

BAYBERRY CARE CENTER



PANDEMIC EMERGENCY PLAN

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BAYBERRY CARE CENTER

PANDEMIC EMERGENCY PLAN

Introduction:

As part of Bayberry Care Center's all-hazards Comprehensive Emergency Management Plan (CEMP) a Pandemic Emergency Plan is in place with the goal of preparing for a pandemic event, responding to and mitigating the effects of the pandemic within the facility and recovering from the pandemic and returning to pre-pandemic operations.

The purpose of the Bayberry Pandemic Emergency Plan is to minimize the negative health effects of a pandemic and the resulting consequences in the healthcare setting.

Currently, the Pandemic Emergency Plan has been activated due to the Covid 19 Pandemic and is attached for your review.

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)
Local Fire Department	914-654-2212/911
Local Police Department	914-654-2300/911
Emergency Medical Services	911 / Senior Care 718-430-9700
Fire Marshal	914-654-2212
Local Office of Emergency Management	914-231-1850
NYSDOH Regional Office (Business Hours) ¹	914-654-7000
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).

Approval and Implementation

This Comprehensive Emergency Management Plan (CEMP) has been approved for implementation by:



Leonard Russ
Administrator, Bayberry Care Center



September 15, 2020

STRUCTURE OF PLAN

1. Infectious disease emergencies, including ones that rise to the level of a pandemic, have been incorporated into the facility's emergency plan. It is an all hazards multidisciplinary approach developed by the Quality Assurance and Performance Improvement Committee, with the Sub-Committees of Infection Control and Health and Safety, to address multiple types of emergency situations.

2. The Director of Infection Control/IP (Infection Preventionist) has been assigned as the Pandemic Response Coordinator who is responsible for the coordination of the Pandemic Emergency Plan (PEP). The Assistant Administrator, Medical Director, Director of Social Work, Care Plan Coordinator and Maintenance Director shall assist as appropriate. The Administrator will be kept apprised and involved in all aspects of the plan.

3. Bayberry Care Center has established mutual aid agreements with multiple County health care facilities and agencies. Area hospitals have been identified in the event the residents require hospitalization or facility beds are needed for hospital patients being discharged to free up needed hospital beds. The Facility will follow all NYSDOH and CDC disease specific guidelines for admission/readmission from a hospital setting for individuals exhibiting disease specific symptoms or disease specific diagnosis.

4. The Pandemic Response Coordinator (Administrator/designee) shall be responsible to contact local, regional, or federal pandemic planning groups to obtain information and to coordinate the facility's plan with other pandemic plans.

COMMUNICATION PLAN

Bayberry Care Center is committed to disseminating information in a timely manner to all government agencies, outside stakeholders, vendors, staff, residents, and designated representatives during a pandemic emergency. For all emergency situations, communication remains a critical aspect of the plan. Multiple methods of communication are employed, with backup systems in place, to assure that the facility remains operational and able to provide frequent updates regarding the current situation within the facility and in the community at large. Assigned personnel will be responsible for communications with residents and families during a pandemic. Individuals shall assist with individualized communication with residents and families that might need more individualized attention as well.

1. Key public health contacts, including local, state, regional and federal health departments, emergency management agencies/authorities and trade organizations, have been identified for use in the event of a pandemic emergency.
2. The licensed nursing home Administrator/designee, as well as the Assistant Administrator and the Director of Nursing, are responsible for all communications with public health authorities.
3. Organized meetings, signage throughout the facility, as well as telephone, written and internet communication shall be used to inform staff, visitors and other persons entering the facility (i.e. vendors). Social media will be updated regularly.
4. In accordance with infection control guidelines, standard precautions are utilized in the facility. For pandemic specific disease, the required level of precautions will be implemented as per NYSDOH and CDC guidelines. This information will be shared with all entering the facility.
5. Residents will be provided with information regarding the pandemic through verbal communication, written notices, postings on the facility unit television

screens and, in the event of need for immediate communication, the overhead public address system.

6. Residents will be notified of any new cases of pandemic disease within the facility (resident and/or staff) within 24 hours of a confirmed case.

7. Residents will be notified of any in house expirations due to the pandemic disease or related to the pandemic disease within 24 hours of the expiration.

8. Residents will have access to communication with family and persons of their choosing during a pandemic. Access to telephone, video chat and window visits will be utilized in the event visitation is restricted or banned. Video chat availability is 7 days a week and overseen by the Therapeutic Recreation Department.

9. Residents will be assisted in contacting all outside agencies/legal representatives by the Director of Social Work/designee. Telephone and video conferences will be arranged upon request of the resident, designated representative, or agency providing services to the resident.

