



**Department
of Health**

A.O. Fox Memorial Nursing Home

Pandemic Emergency Plan

September 12, 2021

Aurelia Osborn Fox Memorial Hospital (Nursing Home)
1 Norton Ave, Oneonta, NY 13820

<https://www.bassett.org/locations/ao-fox-nursing-home>

Emergency Contacts

The following table lists contact information for public safety and public health representatives for quick reference during an emergency.

Table 1: Emergency Contact Information

| Organization | Phone Number(s) |
|---|-----------------|
| Oneonta Fire Department | (607) 433-3480 |
| Oneonta Police Department | (607) 432-1113 |
| Otsego Co. Office of Emergency Management | (607) 547-4238 |
| NYSDOH Regional Office (Business Hours)¹ | (518) 408-5372 |
| NYSDOH Duty Officer (Business Hours) | 866-881-2809 |
| New York State Watch Center (Warning Point) (Non-Business Hours) | 518-292-2200 |

¹ During normal business hours (non-holiday weekdays from 8:00 am – 5:00 pm), contact the NYSDOH Regional Office for your region or the NYSDOH Duty Officer. Outside of normal business hours (e.g., evenings, weekends, or holidays), contact the New York State Watch Center (Warning Point).

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1 Background

1.1 Introduction

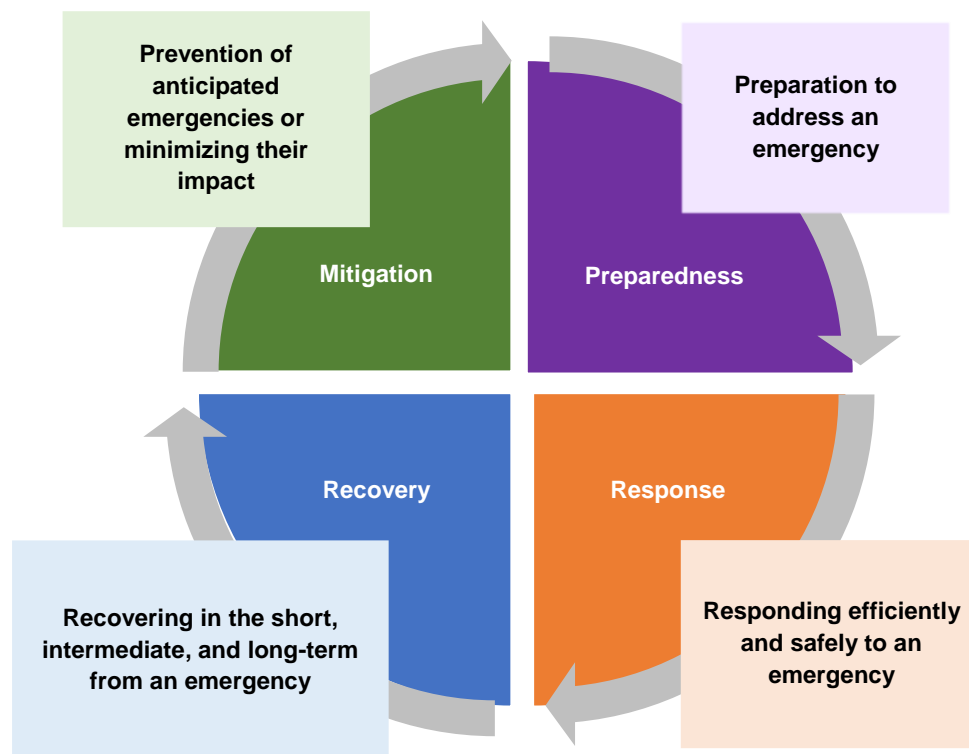
To protect the well-being of residents, staff, and visitors, the facility follows an all-hazards Comprehensive Emergency Management Plan (CEMP), which has been developed and includes considerations necessary to satisfy the requirements for a Pandemic Emergency Plan (PEP). Appendix K of the CEMP meets the needs of the PEP and is posted to the public on the our facility's website. It is also available immediately upon request. The CEMP is informed by the conduct of facility-based and community-based risk assessments and pre-disaster collaboration with the Capital District Region (CDR) Health Emergency Preparedness Coalition (HEPC), the Bassett Healthcare Network Incident Command, Otsego County Office of Emergency Management, and Oneonta Police and Fire Depts.

