

PANDEMIC EMERGENCY PLAN (PEP)

DAL NH 20-09 - REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES

Chapter 114 of the Laws of 2020 created a new subdivision 12 to section 2803 of the Public Health Law

The LTC facility must comply with all applicable Federal and State emergency preparedness requirements. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section.

REGULATIONS

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The emergency preparedness program must include, but not be limited to the following elements:

(a) <i>Emergency Plan.</i> The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. <b>The plan has been updated to comply with Chapter 114 of the Laws of 2020 for the development of a Pandemic Emergency Plan (PEP)</b>	The emergency plan is to be reviewed and updated with comments when necessary. The Performance Improvement Director will report on the compliance of the Emergency Plan on the Annual PI Report. In the event of a pandemic, the facility will suspend all visitation, lock down the facility, identify those that are at risk, evaluate inventory, plan for a shelter in place for 30 days. The collaboration with the acute care settings, ancillary agencies such as radiology, laboratory and pharmacy is essential. The Incident Commander or designee will be responsible for activating the Command Center.
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The communication plan that includes the following:

(1) A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives:

Update family members and guardians of resident's infected with the pandemic infectious disease at least once per day and upon change in the resident's condition.	Update to the family members of resident's infected shall be communicated by the Primary Care Physician or his/her designee (PA/NP)
Update all residents and authorized family members and guardians once per week on the number of infections and deaths at the facility.	Update on the number of infections within the building as it relates to the COVID-19 shall be posted at <a href="http://www.silvercrest.org">www.silvercrest.org</a> .
Plan in place to provide all residents with daily access to free remote videoconferencing, or similar communication methods, with authorized family members and guardians.	The Department of Recreation Services plans daily videoconferencing for residents. This service is free of charge and shall continue to be provided to all residents. Additionally, residents are able to utilize personal devices and connect to the Wi-Fi network.

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Communications must be by electronic means or other method selected by each family member or guardian.

The facility is making every effort to attain the electronic mail address of family members. The facility utilizes robo call, electronic mail as well as social media including the website to update family members on pertinent information. However, patient privacy is a priority, patient specific information shall only be communicated to the designated representative of the patient impacted.

**(2) Infection Protection Plan for staff, residents and families to include:**

Plan in place for readmission of residents to the facility after hospitalization for the pandemic infectious disease.  
i. plan must comply with all other applicable State and federal laws and regulations, included but not limited to 10 NYCRR 415.19, 415.3(i)(3)(iii) and 415.26(i); and 42 CFR 483.15(e).

Silvercrest will make every effort to readmit every resident after hospitalization. The facility retains the right to appropriately screen all residents and place the resident in the area that is medically appropriate. All residents regardless of COVID-19 status will be placed on contact and droplet precautions for 5 days and will be retested for COVID-19. The facility will continue to utilize the infection control surveillance to identify cases that are PUI.

ii. The plan will also consider how to reduce transmission in the event there are only one or a few residents with the pandemic disease in the facility and corresponding plans for cohorting, including:  
1) Use of a part of a unit, dedicated floor, or wing in the facility or group of rooms at the end of the unit, such as at the end of a hallway;

Silvercrest has an infection surveillance protocol that defines contact, and droplet precautions. Upon identification and diagnose of a disease that requires isolation, staff are made aware of the resident's status and measures as well as PPE to utilize to care for the resident. Airborne Infections: Silvercrest has secured HEPA filters to create a negative pressure air environment. If the resident is diagnosed with COVID-19, the patient will be relocated at a location that will prevent cross contamination. Silvercrest is not equipped to treat other airborne illness.

2) Discontinue any sharing of a bathroom with residents outside the cohort

Silvercrest has an infection surveillance protocol that states the need to prevent the sharing of public areas that could potentially increase the rate of transmission.

3) Proper identification of the area for residents with the pandemic infectious disease, including demarcating reminders for healthcare personnel

Identification of the area that is impacted is clearly defined with the appropriate signage. The guidance will be updated as per CDC guidelines.

