Excel at Woodbury for Rehabilitation and Nursing

Paragon Management SNF

Annual Pandemic Emergency Plan

Table of Review and Approval

Date Reviewed	Date Approved
9/11/20	9/14/20
9/6/21	9/7/21
9/12/22	9/12/22
9/8/23	9/11/23
3/25/24	3/26/24
3/17/55	3/20/25
4/21/25	4/21/25

The Annual Pandemic Emergency Plan (APEP) was originally written on 9/11/20 and approved on 9/14/20.

As of September 15, 2020, it is required by the New York State Department of Health (NYSDOH) that the Annual Pandemic Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all of the APEP should be changed/updated.

The Annual Pandemic Emergency Plan Summary dated 9/14/20 has been posted on the facility's website and the APEP is available for viewing upon request at all times.

TABLE OF CONTENTS

FACILITY INFORMATION

I. INTRODUCTION TO PLAN
- PURPOSE
- DEMOGRAPHICS

II. EMERGENCY PLAN
- READINESS ASSESSMENT/PANDEMIC INFLUENZA/ILLNESS PLANNING
- STRUCTURE FOR PLANNING AND DECISION-MAKING
- COORDINATION WITH OUTSIDE AGENCIES/ORGANIZATIONS

III. INFECTION CONTROL PROTECTION PLAN
- DESCRIPTION OF SURVEILLANCE AND MONITORING ACTIVITIES
- ACTIVE SURVEILLANCE FOR RESPIRATORY INFECTION OR OTHER PANDEMIC ILLNESS
- IDENTIFICATION AND MANAGEMENT OF RESIDENTS WITH SYMPTOMS
- NOTIFICATION TO STATE AND LOCAL HEALTH DEPARTMENTS
- CRITERIA TO LIMIT OR RESTRICT VISITORS, VOLUNTEERS AND NON-ESSENTIAL STAFF
- RESOURCES AND SUPPLIES TO ADHERE TO INFECTION CONTROL PRACTICES

IV. COMMUNICATION PLAN
- INTERNAL COMMUNICATION
- EXTERNAL COMMUNICATION
- COMMUNICATION WITH RESIDENTS, FAMILIES AND VISITORS
- COMMUNICATION WITH OTHER HEALTHCARE PROVIDERS

V. OCCUPATIONAL HEALTH
- MONITORING OF STAFF FOR SYMPTOMS OF RESPIRATORY ILLNESS/PANDEMIC ILLNESS
- WORK RESTRICTIONS FOR ILL/EXPOSED STAFF
- SICK LEAVE POLICIES

VI. EDUCATION AND TRAINING PLAN
- FACILITY STAFF

- RESIDENTS
- VISITORS, FAMILY MEMBERS AND GUARDIANS OF RESIDENTS

VII. VACCINE AND ANTIVIRAL USE PLAN

- OBTAINING MOST CURRENT RECOMMENDATIONS AND GUIDANCE FOR USE, AVAILABILITY, ACCESS AND DISTRIBUTION OF VACCINES AND ANTIVIRAL MEDICATIONS
- ESTIMATING THE NUMBER OF STAFF AND RESIDENTS TO RECEIVE INFLUENZA VACCINE AND/OR ANTIVIRAL PROPHYLAXIS
- PLAN TO EXPEDITE DELIVERY OF INFLUENZA VACCINE OR ANTIVIRAL PROPHYLAXIS TO RESIDENTS AND STAFF

VIII. ISSUES RELATED TO SURGE CAPACITY DURING A PANDEMIC

- CONTINGENCY STAFFING PLAN/PLANNING FOR STAFF SHORTAGES
- IDENTIFICATION OF ESSENTIAL MATERIALS AND EQUIPMENT/PLAN TO ADDRESS LIKELY SUPPLY SHORTAGES
- ALTERNATIVE CARE PLANS FOR RESIDENTS WHO NEED ACUTE CARE
- SURGE CAPACITY PLAN TO HELP INCREASE HOSPITAL BED CAPACITY

EXHIBITS

1. **Pandemic Influenza/Illness Planning Checklist**
2. **Sample Surveillance Screening Tool**
3. **Excel at Woodbury Policy and Procedure – Return to Work Criteria for HCP with Suspected or Confirmed COVID-19**

FACILITY INFORMATION

Facility: Excel at Woodbury for Rehabilitation and Nursing
Address: 8533 Jericho Turnpike
City: Woodbury State: NY ZIP Code: 11797
Phone Number: 516-692-4100
Contact Person: Stacey Altman, Administrator
Email: saltman@excelatwoodbury.com
PFI: 0559
Operating Certificate: 2952309N

I. INTRODUCTION TO THE PLAN

In order to provide for changes in demographics, technology and other emerging issues, this plan will be reviewed and updated annually and/or after incidence of a pandemic or if law indicates the APEP should be updated/changed. This Annual Pandemic Emergency Plan (APEP) is developed to be consistent with the New York State Department of Health requirement of an APEP, effective September 15, 2020.

Purpose: To describe the actions to be taken in a pandemic to make sure that the residents, staff and visitors of this facility are kept safe from harm. The safety and well-being of the residents, staff, and visitors take first priority over all other considerations.

Demographics:

A. This facility is located at 8533 Jericho Turnpike, Woodbury NY 11797.

B. The facility is a 123-bed dual certified SNF, which provides short-term post-acute rehabilitation care, long term care and skilled nursing services.

II. EMERGENCY PLAN

Readiness Assessment/Pandemic Influenza/Illness Planning

A. This facility maintains a comprehensive emergency management plan (CEMP) to prepare for, respond to, and recover from natural and man-made disasters. The facility follows an "all hazards" approach in developing the CEMP, with a pandemic identified as one (1) of those hazards.

B. This facility performs an annual readiness assessment of the facility's preparedness for responding to pandemic influenza/illness (see Pandemic Influenza/Illness Planning Checklist Annual Update **Exhibit 1**). This APEP is written and updated based on the readiness assessment. Changes or additions to the APEP will be made based on the annual readiness assessment, gaps identified during exercises or real events or guidance issued by the Centers for Disease Control and Prevention (CDC) and/or the New York State Department of Health (NYSDOH). A copy of the annual updated Pandemic Influenza/Illness Planning Checklist will be kept with the APEP.