The PEP is reviewed annually, at a minimum, and as information changes.

1.2 Purpose

The purpose of this plan is to describe the facility's approach to mitigating the effects of, preparing for, responding to, and recovering from a pandemic emergency.

Figure 1: Four Phases of Emergency Management



1.3 Scope

The scope of this plan is specific to a pandemic emergency, which has the potential to significantly disrupt the provision of normal standards of care and/or continuity of operations.

The Pandemic Emergency Plan (PEP) is a subset of the overall nursing home and hospital all-hazards Comprehensive Emergency Response Plan (CEMP) and is designed to meet the requirements of state Public Health Law, Chapter 14, section 2803, subdivision 12.

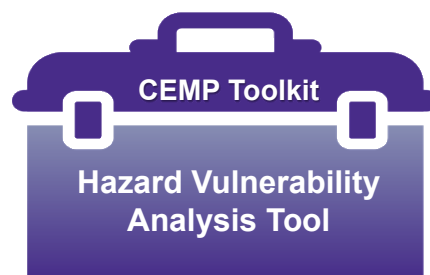
1.4 Situation

1.4.1 Risk Assessment²

The facility conducts an annual risk assessment to identify which natural and man-made hazards pose the greatest risk to the facility (i.e., human and economic losses based on the vulnerability of people, buildings, and infrastructure).

The facility conducted a facility-specific risk assessment on July 28, 2020 and determined the primary risk is from a pandemic emergency.

This risk information serves as the foundation for the plan—including associated policies, procedures, and preparedness activities.



1.4.2 Mitigation Overview

The primary focus of the facility's pre-disaster mitigation efforts is to identify the facility's level of vulnerability to various hazards and mitigate those vulnerabilities to ensure continuity of service delivery and business operations despite potential or actual hazardous conditions.

To minimize impacts to service delivery and business operations during an emergency, the facility has completed the following mitigation activities:

- Development and maintenance of a CEMP;

² The Hazard Vulnerability Analysis (HVA) is the industry standard for assessing risk to healthcare facilities. Facilities may rely on a community-based risk assessment developed by public health agencies, emergency management agencies, and Health Emergency Preparedness Coalition or in conjunction with conducting its own facility-based assessment. If this approach is used, facilities are expected to have a copy of the community-based risk assessment and to work with the entity that developed it to ensure that the facility's emergency plan is in alignment.

- Procurement of emergency supplies and resources;
- Establishment and maintenance of mutual aid and vendor agreements to provide supplementary emergency assistance;
- Regular instruction to staff on plans, policies, and procedures; and
- Validation of plans, policies, and procedures through exercises.³

For more information about the facility's fire prevention efforts (e.g., drills), safety inspections, and equipment testing, please refer to the CODE RED – Fire Plan.

1.5 Planning Assumptions

This plan is guided by the following planning assumptions:

- Emergencies and disasters can occur without notice, any day, and on any shift.
- Emergencies and disasters may be facility-specific, local, regional, or state-wide.
- Local and/or state authorities may declare an emergency.
- The facility may receive requests from other facilities for resource support (supplies, equipment, staffing, or to serve as a receiving facility).
- Facility security may be compromised during an emergency.
- The emergency may exceed the facility's capabilities and external emergency resources may be unavailable. The facility is expected to be able to function without an influx of outside supplies or assistance for 72 hours.
- Power systems (including emergency generators) could fail.
- During an emergency, it may be difficult for some staff to get to the facility, or alternately, they may need to stay in the facility for a prolonged period of time.

