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EMERGENCY MANAGEMENT PLAN

Infectious Diseases / Pandemic Emergency Plan

2020

The Heritage Rehabilitation and Health Care Center

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Infectious Diseases/Pandemic Emergency Plan

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This Infectious Disease/Pandemic Emergency Plan has been approved for implementation.

I. Introduction:

The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including the type of biological agent, the scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics, and pandemics. The Heritage Center must plan effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of a pandemic.

The impact of the next pandemic could have an overwhelming effect on the health and well-being of the residents and all employees, not just in The Heritage Center but the whole population in general. Planning and preparation before the next pandemic are critical towards an adequate and effective response.

World Health Organization has identified three areas for a pandemic to occur:

- A novel virus subtype must emerge to which the general population will have no or little immunity
- The new virus must be able to replicate in human and cause serious illness
- The new virus must be efficiently transmitted from one human to another

On March 11, 2020 the Novel Coronavirus Disease, COVID-19, was declared a pandemic by the World Health Organization. On March 13, 2020 a national emergency was declared in the United States concerning the COVID-19 outbreak.

Characteristic of pandemic include:

- a) Simultaneous impacts territory-wide
- b) An overwhelming burden of ill persons requiring hospitalization or outpatient medical care;
- c) Likely shortages and delays in the availability of vaccines and antiviral drugs;
- d) Disruption of community infrastructures including transportation, commerce, utilities and public safety;
- e) The Global spread of infection, and;
- f) Public fear causing irrational behavior, which may further overload the health care system.

1.1 Purpose:

The purpose of this plan is to describe the facility's method in preparing, responding, mitigating, and recovering from natural and man-made incidents and or facility emergencies.

II. Preparedness:

The Heritage Rehabilitation and Health Care Center is on high alert to monitor for any occurrence of infectious diseases. It will continue to identify strategies in preparation for large-scale infectious disease outbreaks in the geriatric population.

This plan is to be coordinated with the current Heritage Center policies and guidance implementation, including Infection Prevention and Control. Policies and procedures will be updated and shared to all employees as often as necessary during the course of the pandemic.

This plan defines the situation of an outbreak in our facility, as mentioned in our COVID19 Contingency Plan and the facility's response:

- **Level 1:** No New York State, New York City cases, No impact on staff and residents.
- **Level 2:** Cases in New York State and/or New York City cases, impact on staff or residents.
- **Level 3:** Cases within the facility/community transmission.

2.1 Command and Communication:

The Heritage Center shall establish a clear communication structure to ensure timely response to control the outbreak in the facility.

Objectives:

- To make a clear and timely decision upon receipt of the notification
- To mobilize different person/roles for implementation of the various contingency plan
- To coordinate with local agencies (DOH) for updates and guidance
- To facilitate communication to the authorized family members and guardian about The Heritage Center response strategies.
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Action Plan:

Level 1:

- Following the CDC guidelines, the facility implement the screening process for all residents, employees before reporting to work, screens family members and visitors for travels or having close contact with confirmed cases and a resident in a county with evidence of highly infectious disease but no known direct exposure.
- Identified visitor or vendor who has significant findings after screening shall be offered to wear a surgical/procedural mask and are not allowed to enter the facility.

Level 2:

- If there is a positive response or significant findings of the screening with clinical features and epidemiologic risk based on the criteria and guidelines of CDC and DOH level 2 communications will be initiated.
- Identified residents be offered to wear a surgical/procedural mask and be placed in isolation room while maintaining on transmission-based precaution and cohorting procedures.
- Staff who has significant findings after the screening will be sent and advised to quarantine per DOH/CDC guidelines
- Medical Director or designee shall be informed and notify NYCDOMH of the findings. Staff identified will be sent home and advised to quarantine as per the latest CDC/DOH guidance.
- Communicate with the authorized family members and guardians via emails and phone calls.

Level 3:

- Residents with a suspected or laboratory-confirmed infectious disease shall be placed in isolation and maintained on transmission-based precautions.
- Testing shall be available to all residents and staff at no cost.
- Inform authorize Family members and guardians at least once per day of the resident change of condition and the updates of the findings /effects of the pandemic related infection
- Inform authorized family members and guardians on the number of positive pandemic related infections and deaths in the facility within 24 hours via phone call or email or a preferred communication method.
- The Heritage Center shall provide a schedule for the resident and family members to communicate remotely via iPad, and other communication methods are available at all times upon request.
- Signage will be posted outside the resident room and the type of transmission-based precaution (i.e., Droplet, Contact).
- Signage and posters for warning signs and symptoms of the highly infectious disease shall be posted on each unit, lobby, staff lounge areas, and receiving area as recommended by CDC/DOH.
- PPE supplies shall be monitored and visually check by Unit Charge Nurse and ensure availability and accessibility.
- Central Supply personnel will generate a weekly inventory and will report to the Director of Nursing or designee.