C. A copy of the APEP is attached to the facility's CEMP as an Annex document. In addition, a hard copy of the APEP will be kept in the facility and the plan summary will be posted on the facility's website.

Structure for Planning and Decision-making

A. The facility shall have a multidisciplinary planning committee, the Infection Prevention and Control Committee (IPCC) to specifically address pandemic preparedness and response.

B. The Infection Prevention and Control Committee consists of the following individuals:

Name	Department/Area Represented
Stacey Altman, LNHA	Administration
Yves Maryse Telemaque, RN	Nursing Administration
Brenainn Flanagan, MD	Medical Director
Geralyn Abel, RN	Infection Prevention and Control/IP/Occupational Health/Staff Training and Orientation
Jusin Davies	Engineering/Environmental Services
Sean Watts	Dietary Services
Pat Colalillo	Rehabilitation Services
Max Spiegel	Purchasing
Chem RX/Pharmerica	Pharmacy Services

C. The Pandemic Response Coordinator, who is the person responsible for coordinating preparedness planning is: Stacey Altman, Administrator.

Coordination

A. Local and state health departments and provider/trade associations points of contact have been identified for information on pandemic planning resources, as follows:

Name of Agency/Organization	**Phone Number**
New York State Department of Health Services	518-402-7676
Nassau County Department of Health Services	516-227-9639
New York State Emergency Management	718-422-8700

Nassau County Emergency Management	516-227-9440

B. Local, regional or state emergency preparedness groups, including bioterrorism/communicable disease coordinators points of contact, have been identified, as follows:

Name of Agency/Organization
Nassau County Emergency Management
New York State Emergency Management

C. Area hospitals points of contact have been identified in the event that facility residents require hospitalization or facility beds are needed for hospital patients being discharged in order to free up needed hospital beds, as follows:

Name of Hospital	**Phone Number**
Plainview Hospital	516-719-3000
Syosset Hospital	516-496-6400
Huntington Hospital	631-351-2000
St. Joseph Hospital	516-579-6000

III. INFECTION CONTROL PROTECTION PLAN

Description of Surveillance and Monitoring Activities

The facility monitors public health advisories (federal and state) and updates are provided to the Pandemic Response Coordinator and other members of the Multidisciplinary Pandemic Planning Team when pandemic influenza/illness has been reported in the United States and is nearing the New York State/Suffolk County area.

The facility conducts surveillance activities for residents, staff, family and visitors on an ongoing basis. Signage and hand hygiene stations are posted at all entrances, instructing families, visitors and contractors to:

- Perform hand hygiene
- Screen for Febrile Respiratory Illness (FRI) symptoms
- Not enter if they have respiratory symptoms

When visitation is permitted, the facility asks family and visitors to sign in and out of the facility, screen for FRI prior to visits, perform hand hygiene before and after visits and they are directed to contact the facility's Infection Control Practitioner or designee if they have respiratory symptoms. If ill, they are discouraged from visiting the facility. During a pandemic illness outbreak, the facility will follow CDC and New York State Department of Health guidelines to limit or restrict entry to the building.

The current Infection Control Program at the facility provides for continuous facility-wide surveillance activities to establish baseline levels of infection on an annual basis. Infection rates above the baseline may be indicative of an influenza/illness outbreak or the arrival of a pandemic illness at the facility. The facility will maintain an ongoing surveillance program to be enhanced during a reported pandemic influenza/illness outbreak in the community (see Table 1 below).

Table 1: Surveillance Objectives by Pandemic Phase

Phase 1 (Interpandemic Period)
Objectives and Actions:
• To assess for seasonal influenza.
• To detect cluster cases of Febrile Respiratory Illness (FRI)/ Influenza-Like Illness (ILI).
• To provide for annual education and provide seasonal flu vaccine to residents, staff and volunteers and to maintain immunization statistics and adverse effects information.
• To promote respiratory (cough etiquette) and hand hygiene to residents, families, visitors, volunteers and contractor/vendors.
• To notify NYC Department of Health/Local health department of suspected outbreak activity as defined by CDC and NYSDOH guidelines.
• To communicate updates to residents, families, volunteers, contractors/vendors and staff.
• Passive Febrile Respiratory Screening measures for visitors, contractors/vendors, visitors and families.
Phase 2 (Pandemic Alert Period - Low)
Objectives and Actions:
• To implement active surveillance measures for FRI/ILI screening for visitors, vendors/contractors and family members.
• To notify the Infection Preventionist or designee of reported or identified FRI/ILL. They will alert, as appropriate, the local and state health department of cluster of FRI in staff.
• Infection Control will actively monitor residents closely for signs and symptoms by: o Conducting unit rounds o Reviewing shift reports o Auditing and reviewing physician and nurse progress notes o Reviewing the monthly pharmacy antibiotic utilization reports o Reviewing lab reports o Communication with the staff about their clinical observations
• To implement management of respiratory outbreak as required for outbreak activity as defined by CDC and NYSDOH guidelines and initiate outbreak reports to local and state health department, as required.
Phase 3 (Pandemic Alert Phase – High)
Objectives and Actions
• To activate the Pandemic Emergency Plan and Emergency Plan (as needed).
• To maintain active surveillance for monitoring of FRI/ILI in residents and staff.
• To finalize plans for pandemic vaccine storage and security (as applicable).
• To establish clinic sites for residents, staff and volunteers.
• To develop plans for antiviral storage, security and administration, including staff prophylactic treatment.
• To follow guidelines for avian/pandemic flu/illness, as issued by CDC and NYSDOH, and provide education and training to staff for personal preparedness, resident care and pandemic influenza/illness management.
• To ensure that availability of staffing, equipment and supplies, as required, for the facility.
• To provide educational material and in-services; i.e., Annual Pandemic Emergency Plan; cross training; hand hygiene
Phase 4 (Pandemic Period)
Objectives and Actions
• To implement measures for suspected and confirmed pandemic strain in the facility.
• To implement mandatory active screening of staff, visitors, contractors/vendors and family members (see Sample Surveillance Screening Tool **Exhibit 2**).
• To implement heighted surveillance of residents and staff illnesses for symptoms of the pandemic influenza/illness.
• To implement control and support measures for residents, staff, visitors and families.
• To implement access restrictions for staff, visitors, families, volunteers and vendors.
• To implement protocols for isolation of residents with confirmed or suspected illness.