2 Communications

2.1 Facility Communications

As part of CEMP development, the facility conducted a communications assessment to identify existing facility communications systems, tools, and resources that can be leveraged during an incident and to determine where additional resources or policies may be needed.



Primary (the best and intended option) and alternate (secondary back-up option) methods of communication are outlined in **Table 11**.

Table 1: Methods of Communication

| Mechanism | Primary Method of Communication | Alternate Method of Communication |
|---|-------------------------------------|-------------------------------------|
| Landline telephone | <input type="checkbox"/> | <input type="checkbox"/> |
| Cell Phone | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Voice over Internet Protocol (VOIP) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Secure Text Messages (Tiger Text) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Email | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| News Media | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Radio Broadcasts | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Social Media | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Runners | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Weather Radio | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Notification Systems ⁴ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Facility Website | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

⁴ An emergency notification system is a one-way broadcast, sometimes coordinated by a third-party vendor, and is not required by NYSDOH.

2.2 Internal Communications

2.2.1 Staff Communication

The facility maintains a list of all staff members, including emergency contact information via OnShift software. To prepare for impacts to communication systems, the facility also maintains redundant forms of communication with on-site and off-site staff. The facility will ensure that all staff are familiar with internal communication equipment, policies, and procedures.

2.2.2 Resident Communication

Upon admission, annually, and prior to any recognized threat, the facility will educate residents and responsible parties on the CEMP efforts. Resident communication may include admission documentation, newsletters, Resident Council meetings, and our automated information line, (607) 441-4949.

During and after an incident, the Incident Commander—or Public Information Officer, if activated—will establish a regular location and frequency for delivering information to staff, residents, and on-site responsible parties (e.g., set times throughout the day), recognizing that message accuracy is a key component influencing resident trust in the facility and in perceptions of the response and recovery efforts.

Communication will be adapted, as needed, to meet population-specific needs, including memory-care residents, individuals with vision and/or hearing impairments, and individuals with other access and functional needs.

2.3 External Communications

Under no circumstances will protected health information be released over publicly-accessible communications or media outlets. All communications with external entities shall be in plain language, without the use of codes or ambiguous language.



2.3.1 Corporate/Parent Organization

The facility will coordinate all messaging with Bassett Healthcare Network (BHN) to ensure external communications are in alignment with corporate policies, procedures, and brand standards.

2.3.2 Authorized Family and Guardians

The facility maintains a list of contact information, including phone numbers and email addresses at via SigmaCare software. Such individuals will receive information about the facility's preparedness efforts upon admission.

During an incident, the facility will notify responsible parties about the incident, status of the resident, and status of the facility by email or telephone. Additional updates may be provided on a regular basis to keep residents relatives/responsible parties apprised of the incident and the response.

The initial notification message to residents' primary point of contact (e.g., relative) will include the following information:

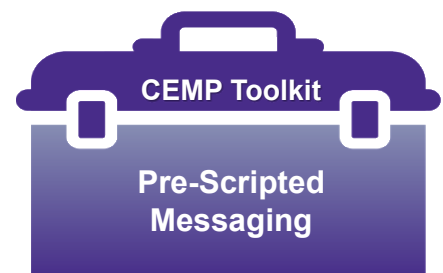
- Nature of the incident;
- Status of resident;
- Restrictions on visitation; and
- Estimated duration of protective actions
- Ways to obtain additional information

When incident conditions do not allow the facility to contact residents' relatives/responsible parties in a timely manner, or if primary methods of communication are unavailable, the facility will utilize local or state health officials, the facility website, and/or a recorded outgoing message on voicemail, among other methods, to provide information to families on the status and location of residents.

2.3.3 Media and General Public

During an emergency, the facility will utilize traditional media (e.g., television, newspaper, radio) and social media (e.g., Facebook, Twitter) to keep relatives and responsible parties aware of the situation and the facility's response posture.

The Incident Commander—or Public Information Officer, if activated—may assign a staff member to monitor the facility's social media pages and email account to respond to inquiries and address any misinformation.