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4) Procedures for preventing other residents from entering the area.  
iii. Plan will consider steps for facility administrators and operators to determine cohorting needs and capabilities on a regular basis, including established steps to notify regional Department of Health offices and local departments of health if the facility cannot set up cohort areas or can no longer sustain cohorting efforts.

The units that shall be impacted will be closed off by a two step entry process. Residents will be informed to not enter the area impacted. Silvercrest is able to cohort patients effectively to limit the spread of infection.

Having personal protective equipment (PPE) in a two-month (60) day supply at the facility or by a contract arrangement:

1) Supply needs are based on facility census, not capacity, and should include considerations of space for storage. To determine supply needs during a pandemic episode, facilities should base such need on DOH existing guidance and regulations; in the absence of such guidance, facilities should consult the Center for Disease Control and Prevention (CDC) PPE burn rate calculator:

The Silvercrest has updated the PPE conservation policy. The facility will be in compliance with the 60 day supply requirement for PPE by September 15, 2020. Additionally, the facility is in contract with medical suppliers.

2) This plan should address all personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents, current guidance on various supplies and strategies from the CDC. Supplies to be maintained, but are not limited to:

- 1) N95
- 2) Faceshield
- 3) Eye Protection
- 4) Gowns/Isolation gowns
- 5) gloves
- 6) Masks and
- 7) Sanitizer and disinfectants in accordance with current EPA Guidance

The Silvercrest Center has retained (60 days) the following PPE in addition to other medical equipment:

- 1) N95
- 2) Faceshield
- 3) Eye Protection
- 4) Gowns/Isolation gowns
- 5) gloves
- 6) Masks and
- 7) Sanitizer and disinfectants in accordance with current EPA Guidance

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3) Be cognizant of experience with prior pandemic response and adopt protocols outlined in guidance that are specific to the pathogen and illness circulating at the time of the pandemic, and plan to handle worst case scenarios without implementing shortage or other mitigation efforts.

The Silvercrest Center has reviewed lessons learned and has implemented a plan for testing all residents for COVID-19 and other infections.

(3) Primary and alternate means for communicating with the following:

a. Plan in place to ensure that resident's place is preserved in the facility after being hospitalized. Plan must comply with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.159(e).

Silvercrest will make every effort to readmit every resident after hospitalization. The facility retains the right to appropriately screen all residents and place the resident in the area that is medically appropriate. All residents regardless of COVID-19 status will be placed on contact and droplet precautions for 5 days and will be retested for COVID-19. The facility will continue to utilize the infection control surveillance to identify cases that are PUI. A resident may at times be relocated if the resident's roommate is negative for COVID-19 or COVID naive.

Training and testing. The LTC facility must develop and maintain an emergency preparedness training and testing program that must be reviewed and updated at least annually.

Training and testing of emergency preparedness will be incorporated in the annual education for all staff.

(4) Compliance with the PEP

a. Plan in place to make sure that compliance with PEP is achieved. Failure to comply is a violation of § 2803(12), which may subject the facility to penalties pursuant to PHL § 12 and § 12-b and other enforcement remedies.

This document and the PEP shall be reflected on [www.silvercrest.org](http://www.silvercrest.org). The full emergency management shall be made readily available upon request.

(5) Format for PEP

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The Department suggests that in developing the PEP document, the facility follow the format for the Emergency Preparedness plan you developed for the CMS Emergency Preparedness Rule. We suggest that the PEP be included as an annex to that plan. A format of an annex will be provided to you. It will be modeled after the templates distributed as part of the 2019 DOH Comprehensive Emergency Management Plan (CEMP)training to nursing homes on developing a PEP. Attached is information for taking an online version of the CEMP training as a refresher; or if you were unable to attend last year’s live training sessions.

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The CEMP training and format has been updated.

Lastly, the NYS Department of Health will be using the CEMP for purposes of complying with the requirement