• To implement protocols for cohorting residents with confirmed or suspected illness.
• To direct staff to cohort to their assigned units as much as possible.

The facility has processes in place to prevent the occurrence of an outbreak and surveillance programs to quickly identify and implement control measures to contain it. The facility also prepares to respond to large-scale epidemics as part of its emergency preparedness plan. The facility's infection prevention and control program staff monitor and maintain a data communication with relevant agencies through the NYSDOH Health Alert Network (HAN) for events happening in the local, national and global community.

Active Surveillance for Respiratory Infection or other Pandemic Illness

When there is influenza or pandemic illness activity in the local community, active surveillance for the influenza/illness is conducted among all new and current residents, healthcare personnel and visitors of the facility until the end of the influenza season and/or pandemic. Daily monitoring will occur once a single laboratory-confirmed case of the influenza/illness has been identified in a resident, as it is likely there are other cases among exposed persons. Daily active surveillance occurs until at least one (1) week after the last laboratory-confirmed influenza/illness case was identified.

When it is not influenza season, influenza testing shall occur when any resident has signs and symptoms of influenza-like illness. If there is one (1) laboratory-confirmed influenza positive case along with other cases of respiratory infection in a unit of the facility, an influenza outbreak might be occurring. In the event that an influenza outbreak is identified in this scenario, daily monitoring will occur until at least one (1) week after the last laboratory confirmed influenza case occurred.

Once an outbreak has been identified, outbreak prevention and control measures will be implemented immediately. As mentioned above, daily active surveillance will be conducted until at least one (1) week after the last confirmed influenza/illness case occurred. Testing for influenza/illness will occur for the following:

- Ill persons who are in an affected unit as well as ill persons in previously unaffected units in the facility; and
- Persons who develop acute respiratory illness symptoms more than 72 hours after beginning antiviral chemoprophylaxis.

It should be noted that elderly persons and other long-term care residents, including those who are medically fragile and those with neurological and neurocognitive conditions, may manifest atypical signs and symptoms with influenza/illness virus infection, and may not have fever.

Identification and Management of Residents with Symptoms

Identification of residents with symptoms will occur through the monitoring and active surveillance activities described above. The facility will implement standard and droplet precautions for all residents

with suspected or confirmed influenza/illness. Standard precautions will be applied into the care of all residents, regardless of the suspected or confirmed presence of the influenza/illness.

It is the policy of this facility to protect residents, staff and others who may be in our facility from harm during a pandemic outbreak. To accomplish this, the facility has developed protocols for testing residents and the ongoing surveillance testing of the resident population (see Table 2).

Table 2: Procedures to Test Residents

• Facility will test any symptomatic resident in accordance with guidance and direction of the CDC, local and state health department.
• If the facility has no symptomatic residents, facility will consult with local and state health department and determine testing strategy, if applicable and needed.
• Testing will be done through a testing lab that can provide test results in a timely manner.
• If no testing capacity can be located that meets the timeframe goal for timely turnaround of tests, the facility will document all attempts to obtain testing and keep documents of those efforts for review.
• If an alternative test is approved that could help meet the timely turn-around goals and is approved by the local and state health department, the facility will incorporate those procedures in support of the facility's overarching objective to receive test results in a timely manner.
• For residents with suspected or confirmed influenza-like illness, the facility will implement protocols for isolation and/or cohorting residents per facility policy.
• Positive COVID residents will be removed from isolation and/or cohorting after as directed by guidance issued by CDC, local and state health departments for removal of transmission-based precautions.
• The facility will report any positive tests in accordance with local and state health department requirements for the reporting of nosocomial infections.

The facility has also developed procedures for the isolation and/or cohorting for residents during a pandemic outbreak by designating spaces within the facility, which is based on the residents' testing status, as follows:

Positive (i.e., COVID) – Space designated to be used and occupied by confirmed positive residents and staff assigned to their care. It is the policy of Excel at Woodbury not to admit/re-admit any resident who is **A:** COVID-19 positive and does not a negative test prior to admission.
Negative – Space designated to be used and occupied by confirmed negative residents and staff assigned to their care.

These zones are meant to provide safe care and treatment of residents during the pandemic outbreak (see Table 3). Resident isolation and/or cohorting procedures and locations will be reevaluated by clinical staff frequently as demand dictates.

Table 3: Procedures to Isolate and/or Cohort Residents

Positive Zone
• Residents testing positive will be placed in a single room, if available, or cohorted within an area designated by the facility as a positive zone.
• Residents testing positive will only be cohorted with other confirmed cases.
• If a resident tests positive in a room with roommates who are asymptomatic and negative, the positive resident will be moved to a positive zone, depending on space availability and their roommate will be placed in isolation for at least 14 days while being monitored and tested in the unknown zone.
• Residents in a positive zone designated for confirmed cases will be treated with contact and droplet precautions until they have a negative test result or deemed recovered as per CDC guidelines.
• If no movement is possible, the facility will isolate the residents to the extent possible within the same unit per CDC guidelines after 14 days and two negative test results.
• Residents in a positive zone will be assessed three times daily once a shift to document respiratory rate, temperature and oxygen saturation.

• The facility will monitor guidance from CDC and adjust procedures for cohorting accordingly.
• The facility will assign staff to work the positive zones exclusively to the extent possible.
• If staff will be shared across the various zones in any way, the staff will fully doff all PPE and leave all dirty PPE in designated receptacles, perform hand hygiene, and don new PPE in accordance with CDC guidance for the area they are entering.
Negative Zone
• Residents in the negative zone will consist of confirmed negative residents or those who have fully recovered from the viral illness.
• Residents will be cohorted with other confirmed negative or recovered residents.
• Residents will be moved to the negative zone only after they have received a negative test or they have met the criteria for the removal of transmission-based precautions per current CDC guidance currently after 14 days and two negative tests.
• The facility will change room designations in response to testing results and may need to add or remove unit designations depending on space available/needed.