Annexes

The background of the page is a blurred photograph of a laboratory or clinical setting. Several individuals wearing white lab coats are visible, some standing and others partially obscured. The scene is brightly lit, and the overall atmosphere is professional and busy. A large, semi-transparent purple rectangle is overlaid on the left side of the image, containing the word 'Annexes' in white text.

Annex A: Protective Actions

The Incident Commander may decide to implement protective actions for an entire facility or specific populations within a facility. A brief overview of protective action options is outlined in **Table 3**.



Table 3: Protective Actions

| Protective Action | | Potential Triggers | Authorization |
|-------------------------|--|---|--|
| Defend-in-Place | Defend-in-Place is the ability of a facility to safely retain all residents during an incident-related hazard (e.g., flood, severe weather, wildfire). | <ul style="list-style-type: none"> Unforeseen disaster impacts cause facility to shelter residents in order to achieve protection. | <ul style="list-style-type: none"> May be initiated by the Incident Commander ONLY in the absence of a mandatory evacuation order. Does not required NYSDOH approval. |
| Shelter-in-Place | Shelter-in-Place is keeping a small number of residents in their present location when the risks of relocation or evacuation exceed the risks of remaining in current location. | <ul style="list-style-type: none"> Disaster forecast predicts low impact on facility. Facility is structurally sound to withstand current conditions. Interruptions to clinical services would cause significant risk to resident health and safety. | <ul style="list-style-type: none"> Can only be done for coastal storms. Requires <u>pre-approval</u> from NYSDOH prior to each hurricane season and <u>re-authorization</u> at time of the incident. |

| Protective Action | | Potential Triggers | Authorization |
|----------------------------|--|---|--|
| Internal Relocation | <p>Internal Relocation is the movement of residents away from threat within a facility.</p> | <ul style="list-style-type: none"> ▪ Need to consolidate staffing resources. ▪ Consolidation of mass care operations (e.g., clinical services, dining). ▪ Minor flooding. ▪ Structural damage. ▪ Internal emergency (e.g., fire). ▪ Temperature presents life safety issue. | <ul style="list-style-type: none"> ▪ Determined by facility based on safety factors. ▪ If this protective action is selected, the NYSDOH Regional Office must be notified. |
| Evacuation | <p>Evacuation is the movement of residents to an external location (e.g., a receiving facility) due to actual or anticipated unsafe conditions.</p> | <ul style="list-style-type: none"> ▪ Mandatory or advised order from authorities. ▪ Predicted hazard impact threatens facility capacity to provide safe and secure shelter conditions. ▪ Structural damage. ▪ Emergency and standby power systems failure resulting in facility inability to maintain suitable temperature. | <ul style="list-style-type: none"> ▪ Refer to the <i>NYSDOH Evacuation Plan Template</i>. |
| Lockdown | <p>Lockdown is a temporary sheltering technique used to limit exposure of building occupants to an imminent hazard or threat. When “locking down,” building occupants will shelter inside a room and prevent access from the outside.</p> | <ul style="list-style-type: none"> ▪ Presence of an active threat (e.g., active shooter, bomb threat, suspicious package). ▪ Direction from law enforcement. | <ul style="list-style-type: none"> ▪ Determined by facility based on the notification of an active threat on or near the facility premises. |

Annex B: Resource Management

1. Preparedness

Additionally, the facility maintains an inventory of emergency resources and corresponding suppliers/vendors, for supplies that would be needed under all hazards, including:

- Generators
- Fuel for generators and vehicles
- Propane tanks
- Food and water for a minimum of 72 hours for staff and residents
- Disposable dining supplies and food preparation equipment and supplies
- Medical and over-the-counter pharmaceutical supplies
- Personal protective equipment (PPE), as determined by the specific needs for each hazard
- Emergency lighting, cooling, heating, and communications equipment
- Resident movement equipment (e.g. bed sleds, lifts)
- Durable medical equipment (e.g., walkers, wheelchairs, oxygen, beds)
- Linens, gowns, privacy plans
- Housekeeping supplies, disinfectants, detergents
- Resident specific supplies (e.g., identification, medical risk information, medical records, physician orders, Medication Administration Records, Treatment Administration Records, Contact Information Sheet, last 72 hours of labs, x-rays, nurses' notes, psychiatric notes, doctor's progress notes, Activities of Daily Living (ADL) notes, most recent History and Physical (H&P), clothing, footwear, and hygiene supplies)
- Administrative supplies

The facility's resource inventory will be updated annually to ensure that adequate resource levels are maintained, and supplier/vendor contact information is current.