10. Medically Necessary/Compassionate End of Life Visits will be coordinated by the Director of Social Work/designee. Resident and/or family will be offered the option of in-person or video visit. For in person end of life visit, all screening, education and required personal protective equipment utilization must be met for the visit to occur.

11. Designated representatives will be notified of all new cases of the pandemic related disease or resident in house expirations related to the disease within 24 hours. Weekly updates will be sent to all designated representatives via email or other communication method preferred by the respective designated representative.

12. Educational materials and information received from government agencies regarding the pandemic will be shared with designated representatives via email, mailings, and social media postings.

13. A “Buddy System” will be activated during a pandemic to keep all designated representatives in contact with facility staff. Staff will update family weekly on resident’s status, provide emotional support and be available to answer any questions or serve as a liaison to other staff members.

14. All designated representatives will be apprised of the procedure for video chats and window visits and how to schedule an appointment.

15. For residents with active pandemic specific disease, the designated representative will receive updates daily and if there is any change in condition by Nursing/Medical Staff.

16. The Assistant Administrator/designee will be responsible for the posting of all pandemic related information to the facility website.

SURVEILLANCE, DETECTION, AND INFECTION CONTROL

Policies will be developed as new pandemic needs arise. All current policies will be reviewed, revised, enforced, and monitored as per facility needs NYSDOH and CDC recommendations/guidelines.

1. The Pandemic Response Coordinator (Administrator/designee) is responsible for monitoring federal, state, and local health advisories and updating the Pandemic Planning Committee. Other people involved in the process are the Assistant Administrator, Director of Nursing, Medical Director, Director of Social Work, Maintenance Director and all others as deemed appropriate.

2. Daily monitoring of pandemic like illness is done for residents and staff as per NYSDOH and CDC guidelines for disease specific pandemic.

a. Staff in all departments will be monitored daily via an initial screening sheet and daily questions for any disease specific symptoms. All staff temperatures, pulse and oxygen levels will be taken upon entry to the facility.

b. Staff will be educated prior to vacation leave and follow up upon return from vacation if there are any restricted travel areas related to the pandemic. A log of notification and status upon return will be kept. Anyone having traveled to a state or country on NY State's restriction list, will be required to furlough for 14 days and be asymptomatic for at least 72 hours prior to returning to work. The staff member will also be required to have a covid-19 test with a negative result.

c. Any staff member noted to be exhibiting symptoms will be evaluated for further action by the Nursing Supervisor. The Director of Nursing and the Administrator will be notified

3. Assessment of all incoming, as well as current residents, for pandemic specific disease, is conducted by Medical and Nursing staff/Medical Director, who will call Department of Health for further guidance of the management of the resident.

4. Monitoring of residents for the pandemic disease specific illness will be accomplished through daily monitoring for signs and symptoms of the disease. Cohorting of residents with confirmed illness, residents under investigation for

4. Gowns/isolation gowns
5. Gloves
6. Masks
7. Sanitizer and disinfectants in accordance with current EPA Guidance

19. Hand Sanitizer and Facial Masks will be available at all entrances for anyone entering the Facility. Nursing will maintain a stock of masks and assure that hand sanitizing stations are always operational.

20. The facility primary pharmacy vendor agrees to supply medications/supplies as needed. In the event the vendor is unable to supply the facility, the vendor will contact their sub-contracted local pharmacy to meet the facility's needs.

21. Bayberry maintains environmental controls during a pandemic:

- a. Designated bio-hazard storage areas for contaminated waste.
- b. Housekeeping staff, wearing appropriate PPE, are responsible for the collection and transport of bio-hazard waste in an approved designated container.
- c. Waste is removed from the facility to be stored in the locked bio hazard shed until scheduled pick up by the approved bio-medical waste vendor.
- d. The Maintenance Director maintains all required disposal documentation.

22. Bayberry will follow all recommendations/guidance from the NYSDOH and CDC. The Pandemic Response Coordinator(Administrator/designee) will assure that all advisories and guidance from government agencies regarding the pandemic are reviewed and implemented. Signage, postings, social distancing guides, and screening tools will be obtained and maintained by the Infection Control Preventionist/designee.

23. Outside facility vendors will make their deliveries outside of the facility, where staff will then bring the delivery inside. If a delivery person is to need access into the building, it will be in confined areas, such as the lobby. Anyone needing access in the building (ex: laboratory company, x-ray company), will be screened for the pandemic specific disease prior to entry and appropriate PPE will be provided.

24. Other internal measures that may be taken to control spread of infection are as follows: suspension of congregate dining, cancelling of unnecessary trips and appointments, out on pass privileges or therapeutic leave, no integrated programs, etc.

25. In the case of congregate activities, all staff and residents will maintain social distancing, utilize appropriate PPE, and assure that all areas are sanitized between use.