Governance:

The Heritage Center Emergency Response Team shall be activated when necessary under the direction of the Building Administrator/Designee.

The Heritage Center Emergency Response Team will participate in the overall response actions of the Department of Health, OEM at Local and State level.

2.2: Risk Assessment

Assessment of risk and the impact of the outbreak to the residents and staff are implemented as part of the on-going risk assessment.

Objectives:

- To assess the risk of transmission to the resident and staff
- To assess the risk of on-going spread to high-risk resident
- To monitor the progression of the outbreak and its impact on resident, staff, and family members

Level 1:

- The facility monitors the number of residents affected by the highly infectious disease, and the treatment provided either laboratory-confirmed/presumptive or symptoms based.
- The facility monitors the number of residents who were transferred to the hospital and the outcome of hospitalization and its return.
- The facility monitors the number of staff affected and treated due to the effect of the highly infectious disease.
- The facility also monitors the number of staffs who were hospitalized due to the effect of highly infectious disease
- Mortality rate are monitored to both affected residents and staff secondary to the circulating infectious disease

Level 2:

- The Heritage Center will establish a collaborative effort and obtain continuous guidance and update from the DOH and CDC.

Level 3:

- Meetings or daily briefings are conducted to ensure updates are disseminated to designated persons/roles as part of the response team.

Surge Preparedness:

Level 1:

- Provide facility-wide Education to staff and residents, posting of the signs and symptoms of the circulating infectious disease, warning signs for visitors, checking the status and availability of protective equipment, and monitoring for suspected cases using screening form.

Level 2:

- ICN, in coordination with the Administration, shall provide continuous situation updates and literature reviews regarding the latest scientific evidence on the epidemiology and clinical features as provided by CDC, local / state / federal health agencies.

Level 3:

- The Heritage Center will seek continuous guidance and assistance from DOH/Epidemiologist with the overall impact of the outbreak in the facility, family/public response as well as effect of potential interventions.

2.3: Surveillance

Introduction:

Surveillance consists of the on-going collection, interpretation of data to enable the development of on-going evidence-based interventions. The data are crucially essential to implement policy changes, guide possible interventions, and promote communications to stakeholders/administrations.

Objectives

- To establish a surveillance system to monitor the outbreak in the facility
- To improve timely response and reporting system
- To report outbreaks or a significant increase in nosocomial infections from baseline by trained staff members electronically via the Nosocomial Outbreak Reporting Application (NORA). Reports will also be made to the New York State Department of Health's Bureau of Communicable Disease Control. However, some diseases warrant prompt action and will be reported immediately via phone.

Level 1:

- Establish two- way communication and receive notifications from CDC/DOH updates of the infectious disease within the state/county
- Daily monitoring and surveillance in the unit for any outbreak activity

Level 2:

- Monitor direct care staff for call outs and feeling ill using the screening form
- Monitor response to new visitation guideline (window visit) and use of other communication methods
- Monitor and complete surveys required by NYSDOH via Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), and HERDS surveys.

Level 3:

- Monitor affected residents and staff for hospitalization, morbidity, and mortality rate as outbreak evolves.
- Monitor antiviral usage and its adverse effects.
- Monitor and investigate the occurrence of suspected cases
- Monitor the availability of Personal Protective Equipment at least a two-month (60 days) supply adequately stored and readily available.
- Monitor and complete surveys required by NYSDOH via Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), and HERDS surveys.

2.4: Infection Control Measures

Introduction

Infection prevention and control (IPC) is a scientific approach aimed to prevent harm caused by infection to the residents and health care workers. It is an essential part of resident management. Staff must apply the knowledge and skills to interrupt transmission through infection control measures.

Objectives:

- To provide clear instructions to staff on infection control measures during the outbreak
- To acquaint staff with the required interventions to control the outbreak

Policy Guidelines and Implementation:

Re-education and implementation of guidelines in the following area during the outbreak:

- ☑ Standard hand hygiene and precautionary measures
- ☑ Surveillance and notification mechanism
 - Line listing
 - List of residents on transmission-based precautions
- ☑ Isolation rooms and Co-horting and use of signage
- ☑ Use of personal protection equipment properly
 - Donning and doffing
- ☑ Transmission based precautions
- ☑ Strategies on optimizing PPEs and other medical supply (Conventional, contingency, Crisis)
- ☑ Cleaning and disinfection of high touched surfaces
- ☑ Waste and linen management
- ☑ Handling of remains

2.5: Provision of Essential Services

Introduction

Essential services must be maintained in operation as possible during the outbreak to ensure continuity of care.