In cases where the facility may get large amounts of positive cases interspersed within the facility, the facility will designate who is on what precautions for each resident and clearly communicate the procedures to minimize the risk of spreading with the eventual goal of having clearly designated spaces with the building set on the zone groupings outlined above utilizing zip walls or fire doors to clearly delineate between zones and prevent residents from entering positive zone.

The facility, at a minimum, follows the CDC-recommended standard precautions in providing care to residents, regardless of suspected or confirmed infection status (see Table 4). These practices are designed to both protect and prevent health care providers from spreading infections among residents. The use of PPE, and the type of PPE used, under standard precautions is based on the nature of the clinical interaction with the resident and the potential exposure to blood, body fluids and/or infectious materials. All facility health care providers receive ongoing training on and must demonstrate an understanding of:

- When to use PPE;
- What PPE is necessary;
- How to properly don, use and doff PPE in a manner to prevent self-contamination;
- How to properly dispose of or disinfect and maintain PPE; and
- The limitations of PPE.

CDC recommends transmission-based precautions (i.e., contact, droplet precautions) be implemented for residents with documented or suspected diagnoses where contact with the patient, their body fluids or their environment presents a substantial transmission risk despite adherence to standard precautions. During a pandemic outbreak, PPE will be worn by staff at all times during care of residents who are placed in the designated zones for confirmed cases, (positive) and asymptomatic residents with exposure and/or residents with no known status (unknown) of the facility.

Table 4 – Standard Precautions and Transmission-based Precautions

Standard Precautions	
Hand Hygiene	• Use an alcohol-based hand rub or wash hands with soap and water for the following clinical indications: - Immediately before touching a patient. - Before performing an aseptic task or handling invasive medical device. - Before moving from work on a soiled body site to a clean body site on the same patient.

	- After touching a patient or the patient's immediate environment - After contact with blood, body fluids or contaminated surfaces - Immediately after glove removal • Perform hand hygiene with soap and water when hands are visibly soiled.
Environmental Cleaning and Disinfection	• Routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling. - Clean and disinfect surfaces in close proximity to the patient and frequently touched surfaces in the patient care environment on a more frequent schedule compared to other surfaces. - Promptly clean and decontaminate spills of blood and other potentially infectious materials. • Use of EPA-registered disinfectants that have microbiocidal activity against the pathogens most likely to contaminate the patient-care environment. • Follow manufacturer's instructions for proper use of cleaning and disinfecting products (i.e., dilution, contact time, material compatibility, storage, shelf-life, safe use and disposal).
Injection and Medication Safety	• Use aseptic technique when preparing and administering medications. • Disinfect the access diaphragms of medication vials before inserting device into the vial. • Use needles and syringes for one patient only (this includes manufactured prefilled syringes and cartridge devices such as insulin pens). • Enter medication containers with a new needle and a new syringe, even when obtaining additional doses for the same patient. • Ensure single-dose or single use vials, ampules and bags or bottles of parenteral solution are used for one patient only. • Use fluid infusion or administration sets (e.g., intravenous tubing) for one patient only. • Dedicate multidose vials to a single patient whenever possible. If multidose vials are used for more than one patient, restrict the medication vials to a centralized medication area and do not bring them into the immediate patient treatment area (i.e., patient room).
Appropriate Use of Personal Protective Equipment	• Ensure proper selection and use of personal protective equipment (PPE) based on the nature of the patient interaction and potential exposure to blood, body fluids and/or infectious materials. - Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-contact skin, potentially contaminated skin or contaminated equipment could occur. - Wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions or excretions. - Use protective eyewear and a mask, or a face shield, to protect the mucous membranes of the eye, nose and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields and combinations of each according to the need anticipated by the task performed. - Remove and discard PPE, other than respirators, upon completing a task before leaving the patient's room or care area. If a respirator is used, it should be removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door. - Do not use the same gown or pair of gloves for care of more than one patient, unless other governmental guidance is provided for PPE preservation. Remove and discard disposable gloves upon completion of a task or when soiled during the process of care.
Minimizing Potential Exposures	• Use respiratory hygiene and cough etiquette to reduce the transmission of respiratory infections within the facility. • Prompt residents and visitors with symptoms of respiratory infection to contain their respiratory secretions and perform hand hygiene after contact with respiratory secretions by providing tissues, masks, hand hygiene supplies and instructional signage and/or handouts at points of entry and throughout the facility. • When space permits, separate patients with respiratory symptoms from others as soon as possible.
Reprocessing of Reusable Medical Equipment	• Clean and reprocess (disinfect or sterilize) reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes) prior to use on another patient when soiled. - Consult and adhere to manufacturer's instructions. • Maintain separation between clean and soiled equipment to prevent cross contamination.

Plan for Preserving Resident's Place if a Resident is Hospitalized and How Hospitalized Residents are Readmitted to the Facility After Hospital Treatment

As required under Section 415.3 of Title 10 of the New York State Codes, Rules and Regulations (10 NYCRR), the facility has an established bed-hold and readmission policy in place to preserve a resident's right to a bed reservation (or bed-hold) while a patient is absent from the facility for a hospitalization and the duration and conditions of the bed-hold policy during which the resident is permitted to return and resume residence to the facility. The policy outlines the conditions under which the resident is returned to their previous room or to an available bed. The resident and their family and/or legal guardian are given this information in writing upon admission to the facility and at their time of transfer to a hospital.

During a pandemic, the resident's status is considered unknown upon readmission to the facility, the resident may need to be placed on a different unit, pending a negative test and/or they have met the criteria for the removal of transmission-based precautions based on CDC guidance or if the resident's previous room is now located in a designated area for positive and symptomatic suspected cases.

Notification to State and Local Health Departments

As required under Sections 2.1 and 2.2 of 10 NYCRR, nosocomial infections are to be reported within 24 hours of recognition. The facility is required to notify the state and local health department as follows:

- New York State Department of Health: Reported via the Nosocomial Reporting Application (NORA) electronic system.
- Nassau County Department of Health when required.