2. Resource Distribution and Replenishment

During an incident, the Incident Commander—or Logistics Section Chief, if activated—will release emergency resources to support operations. The Incident Commander—or Operations Section Chief, if activated—will ensure the provision of subsistence needs.

The Incident Commander—or Planning Section Chief, if activated—will track the status of resources used during the incident. When defined resource replenishment thresholds are met, the Planning Section Chief will coordinate with appropriate staff to replenish resources, including:

- Procurement from alternate or nontraditional vendors
- Procurement from communities outside the affected region

- Resource substitution
- Resource sharing arrangements with mutual aid partners
- Request for external stockpile support from healthcare associations, local emergency management.

3. Resource Sharing

In the event of a large-scale or regional emergency, the facility may need to share resources with mutual aid partners or healthcare facilities in the community, contiguous geographic area, or across a larger region of the state and contiguous states as indicated.

4. Emergency Staffing

4.1. Off-Duty Personnel

If off-duty personnel are needed to support incident operations, the facility will conduct the following activities in accordance with facility-specific employee agreements:

Table 2: Off-Duty Personnel Mobilization Checklist

| Off-Duty Personnel Mobilization Checklist | |
|---|---|
| <input type="checkbox"/> | Once approved, Department Managers will be notified of the need to mobilize off-duty personnel. |
| <input type="checkbox"/> | Off-duty personnel will be notified of the request and provided with instructions including: <ul style="list-style-type: none"> ■ Time and location to report ■ Assigned duties ■ Safety information ■ Resources to support self-sufficiency (e.g., water, flashlight) |
| <input type="checkbox"/> | Once mobilized, off-duty staff will report for duty as directed. |
| <input type="checkbox"/> | If staff are not needed immediately, staff will be requested to remain available by phone. |
| <input type="checkbox"/> | To mobilize additional off-duty staff, the facility may need to provide additional staff support services (e.g., childcare, respite care, pet care). These services help to incentivize staff to remain on site during the incident, but also need to be carefully managed (e.g., reduce liability, manage expectations). |

4.2. Other Job Functions

In accordance with employment contracts, collective bargaining agreements, etc., an employee may be called upon to aid with work outside of job-prescribed duties, work in departments or carry out functions other than those normally assigned, and/or work hours in excess of (or different from) their normal schedule. Unless temporarily permitted by an Executive Order issued by the Governor under section 29-a of Executive Law, employees may not be asked to function out-of-scope of certified or licensed job responsibilities.

The Incident Management Team will request periodic updates on staffing levels (available and assigned). In addition to deploying clinical staff as needed for resident care activities, non-medical assignments from the labor pool may include:

- Security augmentation
- Runners / messengers
- Switchboard support
- Clerical or ancillary support
- Transportation
- Resident information, monitoring, and one-on-ones, as needed
- Preparing and/or serving meals, snacks, and hydration for residents, staff, visitors, and volunteers
- Cleaning and disinfecting areas, as needed
- Laundry services
- Recreational or entertainment activities
- Providing information, escorts, assistance, or other services to relatives and visitors
- Other tasks or assignments as needed within their skill set, training, and licensure/certification.

In accordance with employment contracts, collective bargaining agreements, etc., and at the determination of the Incident Commander, all or some staff members may be changed to 12-hour emergency shifts to maximize staffing. These shifts may be scheduled as around regular work hours, in six or 12-hour shifts, or as needed to meet facility emergency objectives.

