

				DEPARTMENT: ADMINISTRATION	
Effective Date:	08/2020	Reviewed :		Revised:	FUNCTION: <i>Pandemic Emergency Plan</i>

The World Health Organization defines a pandemic as “the worldwide spread of a new disease.”

General Information:

Background: The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being.

A pandemic is an outbreak of an infectious disease that affects people or animals over an extensive geographical area. It is anticipated that pandemics such as an influenza pandemics will continue to occur and spread across the population of the world. In a pandemic, hospitals and other healthcare facilities and providers may be overwhelmed with the massive numbers of acutely ill persons. Long term care facilities will be impacted as they: may not be able to transfer their residents to hospitals; may need to expand current facility capacity to accommodate additional patients; could experience widespread absenteeism that affects their ability to staff their facilities and causes shortages in services and supplies.

POLICY:

It is the policy of Jamaica Hospital Nursing Home Trump Pavilion to prepare and implement a plan in the event of a pandemic. The facility will be responsible for protecting both residents and employees during a pandemic.

Jamaica Hospital Nursing home will:

- Minimize employee and resident exposure;
- Promptly identify residents and employees with clinical symptoms
- Adhere to Federal and State/Local recommendations including admissions, visitation, precautions: standard, contact, droplet and/or airborne precautions, including the use of eye protection.

Purpose:

- To minimize exposure to respiratory pathogens.
- To ensure that employees, residents and families are aware of current trend of the pandemic.
- To educate employees on preventative measures as per CDC and DOH guidelines.
- To educate residents and family members on current preventative measures.
- To monitor the CDC website for information and resources for Long-term care
- To update residents with current guidelines from DOH.

Pandemic Planning Committee

Jamaica Hospital Nursing Home has formed a Pandemic Planning Committee. This Committee is an interdisciplinary team focused on developing policies and procedures relating to all of the critical areas. This diverse team will ensure that all issues or concerns that may occur during a pandemic can be considered during the planning process. All committee members are educated on state and federal regulations

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applicable to a pandemic. Current guidance, signage, advisories from NYSDOH and CDC on disease-specific response actions will be monitored by members of the Pandemic Planning Committee:

Pandemic Planning Committee members include:

- Administrator
- Assistant Administrator
- Medical Director
- Director of Nursing
- Infection Preventionist
- Controller
- Pharmacist
- Director of Social Work / Social Workers
- Other Department Managers as needed

The Planning Committee will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infection disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and timing of when those changes may be executed.

Communication

Jamaica Hospital Nursing Home will have ongoing communication with local and state government as well as other healthcare providers and Trade Organizations. Common issues of concern can be identified and strategies to address these concerns can be developed.

The Facility will communicate any relevant activities regarding recovery/return to normal operations with staff families/guardians and other relevant stakeholders.

The Pandemic Emergency Plan is available upon request and will be posted to the Trump Pavilion website and can be accessed via www.trumppavilion.org.

Emergency Operations Center (EOC)

The Emergency Operations Center will be will be activated to support our operations. We will communicate plans with local, county and state agencies to integrate planning effort in addition to local emergency health agencies, such as the Red Cross and Salvation Army, to share pandemic plans. We will strive to coordinate with local emergency officials, agencies and healthcare providers to ensure a community-wide coordinated response.

Surge capacity

Surge capacity refers to the facility’s ability to rapidly expand beyond normal services to meet the increased demand for qualified personnel and medical care in the event of bioterrorism or other large-scale public health emergency or disaster.

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Contact Info

Contact names and phone numbers for other key EOCs in the area, including local and regional offices of emergency management (OEMs), state health department, key suppliers/ vendors/ contractors, police, fire, EMS will be maintained.

Admissions

These types of circumstances present significant challenges and are only exacerbated if/when the nursing home is asked to accept admissions from a hospital. Jamaica Hospital Nursing Home will only accept patients that we are equipped to care for.

Staff Education

Staff are in-serviced regularly regarding Infection Control Once the specific infection is identified, Staff will be educated on specific reporting requirements, exposure risks, symptoms, prevention, and infection control, correct use of PPE, regulations, and Federal and State guidance/requirements.

