively participate in the Environment of Care initiatives

8.2.1.7 Reporting epidemiological significant infections both internally and to external agencies

8.2.1.8 Implement corrective action plans for infection control in affected problem areas with assistance from CEO, Medical Staff, Quality Assurance Performance Improvement (QAPI) and Nurse Executive.

8.2.2 The Infection Control Committee of the Hospital and Nursing Home believes:

8.2.2.1 Everyone has a role in Infection Prevention and Control

8.2.2.2 Infection Control must be organization wide and ongoing

8.2.2.3 The Committee should be active

8.2.2.4 Surveillance is the essential component of the Infection Prevention and Control Program

8.2.3 The goals of the program are developed by the following process:

8.2.3.1 Performing a risk assessment with input from staff, nursing, physicians and leadership.

8.2.3.1.1 The risk assessment is based upon the following factors: geographic location; the community; services; characteristics of the patient population, care, treatment and services provided; and available data from surveillance and other activities.

8.2.3.1.2 Each potential risk is evaluated based upon probability of occurrence, severity, current organizational preparedness to control the risk, and regulatory requirements.

8.2.3.1.3 Risks are reassessed and re-prioritized as necessary based upon findings from surveillance and other activities, a facility event with infection control implications emerging infectious diseases or other public health emergencies, and new regulatory mandates.

8.2.3.2  The risk assessment guides the development of prioritized goals for the infection prevention program.

8.2.4  Developing and prioritizing goals based on the risk assessment

8.2.4.1  Prioritized goals guide allocation of resources for the infection prevention program. Some goals are important institutionally, but resources come largely from other departments and programs, and they may therefore be lower priority for infection prevention.

8.2.4.2  Prioritized goals include methods of surveillance, metrics, targets, and activities to achieve the targets.

8.2.4.3  Reassessing and updating risks and goals as necessary based upon surveillance or emerging issues or changes in services provided.

8.2.5  Collaborating with clinical services and with the Safety and Quality Improvement Programs in the Hospital and Nursing Home.

8.2.5.1  The Infection Prevention/Employee Health department collaborates with the following departments/programs:

8.2.5.1.1  Environment of Care. Collaborate to develop and implement a respiratory prevention program, exposure control plan for bloodborne pathogens, and participate in EOC rounds.

8.2.5.1.2  Quality. Align Infection Prevention/Employee Health with Quality goals and collaborate with the Quality/Risk Management staff as needed

8.2.5.1.3  Value Analysis. Assure products that are selected support Infection Prevention efforts.

8.2.5.1.4  Emergency Care Center. Screen for certain infectious diseases, particularly for diarrheal illnesses, tuberculosis, influenza-like illness and new emerging infections from patients that have traveled. Ensures appropriate isolation precautions are implemented and if admitted, isolation status is re-evaluated based on laboratory, radiologic findings, and discussion with clinicians to determine if precautions should continue.

8.2.5.2  The Infection Prevention/Employee Health department in hospital participates in the following committees:

8.2.5.2.1  Infection Prevention

8.2.5.2.2  Pharmacy and Therapeutics

8.2.5.2.3  Environment of Care

8.2.5.2.4  Nursing Executive

8.2.5.2.5  Value Analysis

8.2.5.2.6  Management

8.2.5.3  The Infection Prevention department in Nursing Home participates in the following committees:

8.2.5.3.1  Infection Prevention

8.2.5.3.2  Quality Assurance Performance Improvement (QAPI)

8.2.5.3.3  Management

8.2.5.4 Data is shared with clinicians and leadership through the Quality Oversight committee and QAPI. Cases are reviewed with clinical leadership to identify opportunities to reduce the risk of infection.

8.2.6 Developing and implementing infection control policies:

8.2.6.1 Infection Prevention policies and protocols are developed by a collaborative effort including clinical and administrative management and the Infection Prevention staff.

8.2.6.2 They are based on nationally-recognized guidelines and evidence-based practice. Policies are presented to the Infection Prevention Committee for approval. This includes the use of NYSDOH and CDC guidelines for standard and transmission-based precautions. Infection control protocols have been developed and implemented for departments, services and procedures. The policies can be viewed on our intranet.

8.2.6.3 Planning for Biological emergencies with Safety/Security department, the laboratory, and the local and state health departments to manage an influx of potentially infectious patients as well as managing emerging and re-emerging infectious diseases.

8.2.6.4 Working with local public health authorities and clinical leadership to integrate the efforts for control of infections in the Hospital, Nursing Home and community.

