



Oneida Health ECF – Pandemic Emergency Plan

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

The facility follows effective strategies for preventing infectious diseases. Each county Local Health Department-(LHD) has prevention agenda priorities compiled from community health assessments submitted by local health departments. The information includes the identified priorities and focus areas.

The local, state, and federal health authorities will be the source of the latest information and most up to date guidance on prevention, case definition, surveillance, treatment, and care center response related to a specific disease threat.

PURPOSE: To provide guidance on how to prepare for new or newly evolved Infectious diseases whose incidence has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of to the residents, families and staff.

GOAL: To protect our residents, families, and staff from harm resulting from exposure to an emergent infectious disease while they are in our facility

Clinical leadership will be vigilant and stay informed about infectious diseases around the world. They will keep administrative leadership briefed as needed on potential risks of new infections in our geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.

The facility will maintain a supply of personal protective equipment (PPE). The amount that is stockpiled will minimally be enough for sixty days and should include the following:

1. N95 Respirators
2. Face shields/Eye Protection
3. Gowns/isolation gowns
4. Gloves
5. Masks
6. Sanitizer and disinfectants in accordance with current EPA Guidance

The facility has vendor agreements in place for -food, medications, sanitizing agents and PPE in the event of a disruption to normal business including an infectious disease outbreak.

The facility will regularly train employees and practice the infectious disease response plan through drills and exercises as part of the centers emergency preparedness training

Communication Plan - The Facility will update authorized family members and guardians of infected residents as per CMS and DOH guidelines, and a change in a resident's condition and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility. The facility may use email, USPS, facility website and telephone calls to communicate with each authorized family member or guardian.

The facility will make available to its residents at no cost, telephones, and remote video conferencing methods with family members and guardians, via iPad (tablet) and or intercom system for window visits.

Community Prevalence

- Once made aware that an infectious disease is likely or already has spread to the surrounding community, the facility's Infection Control Nurse (ICN) will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for skilled nursing facility as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies
- Interdisciplinary leadership team including the Medical Director, DON, ICN, etc. will develop, review and enforce existing infection prevention, control and reporting policies, while taking into account directives and guidance by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.
- Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious disease and detect significant increases above those rates allowing for immediate identification when rates increase above these usual baseline levels. Routine or symptomatic based testing will be conducted per CDC and/or NYSDOH directives
- Staff will be educated on the exposure risks, symptoms, and prevention of the infectious disease. Place special emphasis on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing.
- ICN and purchasing department will review environmental cleaning agents and personal protective equipment to ensure products meet CDC guidelines. Purchasing department will work to stockpile needed products and equipment as indicated by the specific infectious disease.
- Environmental cleaning will be conducted according to CDC guidelines in addition to routine cleaning specific to the infectious disease. Availability of cleaning supplies should be made available to encourage increased cleaning of high touch surfaces.
- Residents and families will be provided with education about the infectious disease and the facility's response to the infectious disease. Educational material may be written and distributed or electronically sent by email or made available on the facility website.
- Infection control signage will be posted regarding hand hygiene, proper PPE usage, and other infection control practices.
- To limit the risk of spreading the infectious disease into the facility, screening for signs and symptoms may be done PRIOR to admission of a new resident and/or allowing new staff

persons to report to work. Other diagnostic testing may be used to determine exposure or infection prior to admission.

- Staff will be educated on the facility's plan to control exposure to the residents. This plan includes: Reporting any suspected exposure to the infectious disease while off duty to their supervisor and public health, precautionary removal of employees who report an actual or suspected exposure to the infectious disease, self-screening for symptoms prior to reporting to work, prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor law.
- The facility may consider closing the facility to new admissions, and limiting visitors based on the advice of local public health authorities.
- The facility will utilize appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.
- Group activities and congregate dining should be canceled and social distancing should be encouraged.