Testing

Jamaica Hospital Nursing Home will test residents or newly admitted residents in accordance with either Executive Order, CMS, DOH or CDC requirements and recommendations. All tests will be sent to Jamaica Hospital Medical Center Lab for analysis. Contact number for the lab is (718) 206-7620.

Jamaica Hospital Nursing Home will test all employees in accordance with either Executive Order, CMS, DOH or CDC requirements and recommendations. All tests will be sent to either Jamaica Hospital Medical Center Lab or Flushing Hospital Medical Center Lab or Quest Diagnostics Lab for analysis. Contact numbers for the labs: Jamaica Hospital Medical Center Lab - (718) 206-7620; Flushing Hospital Medical Center Lab – (718) 670-5724; Quest Diagnostics - (800) 553-5445.

Visitation

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. If necessary, and in accordance with applicable NYS Executive Orders and/or NYSDOH guidance the facility will implement procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or screen all permitted visitors for signs of infection.

Guidance for Limiting Transmission

Surveillance and tracking:

- ❖ The Administrative staff will monitor public health advisories and websites (federal, state, and local) and keep the team informed of guidance.

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- ❖ A written protocol for daily monitoring of symptoms among residents, incoming residents and staff will be implemented.
- ❖ Symptom screening will be done for all employees and approved visitors. Employees and approved visitors will be screened for symptoms identified as being the symptoms associated with the type of pandemic at hand and that are recommended by the CDC, DOH or CMS. These symptoms could include monitoring for fever (temperature above 37.8 degrees C or 100 degrees F), cough, shortness of breath, congestion, sore throat, nausea, vomiting or diarrhea.
- ❖ Employees who are symptomatic will not be permitted to work and will be instructed to consult with their doctor. They must also email Occupational Health to inform them at OHSReport@jhmc.org.
- ❖ Early screening/detection and isolation of residents, incoming residents, and staff.
- ❖ Contact New York State Department of Health (NYSDOH) or local Health Department if a resident or staff meets exposure and clinical criteria (Bureau of Healthcare Associated Infections: 518-474-1142).
- ❖ Administrative Staff enrolled in Health Commerce System and are able to do daily reporting on Health Commerce System 7 days per week – 24 hours per day – HERDS surveys and Nosocomial Outbreak Reporting Application (NORA) information entered as required.
- ❖ The facility will report suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code.
- ❖ The facility shall report any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees via NORA. A single case of a reportable communicable disease or any unusual disease will be reported to the Local Health Department. If the reportable communicable disease is suspected or confirmed to be acquired at the facility, it will be reported to the NYSDOH.
- ❖ Reports will be made within 24 hours unless otherwise mandated.
- ❖ Categories and examples of reportable healthcare-associated infections include:
 - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
 - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
 - Foodborne outbreaks.
 - Infections associated with contaminated medications, replacement fluids, or commercial products.
 - Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
 - A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
 - Clusters of tuberculin skin test conversions.
 - A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.

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- Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
- Closure of a unit or service due to infections.
- ❖ The NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program will be consulted for general questions and infection control guidance or if additional information is needed about reporting to NORA. The Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is:
https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. After hours, nights and weekends, the New York State Watch Center (Warning Point) will be called at 518-292-2200.
- ❖ Other contact info: Local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at (866) 881-2809 - For facilities in New York City: (866) NYC-DOH1 (1-866-692-3641).

Communication:

- ❖ The facility has developed external notification procedures directed toward authorized family members and guardians of residents. A record of all authorized family members and guardians, which should include secondary (back-up) authorized contacts is maintained and updated regularly.
- ❖ The facility has plans and/or procedures that (1) provide a daily update to authorized family members and guardians by a member of the Interdisciplinary Team. Upon a change in a resident's condition, the authorized family members and guardians will be contacted by a physician or nurse; and (2) update all residents and authorized families and guardians at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19). Such updates will be provided electronically or by such other means as may be selected by each authorized family member or guardian. This 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. Social Work staff will verify preferred method of communication.
- ❖ All contact information is kept up-to-date in the HCS Communications Directory for Administrative and clinical leadership to be assured of receiving pertinent information.
- ❖ The Communication Plan will be implemented to inform residents and designated representatives.
- ❖ Signs will be posted at the entrance of the facility informing family and staff of circumstances. Letters, phone calls or other methods of communication will be used to inform staff, residents, family members, visitors or other persons coming to the facility. Pandemic Communication Policies and Procedures will be followed.
- ❖ Signs will be posted for cough etiquette and hand-washing in high visibility areas.
- ❖ The Administrative Staff will communicate with staff, residents and their families regarding the status and impact of the pandemic in the facility.