8.3 Healthcare Epidemiology Focus Areas

8.3.1 Surveillance for and Prevention of Healthcare-Associated Infections (HAIs).

8.3.2 The surveillance program is based upon CDC and other nationally-recognized guidelines and meets state and federal mandates. An epidemiological approach is utilized for surveillance, data collection, investigations, and trend analysis. NLH is a participant in the National Healthcare Safety Network (NHSN) and uses NHSN definitions and methodology for identifying healthcare-associated infections. The surveillance program is also designed to meet the New York State Department of Health and CMS mandatory reporting requirements, as well as the Communicable disease reporting requirements.

8.3.3 Surveillance and Prevention of Device-Associated Infections

8.3.3.1 Central line associated bloodstream infections (CLABSIs)

8.3.3.2 Catheter-associated urinary tract infections (CAUTIs)

8.3.4 Surgical Site Infections (SSIs) - SSIs identified in Nursing Home are reported to Hospital Infection Prevention department.

8.3.5 Control of epidemiologically significant organisms, including: vancomycin-resistant Enterococcus (VRE), Methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (C.diff), Candida Auris, Acinetobacter baumannii, Carbapenemase-resistant Enterobacteriaceae (CRE), and Extended Spectrum Beta-Lactamase producing gram negative bacilli (ESBL).

8.3.5.1 Microbiology laboratory reports are reviewed daily.

8.3.5.2 Environmental cultures are only considered if outbreak occurs.

8.3.6 Monitoring and improving hand hygiene compliance

8.3.6.1 Surveillance of hand hygiene practices is a shared responsibility between Infection Preventionist.

8.3.6.2 Data is shared with IC Committee and Quality Oversight of the Board.

8.3.7 Complying with standard and transmission-based precautions.

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8.3.7.1 Personal protective equipment is available in each patient care area for use by the staff/practitioners/visitors at any time to comply with precautions.

8.4 Prevention of Infections Associated with Medical Equipment and Environment

8.4.1 Prevent infections associated with medical equipment and supplies

8.4.1.1 Policies for disinfection (low and high level) and sterilization of equipment are based on CDC and AAMI guidelines. The scope of the policies include cleaning, disinfection and sterilization methods, quality control, transportation of both dirty and clean equipment and supplies, storage, and training.

8.4.1.2 Sites where high-level disinfection and sterilization are practiced are identified and visited by Infection Prevention to assess practices and assure compliance with our policies and professional standards. Corrective action would be taken if noncompliance is identified.

8.4.2 Prevent infections associated with construction. Infection prevention collaborates with the Engineering and Facilities Department to complete infection control risk assessments and to assure agreed upon precautions are followed.

8.4.2.1 Prevent infections associated with potable water.

8.4.2.2 Prevent infections associated with ventilation (HVAC) system.

8.4.2.3 Prevent infections associated with facility events such as storm or water damage.

8.4.3 Prevention of Occupationally Acquired Infections and/or Transmission by Infectious Staff to Others.

8.4.3.1 Services provided by Employee Health include:

8.4.3.1.1 Initial and annual health evaluations

8.4.3.1.2 Initial and annual TB skin tests and management of conversions

8.4.3.1.3 Screening and immunizations for specified vaccine-preventable diseases

8.4.3.1.4 Influenza vaccination program

8.4.3.1.5 Evaluation of employees who are injured or who become ill on the job

8.4.3.1.6 Screening and immunizations of exposures to bloodborne pathogens

8.4.3.1.7 Post-exposure prophylaxis and follow up testing as indicated

8.4.3.1.8 Management of other occupational exposures to infections in conjunction with Infection prevention department.

8.4.3.1.9 Implement policies regarding furlough of employees who are identified as infectious or those who have reached the end of the incubation period for the infectious disease to which they were exposed.

8.4.3.2 Identification and management of exposures to infectious disease. IC/EH will investigate the exposure incident and make recommendations for follow-up.

8.4.3.3 TB control

8.4.3.4 Influenza prevention

8.4.4 Investigating and Controlling Outbreaks

8.4.4.1 Each outbreak is investigated and control measures are implemented. Investigative techniques include development of case definitions, case findings, development and analysis of a line listing, cultures of personnel and the environment, and observation

of healthcare workers' patient care techniques. Interventions for control are developed and implemented as soon as possible. Report outbreaks per NYSDOH / CMS guidelines via required system.

8.4.5 Identifying and Controlling Emerging Infectious Diseases (EID)

8.4.5.1 IP/EH department have developed protocols in conjunction with Safety/Security departments that should prepare our institution in the event that a patient presents with an EID. The protocols include information on Emergency care triage, isolation, donning and removal of PPE, follow-up of employee exposures and public health communication.

