

## **EP.06.005 M.M. Ewing Continuing Care Center (MMECCC) Pandemic Emergency Plan (PEP)**

Plans are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Plans should be followed in most cases, but there is an understanding that, depending on the setting, the circumstances, or other factors, plans can and should be tailored to fit individual needs.

During a pandemic emergency, this PEP may be utilized in conjunction with the Thompson Health Emergency Preparedness Program found in the Emergency Preparedness Response Plan section of the Thompson Health policies and procedures. Specifically, policies EP.01.000 through EP.01.000.04. In addition, this plan is to be used in conjunction with the facility's Infection Control Plan, and Respiratory Protection Program.

The local, state, and federal health authorities (NYS DOH, CDC, CMS, OSHA, etc.) will be the source of the latest information, and most up-to-date guidance on prevention, case definition, surveillance, treatment, and clinical response related to a specific disease threat using an all-hazards approach. Assigned clinical leadership will be vigilant and stay informed about Emerging Infectious Diseases around the world. They will keep administrative leadership briefed on potential risks of new infections in their community and region.

Incidents involving an emerging infectious disease, or a suspected case, require the consultation of the facility Medical Director, and or other physicians and Infection Preventionists as well as referring to the facility's Infection Control Plan.

### **Definitions:**

#### **Emerging Infectious Diseases (EIDs)**

Infectious diseases, whose incidence in humans has increased in the past two decades or threatens to increase in the near future, have been defined as "emerging." These diseases, which respect no national boundaries, include:

- New infections resulting from changes or evolution of existing organisms
- Known infections spreading to new geographic areas or populations
- Previously unrecognized infections appearing in areas undergoing an ecologic transformation
- Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures

For an emerging disease to become established at least two events must occur –

- (1) the infectious agent has to be introduced into a vulnerable population and

- (2) the agent has to be able to spread readily from person-to-person and cause disease. The infection also has to be able to sustain itself within the population; that is, more and more people continue to become infected.

### **Pandemic**

A sudden infectious disease outbreak that becomes very widespread and affects a whole region, continent, or the world, due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

### **Isolation**

Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

### **Quarantine**

Separation and restriction of the movement of people who were exposed, or potentially exposed, to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.

### **Cohorting**

Imposed grouping of two or more residents exposed to, or infected with, the same infectious disease that are separated physically from other residents who have not been exposed to, or infected with, that infectious disease.

### **Cohort Staffing**

The practice of assigning specific staff to care only for residents known to be exposed to or infected with the same infectious disease. Such staff “does not” participate in the care of residents who have not been exposed or infected with that infectious disease

## **PURPOSE**

The purpose of this Pandemic Emergency/Emerging Infectious Disease Response Plan is to contain an outbreak of disease caused by an infectious agent or biological toxin or respond to other infectious disease emergencies as defined above.

Activities that may be implemented during an Infectious Disease Response include:

- Coordination with other healthcare facilities, local, regional, state, and federal agencies and other organizations responding to a public health emergency.
- Development and dissemination of information and guidance for the residents, families, and staff within the community.
- Containment measures such as infection control, mass prophylaxis, isolation, and quarantine, or restriction, and clearance.
- Activities such as surveillance, investigation, and lab testing.

## **POLICY**

The Incident Command organizational structure will be used to scale the response as needed to effectively manage and meet the incident objectives of the infectious disease emergency response.

This plan will be posted on the facility website <https://www.thompsonhealth.com/Senior-Living/MM-Ewing-Continuing-Care-Center> and will be updated on an annual basis or as needed. The facility will make a copy of this plan available immediately upon request. The Plan will also be located in Policy Manager.

### **Preparedness Tasks for all Infectious Disease Events**

MMECCC, in accordance with Federal and State guidance/requirements including 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80), will provide staff education on infectious diseases. This training will be conducted annually and as needed via education based learning system with content including but not limited to infectious disease reporting, exposure risks, symptoms, prevention, and correct use of personal protective equipment.

MMECCC current Infection Prevention and Control Plan is reviewed, revised as needed annually and whenever new risks are identified. The plan's effectiveness, prioritized risks and review of activities and findings are an integral tool in the management and success of the program. Reporting per NYSDOH guidance via the Health Commerce System. (CC.10.050 MMECCC Infection Prevention and Control Plan)

MMECCC utilizing policy CC.10.004 Infection Surveillance, Reporting & Quality Management in the Health System, conducts routine and ongoing surveillance of infection diseases. In accordance with guidance from the NYSDOH, MMECCC will facilitate fit testing for staff and residents of the pandemic illness when identified.

MMECCC will continue to utilize URMCC laboratories located in the connecting hospital with URMCC area labs as backup.

MMECCC will assure adequate facility staff have access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System. The administrator or designee will ensure members of the management team have access and ability to report in HCS. Reporting will be conducted in accordance with Federal and State requirements.

MMECCC will utilize the Thompson Health MR.01.001 Medication/Supplies Procurement-System Wide for medications. All other supplies MMECCC will utilize the Thompson Health EP.01.000.02 Emergency Management Plan Applicable to All Hazard Responses.

MMECCC will utilize Nursing Contingency Staffing Plan (CC.01.035), Employee Handbook, and EP.01.000.02 Emergency Management Plan: Procedures Applicable to All Hazard Responses for administrative controls during Pandemic Emergency.