Suspected In-House Prevalence

- Place a resident who exhibits symptoms of the infectious disease in an isolation room and notify local public health authorities
- Under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute care facility via emergency medical services as soon as possible.
- If the suspected infectious person requires care while awaiting transfer, follow facility policies for isolation procedures, including all recommended PPE for staff at risk of exposure.
- Keep the number of staff assigned to enter the room of the isolated person to a minimum.
- If feasible, ask the isolated person to wear a face mask/face shield while staff is in the room. Provide care at the level necessary to address essential needs of the isolated individual unless it advised otherwise by public health authorities.
- Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.
- Implement the isolation protocol in the facility (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the facility's infection prevention and control plan and/or recommended by local, state, or federal public health authorities.
- Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.
- The facility may use part of a unit, dedicated floor, or wing in the facility or group of rooms at the end of a unit, such as the end of a hallway to care for suspected or infected individuals
- The facility will discontinue shared bathrooms with residents outside the cohort
- In the event that a resident is hospitalized, the facility will preserve the resident's place and comply with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).

Employer Considerations

- Management will consider its requirements under OSHA, Center for Medicare and Medicaid (CMS), state licensure, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA) and other state or federal laws in determining the precautions it will take to protect its residents. Protecting the residents and employees shall be of paramount concern. Management shall take into account:
 - The degree of frailty of the residents in the facility
 - The likelihood of the infectious disease being transmitted to the residents and employees
 - The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces)
 - The precautions which can be taken to prevent the spread of the infectious disease and
 - Other relevant factors
- Once these factors are considered, management will weigh its options and determine the extent to which exposed employees, or those who are showing signs of the infectious disease, must be precluded from contact with residents or other employees.
- Apply whatever action is taken uniformly to all staff in like circumstances.
- Do not consider race, gender, marital status, country of origin, and other protected characteristics unless they are documented as relevant to the spread of the disease.
- Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.
- Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed by an employee.
- Permit employees to use sick leave, vacation time, and FMLA where appropriate while they are out of work.
- Permit employees to return to work when cleared by a licensed physician, however, additional precautions may be taken to protect the residents.
- Employees who refuse at any time to take the precautions set out in this and other sections of this policy may be subject to discipline.

Emergency Personal/Compassionate Caregiving

During a declared public health emergency, the facility will utilize its Emergency Personal/Compassionate Caregiving Policy to designated caregiving visitors. Refer to Emergency Personal/Compassionate Caregiving Policy.

1. Reporting

1.1. Importance of Reporting

- NYSDOH is charged with the responsibility of protecting public health and ensuring the safety of health care facilities.
- Reporting is required to detect intra-facility outbreaks, geographic trends, and identify emerging infectious diseases.
- The collection of outbreak data enables the NYSDOH to inform health care facilities of potential risks and preventive actions.

- Reporting facilities can obtain consultation, laboratory support and on-site assistance in outbreak investigations, as needed.
- Facilities should direct all press inquiries to the local or state health department.

1.2. What should be reported?

NYSDOH Regulated Article 28 nursing homes:

- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees should be reported electronically via the NYSDOH Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, facilities may fax an Infection Control Nosocomial Report Form (DOH 4018): <https://www.health.ny.gov/forms/doh-4018.pdf>. Facilities are expected to conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Nosocomial infection outbreaks could also be reported to the LHD.
- A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) should be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it should also be reported to the NYSDOH electronically via the NORA or alternately, by faxing an Infection Control Nosocomial Report Form (DOH 4018): <https://www.health.ny.gov/forms/doh-4018.pdf>.

Categories and examples of nosocomial/facility associated infections that should be reported to the county local health department (LHD) and NYSDOH include:

- An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridium 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 nosocomial 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.
- 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.

1.1. Communicable Disease Reporting¹

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10). Reports should be made to the local health department in the county in which the resident resides and need to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately to local health departments by phone.

For more information on communicable disease reporting:

- Facilities should contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to the NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here: https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.
- Call your 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 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.
 - a. For facilities New York City:
 - i. Call 1 (866) NYC-DOH1 (1-866-692-3641) for additional information.
 - ii. Use the [downloadable Universal Reporting Form \(PD-16\)](#); those belonging to NYC MED can [complete and submit the form online](#).

1.2. Internal Notification

The facility will 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. The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents.

¹ A list of diseases and information on properly reporting them can be found under [Communicable Disease Reporting Requirements](#).