4.3. Surge Staffing

If surge staffing is required—for example, staff has become overwhelmed—it may be necessary to implement surge staffing (e.g., staffing agencies).

The facility may coordinate with pre-established credentialed volunteers included in the facility roster or credentialed volunteers associated with programs such as Community Emergency Response Team (CERT), Medical Reserve Corps (MRC), and ServNY.

The facility will utilize emergency staffing as needed and as identified and allowed under executive orders issued during a given hazard/emergency.

Annex C: Infectious Disease/Pandemic Emergency

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. The facility must plan effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic.

The following Infectious Disease/Pandemic Emergency Checklist outlines the hazard-specific preparedness, response, and recovery activities the facility plans for that are unique to an incident involving infectious disease as well as those incidents that rise to the occasion of a pandemic emergency.

The checklist items noted in this Annex include the identified Local Health Department (LHD) priorities and focus areas. A.O. Fox Nursing home uses this information in conjunction with an internal risk assessment to create our plan and to set priorities, policies and procedures.

This checklist also includes all elements required for inclusion in the facility's Pandemic Emergency Plan (PEP), as specified within the new subsection 12 of Section 2803, Chapter 114 of the Laws of 2020, for infectious disease events that rise to the level of a pandemic.

- o development of a Communication Plan,
- o development of protection plans against infection for staff, residents, and families, including the maintenance of a 2-month (60 day) supply of infection control personal protective equipment and supplies (including consideration of space for storage), and
- o A plan for preserving a resident's place in and/or being readmitted to a residential health care facility or alternate care site if such resident is hospitalized, in accordance with all applicable laws and regulations.

Infectious Disease/Pandemic Emergency Checklist

Preparedness Tasks for all Infectious Disease Events

| | |
|---|--|
| <input checked="" type="checkbox"/> Required | All new hires and existing staff are provided staff education on infectious diseases (e.g., reporting requirements, exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment (PPE), 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. Additional education is provided as plans, requirements or regulations are updated. |
| <input checked="" type="checkbox"/> Required | Infection prevention, control, and reporting policies. See COVID-19 Response Plan and NH Infection Control policies. |
| <input checked="" type="checkbox"/> Recommended | Conduct 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. Symptomatic residents and those suspected exposure are tested and quarantined. Staff surveillance includes minimum daily temperature checks and potential exposure questionnaires. |
| <input checked="" type="checkbox"/> Recommended | Staff testing/laboratory services. Employee Health conducts weekly mandatory staff and contractor testing for those entering the facility. Results are reported daily to NYS Department of Health via HERDS. External labs are contracted via Bassett Laboratories. Data is reported via HERDS and NHSN weekly. |
| <input checked="" type="checkbox"/> Required | 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. Several staff have access to state and federal reporting portals. |
| <input checked="" type="checkbox"/> Required | 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) Routine and alternative sources are sought to obtain and maintain expected supply needs. Extended PPE supplies are coordinated with Bassett Health Network to maximize effectiveness and efficiency in obtaining adequate resources in a strained market. |
| <input checked="" type="checkbox"/> Recommended | Administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave). See COVID Visiting Guidelines, Staffing Plan, Employee Wellness and Employee Experience policies |
| <input checked="" type="checkbox"/> Required | Environmental controls See Housekeeping Cleaning Schedule and Environmental Services Infection Control Plan |
| <input checked="" type="checkbox"/> Required | Vendor supply plan for re-supply of food, water, medications, medical supplies, and sanitizing agents. |
| <input checked="" type="checkbox"/> Required | 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. Cohorting and quarantine as indicated by infection status will be implemented by room, section, and unit based on the proportionate populations. Unit 1 has private rooms available for negative pressure isolation. |

