

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) *Emergency Plan.* The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. **The plan has been updated to comply with Chapter 114 of the Laws of 2020 for the development of a Pandemic Emergency Plan (PEP)**

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.

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 www.silvercrest.org.

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. 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.

Health Advisory: Revised Skilled Nursing Facility Visitation

The CEMP training and format has been updated.

GENERAL VISITATION GUIDANCE FOR NURSING HOMES

A. Core Principles of Infection Control Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission including, but not limited to:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status);
- Hand hygiene (use of alcohol-based hand rub is preferred);
- The use of face coverings or masks (covering mouth and nose) in accordance with CDC guidance;
- Social distancing of at least six feet between persons, in accordance with CDC guidance;
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene);
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit;
- Appropriate staff use of Personal Protective Equipment (PPE);
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care);
- Resident and staff testing conducted as required

at 42 CFR § 483.80(h) (see QSO-20- 38-NH). These core principles are consistent with CDC guidelines for nursing homes and should be adhered to at all times. Additionally, visitation should be person-centered and should consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.

B. Outdoor Visitation While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred whenever practicable even when the resident and visitor are fully vaccinated* against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. However, weather considerations or an individual resident's health status (e.g., medical condition(s), COVID-19 status, and quarantine status) may hinder outdoor visits. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices 3 should be adhered to. *Note: Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2- dose series, or ≥ 2 weeks following receipt of one dose of a single dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.

C. Indoor Visitation See the current CDC guidance, "Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination," available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>, for information on indoor visitation.

In accordance with CDC and CMS guidance, facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited to compassionate care situations due to a high risk of COVID-19 transmission. These scenarios include limiting indoor visitation for:

- Unvaccinated residents if the nursing home's COVID-19 county positivity rate is $>10\%$

Compassion and Personal Caregiver Visits

D. Personal Caregiving Visitors The personal caregiving visitation regulations for NHs, which implement the Essential Caregiver Act, remain law, and therefore facilities must have policies and procedures in place regarding personal caregiving visitors, including those who provide compassionate caregiving. However, facilities need only implement these policies and procedures when there is a declared State or local public health emergency. At this time, there is no Statewide public health emergency. Please refer to 10 NYCRR 415.3(d) for the specific details for those regulations and any exceptions thereof.

E. Compassionate Caregiving Visitors Consistent with existing State and federal requirements, and contained at 10 NYCRR 415.3(d)(4), nursing homes must permit compassionate care visits

at all times, regardless of any general visitation restrictions or personal caregiving restrictions and must include the following safeguards: • Screening for signs and symptoms of COVID-19 and exposure to COVID-19 prior to entering the facility; • Considerations for appropriate infection control and prevention measures if physical contact is necessary (i.e., contact would be beneficial for the resident’s mental or psychosocial wellbeing), including appropriate use of personal protective equipment and adherence to hand hygiene protocols; and • Method(s) to determine the compassionate caregiver’s appropriate donning of PPE and compliance with acceptable infection control and prevention measures. Examples of compassionate care visits include but are not limited to: • end of life; • the resident, who was living with their family before recently being admitted, is struggling with the change in environment and lack of physical family support; • the resident is grieving after a friend or family member recently passed away; 7 • the resident needs cueing and encouragement with eating or drinking, and such cueing was previously provided by family and/or caregiver(s), and the resident is now experiencing weight loss or dehydration; and • the resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past). Additional compassionate care situations may be considered by the NH on a resident-specific, individualized basis. Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak.

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