The facility will meet any additional notification requirements that may be put in place by NYSDOH during a pandemic situation, including submission of information and reports through the Health Commerce System (HERDS).

Criteria to Limit or Restrict Visitors, Volunteers and Non-essential Staff

Residents with multiple conditions are at highest risk of infection and complications, so the facility must use every tool at its disposal to reduce the risk of exposure to and spread of influenza-like or other pandemic illness within the facility. Temporary restricting of visitors and non-essential workers is one method to reduce the risk of virus spread in nursing homes, keeping residents safe. The facility will follow CDC guidelines to limit or restrict entry to the building and any guidance/regulation that may be put in place by the New York State Department of Health regarding visitors to nursing homes, which may include:

- Restricting visitors, volunteers and non-essential staff who are identified as symptomatic or asymptomatic based on screening done at time of entry into the building.

- Restricting all visitors with exceptions for compassionate care, such as end-of-life situations.
- Restricting visitors to the resident's room or other location designated by the facility.
- Restricting the number of visitors allowed per resident (i.e., two (2) visitors at a time).
- Restricting the number of residents who may receive visitors at the same time (i.e., 10% of residents may receive visitors at the same time).
- Restricting all volunteers and nonessential health care personnel and other personnel (i.e., barbers).
- Requiring the wearing of a surgical mask when in the building.

  See current Facility Visitation Plan in Appendix.

When the facility implements restriction of all visitors with exceptions for compassionate care, such as end-of-life situations, visitors who enter the facility under this exception will be equipped with personal protective equipment (PPE) like masks, and the visit will be limited to a specific room only.

When the facility limits the number of residents who may receive visitors at the same time, families may be required to schedule their visit in advance instead of just walking in. In addition, the facility may limit the time length of the visit to allow other residents to have visitors.

The facility understands the vital importance of keeping residents connected with their loved ones. When visitation is restricted during a pandemic situation, the facility will facilitate increased virtual communication between residents and families and will also keep residents' families informed about their care. Please refer to **Section IV Communication Plan** below for additional information.

The facility will have signage posted at all entrances instructing all visitors, residents, staff, volunteers and contractors about:

- Any identified risks of virus spread in the facility;
- Any screening procedures in effect, including temperature checks and symptom screening;
- Any restrictions in place (e.g., limitations on who can enter); and
- Any infection protection plan practices required (i.e., surgical mask, hand hygiene, etc.).

Resources and Supplies to Adhere to Infection Control Policies

During a pandemic, health care settings will need large quantities of equipment and supplies to provide care and to protect health care workers. It is anticipated that the demand will be high and traditional supply chains may break down. In preparation for a pandemic, the following measures will be instituted by the facility:

1. The facility will maintain a 60-day (2 months) supply of personal protective equipment (PPE). PPE supplies include N95 masks, surgical masks, face shields or goggles, medical gowns or gown alternatives, and medical gloves based on our daily burn rate reported in April 2020.

2. A 30-day stockpile of essential supplies needed to adhere to infection control policies. Essential supplies include environment cleaning, hand sanitizer, and disinfection supplies, disposable masks, disposable gloves, tissues, hand soap and paper towels.
3. All supplies will be checked for expiration dates and rotated on a regular basis to prevent stock expiration. The facility Administrator will determine the frequency of the stock rotation.

Environmental Infection Control

The facility has policies and procedures in place for cleaning and disinfection of the building and medical equipment. EPA-registered, hospital-grade disinfectants are used for cleaning high-touch surfaces and shared resident care equipment. During a pandemic, the facility will follow CDC guidelines for any increased environmental cleaning and/or frequency of cleaning. Environmental services personnel who clean and disinfect rooms will be equipped with appropriate PPE for cleaning within the spaces of each area used for the cohorting of residents as recommended by CDC and NYSDOH guidelines. While alcohol-based hand sanitizer (ABHS) is the preferred method of hand hygiene, sinks throughout the facility will be stocked with soap and paper towels to encourage hand hygiene.

Management of laundry, food service utensils and medical waste will be performed in accordance with routine procedures and supplemented with additional processing, based on recommendation and/or requirement of CDC guidelines and/or any guidance or requirements issued by NYSDOH.

Facemasks will be available for residents and visitors and placed near entrances and in common areas of the facility along with no-touch receptacles for disposal. Necessary PPE for health care provider use will be available outside of resident rooms and in other areas where resident care is provided. No-touch or lidless receptacles for disposal of used/soiled PPE in designated areas where resident care is provided for the safe doffing of PPE. These receptacles are "designated" for the disposal of used/soiled PPE.

IV. COMMUNICATION PLAN

The facility has in place a communication plan as part of its emergency preparedness plan. This communication plan can be enhanced and supplemented with additional elements and information to ensure that all parties are provided with updated information on the status of the facility's situations and the status of residents during a pandemic outbreak. The communication plan provides a framework to manage and coordinate the wide variety of communications that take place during a pandemic. It covers who will receive communications, how the communications will be delivered, what information will be communicated, who communicates and the frequency of the communications.

Internal Communication

Target audiences for internal communications include:

- Nursing Staff to ensure continuity of patient and resident care;
- Physicians to ensure continuity of patient and resident care;
- All other clinical staff to assist nursing staff on the units; and
- All non-clinical staff to ensure that essential services continue.

The key communication messages delivered to internal target audiences include topics such as trainings and in-services for the pandemic response and testing of employees. The messages can be made over the public address system, blast emails and/or calls to units and department heads/town hall meetings/memos/or virtual meetings.

Table 5 – Communication Message Contents

Message Topics	Message Content to be Delivered	Delivery Methods
Pandemic Illness Training and In-services for: 1. Explanation of the pandemic illness 2. PPE requirements and proper use, donning and doffing 3. Cohorting of units	• Training for new agency staff, clinical and non-clinical and all facility staff • On-going schedule of in class training with PowerPoint presentations and/or online training	• Blast emails • Scheduling through departments • PA announcements
Donations Received by Facility for Staff	Types of donations received for all shifts: • Meals – breakfast, lunch, dinner • Groceries/Snacks • Toiletries	• PA announcements • Calls to units and department heads
Employee Testing	On-site testing available on all shifts by medical staff and/or contractors: • Location • Times • Frequency of testing	• Blast emails • PA announcements

External Communications

External communications with community stakeholders, elected officials and the press are coordinated with the Administrator and Community Relations Department.