| | |
|--|--|
| <input checked="" type="checkbox"/> Recommended | Plans for cohorting, including using 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. South end of Unit 1 dedicated with negative pressure rooms. |
| <input checked="" type="checkbox"/> Recommended | Plan to ensure social distancing measures can be put into place where indicated. Communal dining is replaced with socially distanced dining in large rooms and hallways or individual rooms. Large group activities are replaced with 1:1 and small group, socially distanced activities. Additional Activity staff employed. |
| <input type="checkbox"/> Recommended | 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. [describe areas covered in your plan] |
| Additional Preparedness Planning Tasks for <u>Pandemic Events</u> | |
| <input checked="" type="checkbox"/> Required | Pandemic Communication Plan includes all required elements. Daily updates about infected residents, weekly updates to all families, daily access to free remote videoconferencing (FaceTime or Skype) per family preference. |
| <input checked="" type="checkbox"/> Required | Plans for protection of staff, residents and families against infection that includes all required elements of the PEP. Residents from hospital must test negative for infectious disease; designated areas are set aside for positive residents; cohorting based on infectious status. Distinct areas are identified and secured to prevent cross-contamination. |
| Response Tasks for <u>all Infectious Disease Events</u>: | |
| <input checked="" type="checkbox"/> Recommended | Obtain and maintain current guidance, signage, advisories from the NYSDOH and U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions. see COVID Response Plan. |
| <input checked="" type="checkbox"/> Required | Meet 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. Infection Control department reports per regulation |
| <input checked="" type="checkbox"/> Required | Meet all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting Daily reporting by administration |
| <input checked="" type="checkbox"/> Recommended | The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks, if practical. |
| <input checked="" type="checkbox"/> Recommended | 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 See Infection Control policies |

| | |
|--|---|
| <input checked="" type="checkbox"/> Recommended | Ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies: Designated Unit 1 for positive cases; individually assigned staff based on cohorting. Night and weekend modifications to extent possible. |
| <input checked="" type="checkbox"/> Recommended | 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. Approved sanitizer and UV light per policy |
| <input checked="" type="checkbox"/> Required | 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. Mailed, emailed educational information; Information line with updates; PEP on website along with additional information to educate public. |
| <input type="checkbox"/> Recommended | The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents provide information regarding facility-maintained list of external stakeholders to be contacted and mechanisms for sharing this information |
| <input type="checkbox"/> Required | <p>Subject to any superseding New York State Executive Orders 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.</p> <p>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: see COVID Visiting Guidelines</p> |
| Additional Response Tasks for <u>Pandemic Events</u>: | |
| <input checked="" type="checkbox"/> Recommended | Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures) Educational surveillance |
| <input checked="" type="checkbox"/> Required | 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: Posted 9/15/20 on website https://www.bassett.org/locations/ao-fox-nursing-home |
| <input checked="" type="checkbox"/> Required | Update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition: Telephonic update daily (minimum) |
| <input checked="" type="checkbox"/> Required | Ensure that all residents and authorized families and guardians are updated at least once a week 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: Email listserv, automated information line, phone call or letter |
| <input checked="" type="checkbox"/> Required | Provide all residents with no cost daily access to remote videoconference or equivalent communication methods with family members and guardians: FaceTime and Skype are available via Activity department |

| | |
|--|--|
| <input checked="" type="checkbox"/> Required | 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): Admissions coordinates with hospital discharge planner to assure next available bed if appropriate is offered to prior resident upon hospital discharge |
| <input checked="" type="checkbox"/> Required | 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): Admissions assures next available appropriate bed is offered to prior resident upon hospital discharge |
| <input checked="" type="checkbox"/> Required | Maintain at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) <u>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.</u> As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile. This includes, but is not limited to: <ul style="list-style-type: none"> - N95 respirators - Face shield - Eye protection - Gowns/isolation gowns - Gloves - Masks - Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic) In coordination with Bassett Healthcare Network, 60-day supply will be maintained on-site and at a shared facility within 1 hour of this site. A compliance extension has been requested due to inability to obtain 60-day supply of gloves within the regulated timeframe. |
| Recovery for <u>all Infectious Disease Events</u> | |
| <input checked="" type="checkbox"/> Required | 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. |