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- ❖ The CDC’s risk communication materials will be used for more guidance.
- ❖ All information regarding any visitation restrictions related to the pandemic will be posted on the facility website, explained in a letter and via email and telephone to residents and family of each resident.
- ❖ Visitation restrictions will be posted at the entrance, at the elevator banks, and on the facility’s website.

Employee monitoring and Restrictions

- All employees will be screened upon entering the facility at the beginning of their shift for fever and symptoms. Temperature is actively taken and absence of shortness of breath, new or change in cough, and sore throat will be documented.
- If employees are sick or are ill, they will not be permitted to work. They will be given a facemask and told to self-isolate at home, call OHS and email OHSReports@jhmc.org, for further instructions.
 - Staff who are identified with symptoms or report symptoms, will self-quarantine for the period of time determined by the CDC, CMS or DOH. (e.g., 14 days following the onset of symptoms and after 3 days consistently fever free with other symptoms improving in the case of the COVID-19 pandemic.)
 - All Staff are required to wear a surgical mask while in the facility.
 - Asymptomatic no quarantine requirements. Employee must wear a face mask.
 - Self-Monitoring
- Facemasks for all employees and anyone coming into the facility are required.
- Nursing Department employees, majority of Environmental Services Department, Rehab Department, Recreation Therapy Department, Security Department, and Communications Department employees, were fit-tested for N95 mask for future use as needed
- If a resident is suspected or have symptoms, care givers wear will wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms.
- Protocols for extended use of eye protection and facemasks will be implemented.
- Employees that work at multiple health care facilities will be identified.
- Vendors, EMS personnel, hospice consultant, medical staff, and transportation personnel (e.g., when taking residents to offsite appointments, dialysis, etc.), are screened and given mask and gown at the entrance of facility.
- Sick leave policies for ill employees will be enforced. Employees will be directed to the Benefits Department for further guidance regarding medical leaves.
- HR Briefings and Safety Bulletins will be shared with staff to keep them up to date with latest information.

Resident Monitoring and Restrictions

- Inform residents that CDC recommends aggressive visitor restrictions
- Residents will be notified of above on individual basis, during the resident council meeting and Community Meeting and reminded of current events based on the current news and CDC guidelines.

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- Communal dining and all group activities, such as internal and external group activities will be canceled.
- Active screening of residents and staff for fever and respiratory symptoms will be implemented.
- Signs at the entrances to the facility advising that no visitors may enter the facility will be posted.
- Residents will be reminded to practice social distancing of 6 feet apart and perform frequent hand hygiene.
- When possible, Residents will wear masks or other face covering when staff enter rooms.
- Staff will wear goggles when providing direct care or treatment.
- Residents will be encouraged to remain in their room and call for assistance as needed.
- Frequent monitoring and unit rounds will be done to ensure resident safety and prompt provision of care and services needed.
- If there are cases in the facility, residents will be restricted to their room (to the extent possible) except for medically necessary purposes.
- If the resident must leave his/ her room, they should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
- Ill residents will be cohorted. Dedicated staff will be assigned to the unit.
- Plans for cohorting residents include:
 - ❖ Part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, such as at the end of a hallway will be used.
 - ❖ Sharing of a bathroom with residents outside the cohort will not be permitted.
 - ❖ Signs will be posted that indicate that only authorized employees are permitted to enter;
 - ❖ Other residents will not be permitted to enter area.
 - ❖ Isolation carts will be situated in the hallways for Staff use.
 - ❖ Contaminated waste shall be discarded in red biohazard bags provided on the nursing unit.
- If a resident is in an end-of-life situation, instructions will be provided to the visitor before entering the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room.
- Any type of physical contact - hand shaking, hugging with residents and others will be prohibited.
- If absolutely necessary, Garden Room North will be designated a dedicated visiting area. This area will be terminally cleaned and disinfected after each resident-visit meeting.
- Staff will assist Residents with alternative means of communication for residents who would otherwise visit such as phone, FaceTime, Skype video-communication.
- Staff will regularly reach out to families to keep them up-to-date with their loved ones.
- Residents will continue to have the right to access the Ombudsman program by phone or in-person depending on what is allowable at the time.