Communications with Residents, Families and Visitors

The facility has developed a plan to maintain routine communication with residents, families and visitors during a pandemic outbreak. Communication methods include signage, letters, robocalls, emails, in-person communication, video conferencing and updates on the facility's social media accounts. The messages delivered through these communication methods include:

- Current precautions being taken in the facility to prevent and/or contain infection;
- Actions residents, families and visitors can take to protect themselves;
- Reinforcing adherence to standard infection control precautions, including hand hygiene, respiratory hygiene and cough etiquette;
- Reminding families and visitors not to visit when ill or if they have a known exposure to the pandemic illness; and
- Any limitation and/or restrictions on visitors that are in place/current visitation plan.

The facility has a procedure in place to maintain up-to-date contact information on family members and/or legal representatives of residents. This contact information is obtained upon admission to the facility and confirmed or updated through the quarterly comprehensive care plan meeting process and upon a significant change in the resident's medical condition. In addition, contact information is updated upon notification from staff or family that information has changed.

The following table (Table 6) outlines the targeted audiences, the key communication messages to be delivered, the method for delivery of the information and the frequency of communication.

Table 6 – Communication with Residents, Families and Legal Representatives

Audience	Message	Delivery Method	Frequency
Residents	• Updates on visitation • Updates on status of pandemic outbreak • Status of infected and non-infected residents, as well as any expirations of residents with pandemic-related infection	• Resident Council meeting • Town Hall/Unit meetings • 1:1 updates as needed	• Monthly • As needed
Authorized Family Members and Legal Representatives	• Updates on visitation • Updates on status of pandemic outbreak or any other related updates	• Robocalls	• As needed
	• Status of infected and non-infected residents, as well as any expirations of residents with pandemic-related infection	• Letters • Emails • Calls	• Daily for infected residents and more frequently if the condition changes • Weekly for non-infected residents
	• Provision of alternate means of communicating with residents	• Video conferencing (i.e., Facetime, Skype, Zoom)	• Upon request by families Note: During pandemic outbreak, daily access will be provided if requested.

*Resident representatives may request to be communicated with in a particular fashion (i.e. phone call or email). All residents can have access to video call devices daily, assistance as needed.

Communication with Other Healthcare Providers

The facility will consult and collaborate with Hospitals, Nassau County Emergency Management, local and state health departments, network institutions with Paragon Management SNF and affiliates with

mutual support (EMS) relationships to ensure that coordinated, system-wide consistent efforts are implemented to minimize the impact of any service disruptions while acting to reduce the risk of disease transmission. Key contact information for all of the above entities has been identified and is maintained by the facility as part of this plan and the facility's emergency preparedness plan.

V. OCCUPATIONAL HEALTH

Monitoring of Staff for Symptoms of Respiratory Illness/Pandemic Illness

To protect residents, staff and others who may be in the facility from harm during a pandemic outbreak, the facility has developed procedures for monitoring staff for symptoms of influenza-type or other pandemic illness, testing staff members who present with symptoms and the ongoing testing of staff, as needed and may be required by NYSDOH (see Table 7).

Table 7 Procedures to Monitor and Test Staff

• Facility will test staff in accordance with guidance and direction of the CDC, local and state health department.
• Testing will be done through a testing lab that can provide test results in a timely manner.
• If no testing capacity can be located that meets the timeframe goal for timely turnaround of tests, the facility will document all attempts to obtain testing and keep documents of those efforts for review.
• If an alternative test is approved that could help meet the timely turn-around goals and is approved by the local and state health department, the facility will incorporate those procedures in support of the facility's overarching objective to receive test results in a timely manner.
• The facility will rely on the staff to self-identify their illness status.
• The facility will follow CDC, local and state health department guidance for sending directly exposed staff home for the incubation period of the novel agent (if known).
• The facility will follow CDC, local and state health department guidance for the return-to-work criteria for staff testing positive.
• If a staff member tests positive and they are not symptomatic and willing to work, and CDC, local and state health department guidance allow, they will only be assigned to areas designated for positive residents in the "positive" zone (as described above) and will minimize time spent in any of the other non-positive zones of the building.
• The facility will report any positive tests in accordance with local and state health department requirements for the reporting of nosocomial infections.
• Staff who refuse to be tested shall be prohibited from providing care or services to the facility until testing is performed.

As referenced above under **Section III Infection Control Protection Plan**, staff will be monitored for influenza-like or other pandemic illness through self-monitoring/self-reporting pre-pandemic and through mandatory screening upon staff arrival for work (see Sample Screening Tool **Exhibit 2**).

Work Restrictions for Ill/Exposed Staff

The facility will follow CDC, local and state health department guidance and requirements as to the use of ill/exposed staff and any work restrictions placed on staff to work while ill/exposed. As reflected in Table 7 above, if a staff member tests positive, is not symptomatic, is willing to work and the CDC and NYSDOH guidance/regulations allow, they will only be assigned to areas designated for positive residents in the areas designated by the facility for cohorting confirmed positive residents.

Excel at Woodbury has implemented a policy to outline the criteria for healthcare personnel to return to work from suspected or confirmed COVID-19 (see **Appendix** – Employee Testing Policy and Policy

for Employee Screening). This policy will be updated/revised based on any guidance and/or restrictions put in place by NYSDOH.

Sick Leave Policies/Leave Policies

The facility follows the leave policies as per our Employee Handbook. These policies are non-punitive, flexible and consistent with public health policies that allow ill health care providers and facility staff to stay home.

VI. EDUCATION AND TRAINING PLAN

The facility has a policy and procedures in place for the education on the prevention and control of infections with the facility. Education on the basic principles of infection prevention and control within the facility is provided to all healthcare providers, other facility staff, volunteers, residents, family members and guardians of residents. For facility staff, infection control prevention and control education occurs upon hire, annually thereafter and when there is a need to provide more in-depth education when surveillance findings identify a need for a focused in-service; for residents, family and visitors, education occurs upon admission, when there is a change in the resident's condition and when surveillance findings identify a need for a focused in-service.