8.5 Key Infection Prevention Practices During a Pandemic:

8.5.1 All staff, residents, and contract workers will be screened and triaged for COVID-19 signs and symptoms.

8.5.2 Universal source control measures shall be implemented:

8.5.2.1 Face Masks

8.5.2.2 Face Shields (staff, contract workers)

8.5.3 Encourage physical distancing.

8.5.4 Consider performing targeted testing of residents without symptoms.

8.5.5 Postpone unnecessary outpatient visits or use tele-health strategies.

8.5.6 Optimize the use of engineering controls.

8.5.6.1 Physical barriers

8.5.6.2 Negative air flow systems

8.5.7 Respond to exposures among staff.

8.6 Education:

8.6.1 Education of employee on the prevention of healthcare-acquired infections in patients and occupationally-acquired infections in healthcare workers is provided on a continuous basis.

8.6.2 An Infection control lecture is given to all new employees in orientation.

8.6.3 Annual updates are given to clinical employees on Standard Precautions and other infection control topics either on-line through electronic learning modules or by presentations.

8.7 Evaluating the Infection Prevention and Control Program

8.7.1 The program is evaluated for effectiveness at least annually for the following and whenever risks change significantly:

8.7.1.1 Implementation of the annual plan and prioritized goals.

8.7.1.2 Achieved of desired targets for infection reduction or compliance with policies, standards, and regulations, based on findings and trends from surveillance data, environmental rounds, or assessment of various practices.

8.7.1.3 Analysis of success/failure in meeting goals and/or targets to identify possibly causes.

8.7.2 The evaluation is a basis for improvements to the infection prevention program.

8.7.3 The evaluation is presented to the Infection Prevention Committee, Quality Oversight Committee and QAPI.

8.8 References:  CDC; NYSDOH guidelines; OSHA; WHO

9.0 **PROCUREMENT OF RESOURCES DURING EMERGENCY:**

9.1 Procurement Policy:

9.1.1 It is the policy of Nathan Littauer Hospital Nursing Home to allow the Person-In Charge, or Incident Commander, to designate roles or assemble a team to provide adequate resources for an emergency.

9.1.1.1 Refer to plan ECF-049 – Hospital Incident Command System (Code HICS)

9.2 Roles And Responsibilities:

9.2.1 If a Code HICS is implemented and Incident Command is established, the role of Logistics Chief will be required to assemble the necessary appropriate staff to plan the procurement of necessary resources, or to do so as directed by NYS Department of Health guidelines.

9.2.2 The following positions, or their designee(s), will be responsible for facilitating the procurement of necessary resources:

| | | |
|---|---|---|
| 9.2.2.1 | Director of Engineering | Material or equipment for environmental controls |
| 9.2.2.2 | Director of Pharmacy | Medications |
| 9.2.2.3 | Director of Purchasing | Supplies |
| 9.2.2.4 | Director of Nutrition | Food, water, etc. |
| 9.2.2.5 | Director of Environmental Services | Cleaning and linen services |
| 9.2.2.6 | Employee Health | Advisory role |
| 9.2.2.7 | Emergency Manager | Facilitate communication with Office of Emergency Management, Department of Health |

9.2.3 The Nursing Home 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.

9.2.4 As a minimum, all types of PPE found to be necessary in the COVID-19 pandemic should be included in the 60-day stockpile.

9.2.5 This includes, but is not limited to:

9.2.5.1 N95 respirators

9.2.5.2 Face shield

9.2.5.3 Eye protection

9.2.5.4 Gowns/isolation gowns

9.2.5.5 Gloves

9.2.5.6 Masks

9.2.5.7 Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)

10.0 **STAFFING DURING EMERGENCY EVENTS:**

10.1 The following guidelines are to be used for the management of staff during an emergency when employees need to be supplemented due to a variety of reasons.

10.1.1  Staff will be canvassed to see if volunteer coverage is available for open shifts.

10.1.2  Departments (Nursing Home, Hospital, and Primary Care Centers) will be canvassed to decide if there are available staff that can cross-cover in needed areas.

10.1.3  Our current, and any additional identified staffing agencies or portals, will be contacted / accessed to see if additional staff is available.

10.1.3.1  Current policies and/or executive orders will be adhered to when onboarding additional staff.

10.1.4  Additional incentives may be utilized with approval to encourage staff to cover additional shifts.Resources will be accessed to support staff during an emergency to reduce stress (i.e., Family Counseling Center, Success Coach, education materials, etc.).

10.1.5  Census and resident admissions will be evaluated during an emergency due to staffing capabilities.

10.2  Other resources:  Staff Recall Policy (ECF-031); Emergency Medical and Volunteer Management Policy (ECF-064)

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