The overall Pandemic Plan will include four phases:

1. Mitigation: Prevention of further exposure and minimizing risk;
2. Preparedness: Educate and inform employees, resident, family about the guidelines;
3. Response: Action taken to treat Residents;
4. Recovery: Steps to prevent the spread.

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Steps to help prevent the spread of illness:

1. Employees will be instructed to stay home except to get medical care.
2. They will be told to stay separate from other people and animals at home.
4. Employees will be required to wear a face mask in the facility
5. All staff will be educated to maintain respiratory etiquette - cover coughs and sneezes in the sleeves of clothing.
6. Staff and Residents will be reminded to wash hands with soap and water often as possible and before meals for 20 seconds and/or use alcohol-based hand sanitizer. Hand sanitizer is located in strategic locations throughout the facility, and other high traffic areas. Staff use hand wipes to sanitize hands of Residents who are unable to wash their hands prior to meals.
7. All “high touch” surfaces will be cleaned frequently everyday.
8. Staff and residents will be monitored for any respiratory symptoms, cough and fever. Staff will be instructed to notify OHS at OHSreports@jhmc.org if they experience symptoms.
9. Staff will be reminded to call OHS and follow instructions for return to work.

Environmental Cleaning

- ❖ Environmental cleaning of all “Hi-touch” surfaces in the facility including equipment, tables, chairs, shared reading materials, remote controls and other items shared by residents, staff and visitors will be done frequently every day.
- ❖ Doorknobs, elevator buttons, surfaces and shared bathrooms will be disinfected regularly.
- ❖ Disposable wipes will be provided so employees can wipe down frequently used surfaces and equipment before and after using them.

Staff Occupational Safety Plan:

- ❖ Facility will follow HR policy and OHS /DOH guidelines for any symptomatic staff;
- ❖ The NYSDOH guidance and OHS protocols will be followed for Personnel returning to work.

Educate staff to self-assess and report symptoms:

- ❖ Volunteers will be instructed not to report to the facility until further notice.
- ❖ Employees will be instructed not to report to work if they are symptomatic.
- ❖ Staff with symptoms should not report to work. If they develop symptoms while working, they will be sent home.
- ❖ The most recent Guidance from NYSDOH will be followed for Staff who have been potentially exposed to a PUI or confirmed ill person.

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Management of a resident with respiratory infection:

- Resident will be asked to report if they feel feverish or have symptoms of respiratory infection such as cough, sneezing, fever, sore throat, shortness of breath.
- New Residents will be monitored upon admission and at least 14 days or as recommended by the CDC, DOH or CMS, for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).
- If a resident is positive for fever or symptoms, the MD will be notified.
- Staff will be educated when caring for residents with undiagnosed respiratory infections to use Standard, Contact, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
- Residents with respiratory infections will be restricted to their rooms. If they must leave the room, they will be required to wear a facemask (if tolerated) or use tissues to cover their mouth and nose.
- Transmission-Based Precautions will continue to be assessed as more information about the resident’s suspected diagnosis becomes available.
- Staff will be educated regarding hand hygiene – gel in/out with alcohol based hand sanitizer and frequent hand washing.
- Staff will ensure that all hand washing supplies are present by the sink.
- Staff will be educated to maintain respiratory etiquette and use of face mask for resident who is coughing.
- Facility will provide, all needed protective equipment’s facemask, N95 mask, gown, gloves, eye protection as needed.
- Testing of residents or newly admitted residents will be done in accordance with either Executive Order, CMS, DOH or CDC requirements and recommendations.

INFECTION PREVENTION:

Facility will ensure that all employees are correctly trained and capable of implementing infection control procedures and adhere to requirements. CDC guidance for using PPE will be followed.

Procedure:

Educational materials for staff and visitors will be made available:

- All staff, residents and family members will be educated on potential harm
- Educational Material posted on facility website. .
- The Assistant Director of Nursing will provide education and training on pandemic procedures.
- Education and training will include information on Infection Control measures to prevent the spread of the pandemic. This will include selection and use of personal protective equipment (PPE), including proper donning, removal technique and competencies.
- Education will be provided regarding appropriate and frequent hand hygiene.