As discussed under **Section III Infection Control Plan** above, the facility will provide training/in-services as part of its ongoing surveillance program. Education and training efforts will be enhanced and expanded during a reported pandemic outbreak in the community as follows:

Facility Staff

Before the pandemic: Staff will be educated and trained about the facility's containment plan before it needs to be implemented. Examples of containment measures that will be discussed include, but are not limited to, the following:

- Screening procedures the facility expects to implement;
- Importance of self-assessing and reporting influenza or other pandemic illness symptoms before coming to work;
- Information about cohorting of residents and assigning staff;
- How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and
- How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.

In addition, leave policies, sick time, PPE and any other policies and procedures that may be implemented during the pandemic will be reviewed with staff. Staff will also be educated about the roles they will play during the pandemic phase. As part of the preparation for the pandemic, staff will

be in-serviced on transmission-based precautions, and the requirements for use and correct usage of PPE.

During the pandemic: Staff will receive training and education to update them on pandemic-specific information and any guidance issued by CDC and/or NYSDOH on containment of the pandemic illness or treatment of residents during the pandemic. In addition, staff will be updated and educated on any change in policies or additional containment measures that may be put in place.

Education and training will be provided through department staff meetings and scheduled employee meetings as well as through assigned on-line training modules.

Residents

Before the pandemic: Residents will receive focused training regarding the actions the facility is taking to protect them and why they are important. Training topics to be reviewed with residents include, but are not limited to, the following:

- Importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette;
- Screening procedures for residents the facility expects to implement;
- Information about the potential cohorting of residents;
- How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and
- How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.

During the pandemic: The facility will continue to provide focused education and training to update residents on the pandemic status of the facility as well as any updated information regarding the necessary restrictions on movement within the facility and any restriction/limitation on visitors to the facility.

Education materials and information will be adapted to the language needs and cognitive levels of the residents and will include, but not be limited to, signage, posters, pamphlets, letters, and one on one or small group discussion/presentation.

Visitors, Family Members and Guardians of Residents

Before the pandemic: Visitors, family members and guardians of residents will receive focused training regarding the actions the facility is taking to protect residents and anyone who enters the facility and why they are important. Training topics to be reviewed include, but are not limited to, the following:

- Importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette;
- Screening procedures for residents the facility expects to implement;

- Information about the potential cohorting of residents;
- How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and
- How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.

During the pandemic: The facility will continue to provide focused education and training to update visitors, family members and guardians of residents on the pandemic status of the facility as well as any updated information regarding the necessary restrictions on movement within the facility and any restriction/limitation on visitors to the facility.

Education materials and information will be adapted to the language needs and cognitive levels of the visitors and family members and will include, but not be limited to, signage, posters, pamphlets, and letters.

VII. VACCINE AND ANTIVIRAL USE PLAN

Influenza transmission and illness can be dramatically reduced when a vaccine is available and vaccine guidelines are carefully followed. As part of the facility's seasonal influenza plan, the seasonal flu vaccine is offered to residents and staff of the facility. Prior to the start of a new pandemic, and for some time into it, no vaccine will be available for that particular pandemic-causing strain of influenza. When a vaccine becomes available, it will be in very limited supply and not available to the whole population. The facility will distribute and administer vaccine and antiviral medications (if available) according to CDC and NYSDOH directives and following the governmental/public health mandated order of priorities for giving the vaccine and antiviral medications.

Obtaining Most Current Recommendations and Guidance for Use, Availability, Access and Distribution of Vaccines and Antiviral Medications

The facility monitors public health advisories (federal and state) and guidance issued by CDC and NYSDOH as it relates to influenza outbreaks and the use, availability, access and distribution of influenza vaccines and antiviral medications. As mentioned above, the facility will follow the governmental/public health mandated order of priorities for giving the vaccine when the vaccine for that particular pandemic-causing strain of influenza becomes available. CDC guidance will be followed for the use of antiviral medication, with the final decision on whether or not to treat with antivirals resting with the treating physician.

Estimating the Number of Staff and Residents Who Would Be Targeted As First and Second Priority for Receipt of Influenza Vaccine or Antiviral Prophylaxis

The criteria for determining the number of staff and residents who would be targeted as first and second priority for receipt of the pandemic-influenza vaccine or antiviral prophylaxis will be based on CDC

and NYSDOH guidance and will most likely be tailored to fit the need of the population for that particular strain of influenza causing pandemic.

Receipt of Pandemic Influenza Vaccine: It is expected that healthcare personnel and first responders will be among those with first priority to receive the vaccine when it becomes available. First priority will be given to pregnant employees, staff involved with direct patient care and staff identified as having health conditions associated with higher risk of medical complications resulting from the pandemic influenza. Second priority will be given to the remainder of the facility staff. Priority for the vaccine among residents will be determined by guidance issued by CDC and NYSDOH and the availability of the vaccine. The most important strategy is to keep the pandemic virus out the facility through vaccination of the staff.

Receipt of Antiviral Prophylaxis: As mentioned above, the final decision on whether or not to treat a specific patient with antivirals rests with the treating physician and will be based on the review of the resident's medical history and existing condition. Notwithstanding the treating physician's decision, the following patient categories will be given higher priority in receiving antivirals:

- Residents with more severe illness with suspected or confirmed influenza; and
- Residents with suspected or confirmed influenza who are a high risk for complications due to chronic medical or immunosuppressive conditions.

In addition, residents presenting with suspected influenza who have symptoms of lower respiratory tract illness or clinical deterioration should also receive prompt empiric antiviral therapy, regardless of previous health or age. It should be noted that in a pandemic situation it may be quite difficult to take antivirals prophylactically due to the large amount required to be ingested in order for the drug to be effective, as well as the likelihood that exposure to the virus may be ongoing and therefore making a single prophylaxis regimen ineffective. Antiviral medication may help lessen the effect of influenza when given to residents who already have the disease, thereby lessening the severity and duration of symptoms, and thereby possibly limiting the spread of the virus in the facility.