MMECCC will maintain environmental controls including areas for contaminated waste in accordance with applicable codes and regulations. MMECCC policy Hazardous Material and Waste Management Plan. (LS.04.002) is reviewed and revised annually and as needed to comply with needs, codes, and regulations.

MMECCC will ensure that residents are isolated/quarantined/cohorted and or transferred based on their infection status in accordance with applicable NYSDOH and CDC guidance utilizing the Suspect Pandemic Plan. Additional direction received from the NYSDO will be implemented as directed.

MMECCC will utilize our Suspect Pandemic Illness Plan to cohort residents as applicable.

MMECCC will comply with guidance per NYSDOH on social distancing measures within the facility during a pandemic illness including non-essential activities and space arrangements for dining.

MMECCC will utilize the Thompson Health EP.01.000.04 Disaster Recovery Plan in accordance with the Emergency Management Policy EP.01.000 in order to return to normal operations. The facility Command Center will manage the recovery process through the use of the Incident Command System when, and as specified by, State and CDC guidance at the time of each specific infectious disease or pandemic event e.g., regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.

#### **Additional Preparedness Planning Tasks for Pandemic Events**

MMECCC has developed, and will review and revise annually, MMECCC Pandemic Communication policy, which includes all required elements of the PEP.

MMECCC will protect staff, residents and families against infection based on guidance and advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions laid out in the MMECCC PEP and Thompson Health policy Emergency Management Plan EP.01.000. The administrator, Director of Nursing, Infection Preventionist, and designees will be involved in planning, reviewing, and revising.

#### **Response Tasks for all Infectious Disease Events:**

MMECCC will utilize Thompson Health policy Emergency Management Plan EP.01.000 in order to obtain and maintain current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease.

MMECCC will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19. Thompson Health policy EP.01.000 Emergency Management Plan will be utilized for reporting.

MMECCC will comply with reporting requirements of the Health Commerce System, e.g. HERDS survey reporting. Reporting will be completed by the Director of Nursing, Infection Preventionist, or designee.

The Infection Control Practitioner or designee will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Hand sanitizer and face/nose masks will be available in high frequented areas as practical based on needs and usage.

MMECCC, in accordance with any applicable NYSDOH and CDC guidance as well as within the infection control and prevention program policies, will limit exposure between infected and non-infected persons. Utilizing facility policy and procedures including, but not limited to, Suspect Pandemic Illness and Emergency Management Plan EP.01000.

MMECCC will follow the Suspect Pandemic Illness policy along with any New York State Executive Orders and/or NYSDOH guidance at the time of pandemic illness.

MMECCC will provide education about the disease and the facility's response strategy at a level appropriate to their interests and need for information to residents, relatives, and friends in accordance with applicable NYSDOH and CDC guidance. This information will be made available via the Infection Preventionist or designee and provided to families under the MMECCC Pandemic Communication policy.

MMECCC will follow the Communication Plan in the Thompson Health Emergency Management Plan: Procedures Applicable to All Hazard Responses - EP.01.000.02 in order to contact all staff, vendors, and other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents.

MMECCC will follow New York State Executive Orders and/or NYSDOH guidance that may temporarily prohibit visitors. MMECCC will advise visitors to limit visits to reduce exposure risk to residents and staff. If a pandemic illness becomes prevalent in the community prior to guidance being received, MMECCC will screen visitors upon entrance to the facility and provide education including, but not limited to, hand hygiene, appropriate PPE, and cough etiquette. Appropriate PPE will be provided to visitor upon entry. Visitation limits and education will be communicated utilizing the MMECCC Pandemic Communication policy. MMECCC will refer to Pre-Admission Hospital Pandemic Illness Screen.

**Additional Response Tasks for Pandemic Events:**

MMECCC will ensure staff are using PPE properly via education based learnings system and testing for competency. Annual education of PPE don/doff will be available through the Thompson Health education based learning system.

MMECCC will post a copy of the facility's PEP on the Thompson Health public website, and make available immediately upon request <https://www.thompsonhealth.com/Senior-Living/MM-Ewing-Continuing-Care-Center>

MMECCC will utilize Pandemic communication policy to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition.

MMECCC will follow the MMECCC Pandemic Communication policy to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection.

MMECCC provides, in accordance with Pandemic communication policy, all residents with no cost access to remote videoconference or equivalent communication methods with family members and guardians.

MMECCC will, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e), assure hospitalized residents will be admitted or readmitted to MMECCC or alternate care site after treatment following Thompson Health policy CC.02.014 MMECCC Admissions Policy.

MMECCC will utilize Thompson Health policy CC.02.014 - MMECCC Admissions Policy to preserve a resident's place in the facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).

MMECCC will, comply with all applicable laws and regulations. MMECCC will procure, maintain, and distribute the required supply of personal protective equipment including, but not limited to, N95 respirators, face shields, eye protection, gowns/isolation gowns, gloves, masks, sanitizers and disinfectants per NYSDOH guidance or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic. This will be maintained and stored through the Materials Management Department.

### **Recovery for all Infectious Disease Events**

MMECCC will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed. MMECCC will consider this recovery guidance for each specific infectious disease or pandemic event in conjunction with Thompson Health EP.01.000.04 Disaster Recovery Plan in order to safely return to normal operations.

Using the Pandemic Communication Plan and EP.01.000.02 - Emergency Management Plan: Procedures Applicable to All Hazard Responses, MMECCC will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant Stakeholders.