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- Approved visitors will be screened for illness.
- Visitation will be “limited” and/or “restricted” during outbreak.
- Visitors who are ill, who have a known exposure to someone with pandemic illness, or traveled to areas with pandemic illness transmission, will not be permitted to visit.
- Just-in-time staff education via electronic and other non-classroom methods including information about pandemic illness, transmission, infection prevention measures, usual clinical symptoms and course, treatment, risk factors and complications will be implemented if necessary.

Infection Control Plan for Residents and Visitors

- Infection control protocols for care of residents with undiagnosed respiratory infection will include use of standard, contact and droplet precautions with eye protection unless suspected diagnosis requires airborne precautions (e.g., tuberculosis).
- Airborne precautions will be implemented during aerosol-generating procedures (e.g., suctioning, nebulizer treatment, resuscitation involving emergency intubation or CPR).
- If there are cases in the facility or if there is sustained community transmission, staff will wear all recommended PPE for the care of residents regardless of presence of symptoms. Protocols will be implemented for extended use of PPE.
- Any resident that requires the use of PPE will have a sign posted on the door of his/her room describing the type of precaution and type of PPE needed.
- During the course of the day shift, 7:30 AM and 4 PM, all resident rooms and support areas of the designated unit will be cleaned and sanitized according to departmental policies that incorporate the hygiene and sanitation requirements of the CDC and DOH.
- Detail Cleaning responsibilities are as follows: Spot clean walls, baseboards, moldings, all glass and mirrors, Clean trash cans, clothes hampers, all furniture and high touch points, Mop all flooring & clean all bathroom fixtures. Check curtains, change as needed, clean all horizontal surfaces and high dust, especially all vents.
- Terminal Cleaning responsibilities include all of the Detail Cleaning requirements with the except that all walls are completely washed and the curtains are always changed.
- Signs will be posted for cough etiquette and hand-washing in high visibility areas.
- Hand sanitizer and facemasks will be provided.
- CDC recommendations will be followed to reduce the cause of new infections.

If there is sustained community transmission:

- If there are cases in the facility, residents will be restricted to their rooms except for medically necessary procedures (dialysis, chemotherapy, etc.). If they need to leave the building, residents need to wear a mask, perform hand hygiene, limit their movement in the facility and practice social distancing.
- Group activities and communal dining will be canceled.
- Ill residents will be cohorted.
- Residents suspected of infection will be given a surgical or procedure mask (not an N95) to wear.
- The facility will immediately contact the NYSDOH to report a positive case.

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- While evaluating the resident and awaiting transfer, the resident will be isolated in a separate room with the door closed. Nursing Home Staff attending to the person under investigation (PUI) will follow CDC guidelines and wear appropriate PPE.
- Proper use of respiratory protection with N95 respirators by health care providers requires a comprehensive Fit Testing program. Staff will be fit tested for N95 masks as per Occupational Safety and Health Administration’s Respiratory Protection Standard (OSHA).
- Facemasks, gowns, gloves and eye protection will be made available to staff for resident care. PPE will be controlled in an effort to limit unnecessary use.
- Staff will be trained to provide suspected/confirmed resident with a mask.
- A step-on pail will be put near the exit of the resident's room to make it easy to discard PPE.
- Respiratory etiquette through the facility will be reviewed, implemented and reinforced.
- Alcohol-based hand rub will be accessible to every resident room and common areas. Individuals who may have difficulties washing hands or using a hand rub will be assisted.
- Tissues will be available and sinks will be well stocked with soap and paper towels.
- A plan for cohorting symptomatic residents or groups will be implemented using one or more of the following strategies:
 - ❖ Residents with symptoms and their exposed roommates will be restricted to their room. If they must leave the room for any medical reason, residents must be masked.
 - ❖ Symptomatic residents will be put together in one area of the facility.
 - ❖ A unit will be designated for all new admissions to quarantine them for at least 14 days or as recommended by the CDC, DOH or CMS.
 - ❖ “Isolating” units where symptomatic and asymptomatic residents reside (i.e., restricting all residents to an affected unit, regardless of symptoms)
 - ❖ A plan for criteria and protocols for closing units or the entire facility to new admissions if pandemic infection is identified within the facility will be developed.
 - ❖ Staff dedicated to care for pandemic infection patients will be designated. Their assigned area will be limited to the affected unit. Infection control training will be reinforced.
- **Admission office:** During a Pandemic, the Medical Director or designated physician, and Admission Director will review PRIs prior to admission to identify on the preadmission screen if resident is exhibiting symptoms of any respiratory infection (i.e. cough, fever, shortness of breath, etc.) to determine if appropriate placement.
- Unless prohibited by the Executive Order, CDC, CMS or DOH, the facility may admit residents from hospitals where a case of pandemic infection is present. A unit will be dedicated for any new patients admitted or readmitted from the hospital. Residents who tested positive for the pandemic infection while at hospital, when medically stable and do not display symptoms, may be readmitted to an available private room. Further testing will be done in accordance with either Executive Order, CMS, DOH or CDC requirements and recommendations.
- New admissions or readmissions will be monitored for symptoms such as fever and signs/symptoms of acute respiratory illness and remain on the unit for 14 days or as recommend by CDC, DOH, or CMS.