Plan to Expedite Delivery of Influenza Vaccine or Antiviral Prophylaxis to Residents and Staff

The facility will remain alert for any changes of the CDC's guidance and recommendations on the use of influenza vaccine and antiviral medications in a nursing home setting. Based on this guidance, the facility will work to obtain vaccines and/or antivirals through its purchase arrangements for pharmaceuticals. In addition, during the pandemic phase, vaccines and antivirals may be made available through the local health department and/or NYSDOH. This will depend on the availability of, and rank on, the federal vaccine priority list and the federal antiviral priority list with relation to other groups requesting vaccines and/or antivirals. In the event that vaccines and/or antivirals are made available to the facility, the facility will work to expedite delivery of the vaccine and/or antiviral prophylaxis for use with residents and staff.

VIII. ISSUES RELATED TO SURGE CAPACITY DURING A PANDEMIC

Contingency Staffing Plan/Planning for Staff Shortages

It is the policy of the facility to maximize its staff availability to ensure the provision of safe resident care during a health care disaster. As described above, the facility has developed a procedure for the safe care and treatment of residents during a pandemic outbreak by designating spaces within the facility into three (3) zones, which is based on the residents' testing status, as follows:

Positive (i.e., COVID) – Space designated to be used and occupied by confirmed positive residents and staff assigned to their care.
Unknown (i.e., COVID) – Space designated to be used and occupied by asymptomatic residents with exposure and/or residents who have an unknown testing status and staff assigned to their care/residents who are asymptomatic and awaiting test results.
Negative – Space designated to be used and occupied by confirmed negative residents and staff assigned to their care.

Staff assigned to work in positive zones will not be assigned to work in either unknown or negative zones. The facility can assign staff to work in unknown or negative zones but that staff will not be assigned to work in a positive zone. Implementing the zone system, which are meant to manage resident flow, and assigning dedicated staff to the zones should help to minimize the number of staff exposed to those with suspected or confirmed pandemic influenza/illness.

It is the expectation that all staff will continue to report to their normal duties unless specific directions are given otherwise. All staff will be mobilized to assist with essential job duties to provide care to the residents and to maintain the facility. During a pandemic outbreak, the facility will implement the following, considering the absenteeism due to illness and other factors, to deal with immediate staffing needs safely:

- Mandatory overtime;
- Calling on per-diem staff;
- Requesting an additional day of work from off-duty employees;
- Seeking voluntary overtime;
- Alternate work assignments as deemed necessary to maintain essential services; and
- Implement any guidance from NYS DOH during a pandemic outbreak regarding the mitigation of a staffing crisis.

Identification of Essential Materials and Equipment/Plan to Address Likely Supply Shortages

During a pandemic, health care settings will need large quantities of equipment and supplies to provide care and to protect health care workers. It is anticipated that the demand will be high and that traditional supply chains may break down. In preparation for a pandemic, the following measures will be instituted:

1. The facility will maintain a 60-day supply of PPE, which will be based on the PPE burn rate/average consumption rate and will be adjusted accordingly if the burn rate/average consumption rate increases or decreases.
2. A 30-day supply of essential supplies (i.e., tissues, etc.) needed to adhere to infection control policies will be maintained.
3. The normal restocking/reordering of other supplies will remain in place unless a new need for a supply item, delay in receiving or a shortage is anticipated.

All stockpiled supplies, which are kept secured in locked containers and, when needed, in an additional secure location, are checked for expiration dates and rotated on a regular basis to prevent stock expiration. The facility administrator will determine the frequency of the stock rotation.

Working collaboratively with the Paragon Corporate Purchasing Department, the facility's Director of Environmental Services and Pandemic Response Coordinator, can place orders routinely or on a stat basis to obtain the necessary supply or equipment item. During a pandemic, PPE availability is reported on a daily basis to the NYS Department of Health through the Health Electronic Reporting Data System (HERDS) so that anticipated shortages can be identified and the shortage addressed through either ordering of additional supplies or identifying the availability of PPE from other health care facilities.

Alternative Care Plans for Residents Who Need Acute Care

Where possible, the facility will strive to meet the clinical needs of a mild to moderately symptomatic confirmed positive or suspected positive resident in order to keep the resident at the facility. If the facility cannot meet the clinical needs of the resident, the facility will request to transfer the resident to another alternate care site/provider as required by NYSDOH directives to do so.

Higher acuity care residents or residents requiring mechanical ventilation, including intensive monitoring on a ventilator (care corresponding to Level 2 (step-down care) and Level 1 (intensive care unit care), will be transferred to an acute care hospital for care.

It is the policy of the facility to notify the emergency contact/next of kin in the event of a significant change in the resident's medical condition and/or the transfer of the resident to another facility, in this case either to a hospital or an established alternate care site. Please refer to **Section IV Communication Plan** above, for additional information on communication with authorized family members and legal representatives.

Surge Capacity Plan to Help Increase Hospital Bed Capacity

Administration will function to assist in the nursing home placement of residents being discharged from acute care hospitals. In addition, the facility reports the number of available beds to NYSDOH on a weekly basis through the Health Commerce System and through the HERDS system during an emergency situation to assist acute care hospitals with information as to the availability of beds for

patients needing placement in order to help increase bed capacity during a pandemic. The facility will follow NYSDOH directives regarding the transfer and acceptance of patients from hospitals during a pandemic, including any directives that may be issued on not accepting patients with confirmed positive status of the pandemic illness.

The facility works collaboratively with discharge planners from hospitals to obtain the necessary documentation to facilitate the clinical review for appropriate placement of discharged hospital patients in an available bed. During a pandemic, placement in an available bed at the facility will be determined by the patient's testing status and/or health status as a result of the pandemic, which may result in the declination of placement by the facility if a bed is not available in the correct designated cohorting spaces established by the facility.

During a pandemic, the facility will assess residents admitted to the facility for short-term rehabilitative services to determine if they can safely be discharged home in order to free up beds that may be needed to address placement of discharged hospital patients in need of low level medical/surgical care at the facility.