Objective:

- To effectively manage available human resources during an outbreak
- To re-schedule non-emergency consultations/visits to meet surge in workload

Level 1:

- Re-reorganize staffing schedule as to the number of residents per unit
- Re-education and training for direct care staff

Level 2:

- Change of shift schedule if possible (e.g. 12hrs/shift)
- Recruitment through the use of staffing agency to augment staffing needs

Level 3:

- Transfer and bed mobilization plan for residents who will be placed on quarantine
- Implement co-horting strategy as medically necessary
- Inform family member's services or resident care services that are not available.

2.6: Post Mortem Care

Introduction

It is crucial that proper handling of remains following infection will be maintained to ensure containment of possible highly infectious disease.

Objectives:

- To observe special precautions while handling the remains
- To implement the new guidance (10 NY 415.33 (2)) when there's clinical suspicion of a highly infectious disease
- To have a proper registry of the deceased resident
- To ensure timely notification to a family member
- Timely notification to NYSDOH

Action Plan:

- If there is a clinical suspicion of a highly infectious disease-related death and no test were performed in the past 14 days, The Heritage Center shall administer both COVID19 and influenza tests within 48 hrs. after death.
- The Heritage Center shall report the death immediately and upon receipt of the COVID19 and influenza test results to NYSDOH.
- Staff who handle the remains shall wear appropriate PPE before contact with the body.
- The deceased body is appropriately tagged with the decedent's identification
- Families are notified of the death by the physician or the Licensed Nurse

2.7: Staff Training and Education

Introduction

Training and Education offer the opportunity to expand the knowledge base of all employees. It gives them a greater understanding of their responsibilities within their role, and in turn, builds their confidence to perform the skills and open to receive on-going updates and guidance in preparation for the outbreak.

Objectives

- To develop specific skills and knowledge related to pandemic emergency preparedness
- To familiarize with on-going contingency plans
- To plan and revise the in-services and training when needed annually, during outbreaks as needed.

Action Plan:

Level 1:

- Infection Control Department and Staff Education Department are responsible for coordinating overall training activities and various topics related to the outbreak.
- Each unit has provided educational materials and posters/signage related to a pandemic for the rapid dissemination of information based on the current situation and updates.

Level 2:

- Training materials and in-services on relevant topics will be organized for target direct care staff.

Level 3:

- Infection Control Nurse, with the collaboration of the Staff Educator, is responsible for on-going training and familiarization on the implementation of infection control policies for the direct care staff

2.8 Recovery Phase

Communication (Internal & External)

Introduction

Effective communication is an essential element of outbreak management and recovery. Accurate and timely information at all levels is critical in order to make the most of the effective outcome and response and to minimize unnecessary concerns.

Objectives

- To ensure timely and accurate communication with residents, staff and family members
- To ensure staff and family members are aware of the contingency plans and address their concerns during outbreaks and recovery phase.

Action Plan:

- Review regular updates of the current situation and timely dissemination of relevant information to staff and family members.
- Licensed Social Worker will continue to support families and others directly affected by bereavement and loss caused by infectious disease.
- Facility monitors the county positivity rate every other week and adjust testing frequency based on the county report.
- Facility staffs that will refuse testing are prohibited from entering the building until return to work criteria has met.
- Resident who shows signs or symptoms of COVID19 and refuse testing are immediately placed on transmission-based precaution until criteria for discontinuance of transmission-based precaution have been met.
- Resident, staffs and family members will be notified of any services or resident care services the plan for resumption of the services (e.g. main dining meals, activities) and the time frame when it resumes.
- All resources, resident care equipment, supplies and devices shall be assessed for health and safety risk.
- Facility shall review the number of staffing/personnel available before and post outbreak. Measures will be taken to ensure adequacy of staffing.

3. REFERENCES

- NYSDOH Healthcare Facility Evacuation Center Manual
- Nursing Home Incident Command System (NHICS) Guidebook, 2017
- Health Insurance Portability and Accountability Act (HIPAA) of 1996, Privacy Rule
- NYSDOH Healthcare Facility Evacuation Center Metropolitan Area Regional Office Region Facility Guidance Document for the 2017 Coastal Storm Season
- New York State Department of Health (DOH) (COVID-19) Website
- Centers for Disease Control and Prevention (CDC) (COVID-19) Website
- Occupational safety and Health Administration (OSHA)
- 10 NYCRR Parts 400 and 415
- NYS Exec. Law, Article 2-B
- Public Health Service Act (codified at 42 USC §§ 243, 247d, 247d-6b, 300hh-10(c)(3)(b), 311, 319)
- Chapter 114 of the Laws of New York 2020.