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- There will be no group activities or communal dining.
- Residents will remain in their rooms. If it is absolutely necessary that they leave their room, they will be given a mask, reminded to practice social distancing of 6 feet and will be encouraged to perform frequent hand hygiene.
- All residents will be continuously monitored to promptly detect symptomatic residents. Potentially infected residents will be triaged, isolated and transferred to the hospital immediately if medically necessary.
- Consistent staffing will be maintained.
- For suspected cases, the State or local health department will be contacted for directions and testing.

Notifications and communication:

1. The Resident’s physician will be contacted and informed.
2. The Resident’s Designated Representative will be contacted and informed.
3. The facility Medical Director and Director of Nursing or designee will be contacted and informed.

Should there be an identified increase in the number of respiratory illnesses regardless of suspected etiology for residents and/or employees, the local or State Health Department will be contacted for further guidance.

- Line listing will be started.
- Immediate infection prevention and control measures will be put into place for a resident with known or suspected infection.
- Symptoms may vary in severity. If symptoms are mild and do not require transfer to the hospital, resident will be isolated and placed on both contact and droplet precautions. Contact State/Local Public Health immediately for direction, as indicated.
- Facility will adhere to the Infection Prevention and Control Practices recommended by CMS, DOH, and CDC.
- Residents that develop more severe symptoms that require transfer to the hospital for a higher level of care.
- Prior to transfer, the infection control form will be completed. The emergency medical services and the receiving facility will be alerted to the resident’s diagnosis and precautions to be taken including placing a facemask on the resident during transfer.
- Pending transfer or discharge, a facemask will be placed on the patient. He/she will be isolated in a room with the door closed.
- Should a resident need to be transferred to the Hospital and admitted, their belongings will be packed up and stored in a locked area. The resident representative will be notified that the belongings can be picked up. When the resident is stable for transfer back to the nursing home, they will be considered for the next available, appropriate bed.
- Residents suspected or confirmed infection that remain in facility will be assessed and evaluated for a minimum of 14 days or as recommended by the CDC, CMS, or DOH for potential change in condition or additional signs and symptoms.

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In the event of a facility outbreak, institute outbreak management protocols

- The Medical Director, along with the Administrator and DON, will be the authority.
- The DON will Report to the State Health Department.
- Residents will be placed in private rooms on standard, contact, droplet (airborne if available) precautions
- Residents identified with same symptoms/confirmation may be cohorted.
- Consistent assignment of employees will be implemented.
- Only designated staff will be permitted to enter rooms.
- Employees who have had unprotected exposure to a resident should report to the Infection Preventionist or designee for further direction as indicated by State/Local Health Departments.
- Essential personnel will only be permitted to enter the room with appropriate PPE and respiratory protection. PPE includes: Gloves, Gown, Respiratory Protection (When appropriate, a fit-tested NIOSH-certified N95 face mask prior to entry). A face mask will be worn over the N95. The facility will maintain a 60 day supply of infection control personal protective equipment and supplies that will be kept on-site.
- Staff will be medically cleared and fit-tested and trained prior to use.
- In case of lack of availability, the Medical Director will identify appropriate mask that will be donned when entering and after exiting resident room in accordance with CDC Recommendations. Eye protection will be cleaned and disinfected according to manufacturer’s recommendation.
- Hand Hygiene using Alcohol-Based Hand Sanitizer (ABHS) will be done (“gel in/gel out”) before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves.
- If hands are soiled, washing hands with soap and water is required for at least 20 seconds.
- ABHS will be accessible in all resident-care areas.
- Cleaning and disinfecting room and equipment will be performed using products that have EPA approving emerging viral pathogens.
- The facility will make a determination to readmit residents diagnosed with pandemic infection from the hospital based upon:
 - The facility will dedicate a unit exclusively for any residents coming or returning from the hospital. This will serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab unit or returning to long-stay original room).
 - Testing of newly admitted residents will be done in accordance with either Executive Order, CMS, DOH or CDC requirements and recommendations.