EDUCATION AND TRAINING

1. The in-Service Coordinator and Department Heads will be responsible for coordinating education and training on the pandemic specific disease. Materials in appropriate language and reading material, including information on infection control measures to prevent the spread of the infection, will be provided for this purpose. Informational material (i.e. brochures, posters) on the infection will be provided and developed for staff, residents, and their families.

a. Educational materials and handouts related to the illness will be provided to residents/families and staff with any updates.

2. Education/support measures will also be provided for signs of distress, stress management and effective coping strategies for residents and staff.

3. In- service will be conducted in various areas, or remotely to ensure materials and information are received in a continual timely manner.

a. Department Heads will follow up with their staff for in-servicing and support where needed.

4. The facility will ensure all staff are using appropriate PPE properly and have been educated on donning, doffing, and proper disposal. Appropriate, proper use of PPE is monitored daily by all Departments.

MANAGEMENT OF RESIDENTS AND VISITORS

1. In accordance with infection control guidelines, residents who require direct care while awaiting resident disposition (i.e. hospital or transfer to in-house pandemic unit) will have disease specific infection control measures maintained at all times. If indicated, included in the use of precautions is the implementation of respiratory hygiene/cough etiquette throughout the facility.

- a. Residents will be isolated until disposition obtained.
- b. Required PPE will be utilized.

2. Utilization of plans/policies for cohorting symptomatic residents or groups, criteria for closing units or the entire facility, and protocol for reinforcing visitor limitations will be in place.

3. Visitation will be based upon current NYSDOH and CDC guidelines and may include:

- a. Limited outdoor visitation
- b. Limited visitation on a case by case basis (medical necessity/end of life)
- c. No family/significant other/friend visitation during a pandemic outbreak
- d. All limited outdoor visitors and end-of-life visitors will follow all infection guidelines and be provided with the appropriate PPE for the visit

MANAGEMENT OF PERSONNEL

1. Employee health policies address the needs of symptomatic personnel. Guidelines have been developed to include the handling of personnel who develop symptoms at work, when they will be permitted to return to work, and may need to be out of work to care for an ill family member.

2. All employees are in-serviced and instructed to assess and report symptoms of the pandemic disease before reporting for duty.
 - a. If a staff member has the symptoms of the pandemic disease they are to stay home until they speak with their physician.
 - b. Staff will not be allowed back to work until they have met the NYSDOH and CDC guidelines for return.

3. Staff at increased risk for pandemic related disease complications, such as pregnant woman, may be placed on leave.

VACCINE AND TREATMENT USE

1. NYSDOH and CDC websites shall be consulted for the most current recommendations and guidance for the use, availability, assessment, and distribution of vaccines and/or treatments during a pandemic.
2. Provider pharmacies and alternate vendors are on alert regarding the possible delay of vaccines and prophylaxis treatments.
3. Residents and staff shall be vaccinated, free of charge, according to state and federal guidelines.
4. Education will be provided to staff, residents and designated representatives regarding the proposed treatments being offered (vaccines, medications).
5. Monitoring and documentation of all vaccine administration programs is the responsibility of the Infection Control Specialist/designee. Vaccine administration statistics will be maintained and reported to government agencies as per NYSDOH and CDC guidelines.

SURGE CAPACITY

1. Daily assessment of staffing statistics during a pandemic, as appropriate will be done by the Director of Nursing/Designee.
2. Department Heads are responsible for ensuring sufficient staffing patterns. In case of an emergency, each Departmental Head will adjust staffing patterns to maintain sufficient staffing to meet resident care needs.
3. Emergency supplies are maintained and stored, including water and food.
4. In the event of multiple expirations and lack of funeral service providers, the facility will contact the Westchester County OME for temporary holding of remains.

PANDEMIC RECOVERY PHASE

Bayberry Care Center will follow all NYSDOH and CDC guidelines during the Recovery Phase of the Pandemic. It can be anticipated that the Recovery Process will be gradual and occur in phases.

Potential steps taken during the Pandemic Recovery Phase may include, but are not limited to:

1. Program for Vaccine Administration and/or Treatments to eliminate the disease.
2. Continued monitoring and surveillance of the pandemic disease in the facility and the community at large.
3. Increased visitation: outdoor, off unit, on unit with limitation and full access visitation.
4. Elimination of PPE requirements. Standard precautions will remain in place for all direct care.
5. Elimination of a unit designated exclusively for active disease and/or persons under investigation.
6. Resumption of group activities and communal dining.
7. Resumption of Admission/Re-admission without disease specific testing requirement.
8. Elimination of preventative testing programs for staff and residents.
9. Elimination of screening process prior to entry into the facility.
10. Release of surge staffing, if activated during event.