Employees

- ❖ Sick leave plan for facility employees will align with current CDC and State/Local Health Department requirements.
- ❖ Staff temperature is taken prior to entering the building. The facility is actively verifying absence of fever and respiratory symptoms when employees report to work at the beginning of their shift.

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Temperature, absence of shortness of breath, new or change in cough and sore throat are documented.

- ❖ If employee is ill, they are encouraged to remain at home. If employee feels ill during their shift, in addition to continuing to wear their mask, their temperature will be taken and will be sent home to self-isolate.
- ❖ Employees who develop symptoms will be instructed to not report to work, call OHS and send an email to OHSReports@jhmc.org follow up recommendations and return to work instructions.

Employees will consistently be re-educated and the following will be reinforced:

- ❖ Strong hand-hygiene practices
- ❖ Cough etiquette
- ❖ Respiratory hygiene
- ❖ Transmission Based Precautions
- ❖ Appropriate utilization of PPE’s as indicated
- ❖ Facility will provide adequate work supplies to avoid sharing and disinfect workplace areas frequently

Supplies

Jamaica Hospital Nursing Home prepares for emergency events that may significantly disrupt continuity of service. These unexpected events may rapidly deplete basic supplies, requiring outside assistance to maintain quality of care.

For this reason, MediSys Emergency Management maintains an inventory of critical resources that may be required during an emergency. These supplies include but are not limited to the following items: Water, Fuel, Medical Supplies, Medication, Personnel, Bed Capacity, Decontamination Equipment, Communication Capabilities, Personal Protective Equipment.

- ❖ The facility shall maintain all personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents.
- ❖ Supplies to be maintained include, but are not limited to:
 - N95 respirators;
 - Face shield;
 - Eye protection;
 - Gowns/isolation gowns;
 - gloves;
 - masks; and
 - sanitizers and disinfectants ([EPA Guidance for Cleaning and Disinfecting](#)):
- ❖ At least a 60 day supply of infection control personal protective equipment and supplies will be maintained on-site.
- ❖ Supplies will be obtained from Central Stores.

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- ❖ If facility is unable to obtain needed supplies, the Local/State Department of Health will be contacted.
- ❖ Additional infection control planning and response efforts and that should be addressed include:
 - The facility will incorporate lessons learned from previous pandemic responses into planning efforts to assist with the development of policies and procedures related to such elements as the management of supplies and PPE, as well as implementation of infection control protocols to assist with proper use and conservation of PPE.
 - Other considerations to be included in a facility’s plans to reduce transmission regard when there are only one or a few residents with the pandemic disease in a facility:
 - A review of the Vendor agreements will be done with regard to food, water, medications, other supplies and sanitizing agents.

References and Resources

- The Occupational Safety and Health Administration (OSHA) developed a Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers at: https://www.osha.gov/Publications/OSHA_pandemic_health.pdf
- The U.S. Department of Health and Human Services have a 2017 Pandemic Influenza Plan Update at: <https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: <https://www.cms.gov/Medicare/ProviderEnrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-StateOperations-Manual.pdf>
- Centers for Disease Control and Prevention. Hand Hygiene in Healthcare Settings. <https://www.cdc.gov/handhygiene/index.html>
- Centers for Disease Control and Prevention. Respiratory Hygiene/Cough Etiquette in Healthcare Settings. <https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>