PANDEMIC PLANNING & OPERATIONAL PROTOCOL

Communication & Infection Protection Plan

POLICY STATEMENT:

It is the policy of Oxford Nursing Home that advanced preparation and planning is undertaken and that it be updated as new guidance from the town, state, and branches of the federal government becomes available, in an effort to mitigate the effects of a pandemic. This plan is a component of the Oxford Nursing Home's overall emergency and disaster-planning manual and incorporates an "all hazard" approach to disaster planning. It includes

- A structure for planning and decision-making
- The development of a written pandemic respiratory influenza/covid plan, and
- Addresses the different elements of a pandemic plan. This protocol includes the management of annual influenza or COVID-19 outbreaks since the emergence of a pandemic can be insidious.

Advanced training, resource assessment and planning for the varied aspects of infection control and emergency preparedness, commensurate with the anticipated scope of a pandemic, have been considered and addressed through the formation of a Pandemic Planning Team. Facility planning has been integrated with the planning of other community agencies and organizations.

Article I. Planning & Decision Making Structure-

- This plan has been developed following review of other local, regional and New York State plans.
- This pandemic plan has been reviewed and incorporated into Oxford Nursing Home's Emergency Preparedness Plan.

- The pandemic plan for this facility includes specific people who have been delegated authority and responsibility for planning and implementing specified planning components.

- Personal staff contact information for all the departmental contacts listed above is maintained at the Nursing Office and can be accessed there.

- The ***Administrator***, following consultation with the ***Medical Director*** & ***Director of Nursing***, and in accordance with policies and regulations governing the determination and management of an outbreak, may implement this plan.

- Local hospitals have been contacted to open discussion in the event this facility needs acute care beds for our residents, or in the event the hospital needs beds on this site to accommodate surge capacity overflow.

Article II. PANDEMIC VIRUS PLAN COMPONENTS-

- **Planning Components of this Protocol Address the Following:**

    - Guidance is provided by the ***Center for Disease Control*** (CDC), and directives from the ***State of New York Department of Health***.
    - The designation of a ***Pandemic Planning Team***
    - ***F***acility, local, regional, national and world-wide surveillance
    - The impact of high morbidly and mortality rates
    - Internal and external communications
    - Facility surveillance and containment measures
    - Occupational health measures for:
        1. Well employees
        2. Those who become ill while on duty
    - Staff education on pandemics including:
        1. Training
        2. Cross train of staff for roles
        3. Basic instruction on how to perform the essential aspects of the essential positions and essential tasks required by Oxford Nursing Home. This is included with full awareness that emergency measures associated with severe and prolonged staffing shortages could necessitate less-than-ideal practices in

order to meet the essential needs of our residents. Pre-training and providing familiarity with unfamiliar roles will best assure a degree of competence, should these measures be required and tasks need to be performed by those unfamiliar with them.

- Environmental management strategies
- Vaccine and antiviral use
- Surge capacity
- Potentially necessitated modifications of documentation and notification requirements under current regulations that may not be able to be adhered to under pandemic conditions due to severe and prolonged staffing shortages.
- Psychological impact
- Recovery

➢ **Planning Concepts Used in the Development of This Operational Plan**:

- Advanced preparation allows the facility to:
    1. Examine the impact of a potential pandemic
    2. Provide advanced staff, family and resident education about pandemics, the anticipated impacts should one occur, and about protective measures for residents, staff and their families, the families of residents, and volunteers.
- Individuals and teams who are delegated responsibilities are also provided with the authority and resources to carry out their assignments.
- The State of New York has a graded-level response approach, similar to hurricane warnings, and will notify communities of the level of action or restriction warranted due to a given situation.
- Past history with global pandemics has demonstrated that:
    1. Morbidity and mortality will be rapid, high and prolonged
    2. Public transportation and community services will be heavily impacted
    3. Staffing and items needed to provide care will be in short supply for a prolonged period of time
    4. Infrastructure and communication mechanisms within all towns and communities will be simultaneously challenged
    5. Businesses, including health care facilities, need back-up plans that address:

- How to conduct prioritized essential duties under adverse circumstances
- Advanced cross-training in the event staff are called upon to perform tasks or duties that are not within their range of knowledge, practice or expertise
- The development of simplified basic protocols for performing essential duties under unfamiliar situations.

- Fear of the unknown compounds adverse psychological impact related to disasters of any kind; replacing the unknown with potential scenarios that could be faced, and providing tools to deal with them, reduces that anxiety.
- Advanced planning for the anticipated effect of a sudden and rapidly emerging infectious disease processes allows for:
    1. The development of strategic measures to employ under varied circumstances
    2. A course of action to counter the challenges of each pandemic stage
    3. Improved outcomes to be realized
- Advanced planning is imperfect and subject to modification. The actual scenario that emerges could vary from current perceptions as it unfolds. None-the-less, the planning process allows a facility to:
    1. Assess strengths and weaknesses in advance
    2. Develop plans to remediate identified problems
    3. Develop or modify back-up plans
    4. Fill educational needs in staff and volunteers
    5. Identify potential partners
    6. Identify resources
- In the event of a pandemic, all efforts to maintain regulatory and code requirements will be attempted, however history suggests the rapidity and magnitude of a pandemic will thwart the facility's ability to do so due to significant and prolonged staffing and resource shortages, which will make the actual delivery of essential care itself the paramount concern.
- Pre-pandemic planning facilitates:
    1. Advanced identification of employees' priority statuses for vaccination

2. Realistic analysis of the number of vaccines and/or antivirals likely to be needed by residents and staff
3. Addressing sick leave/work at home policies during pandemic and how "sick-on-the-job" employees would be handled.
4. An analysis of the possibility of vaccinating/treating the families of staff and residents along with employees in order to potentially augment staffing in a time of crisis

- Sick family members would require staff to remain at home for weeks at a time, thus further reducing available staffing.
- Advanced planning allows Administrators and Corporate Management time to:
    1. Generate resources, special funds, partners/collaborators and Memorandums of Understanding
    2. Plan for special equipment/supplies
    3. Create call-down lists
    4. Develop work-site engineering and environmental adjustments
    5. Negotiate work-at-home strategies for non-essential employees who do not need to perform their work on-site.
    6. Develop simple written protocols for tasks that may need to be accomplished by one not accustomed to, or trained for a given role
    7. Plan and carry out drills to test potential strategies
    8. Modify admission discharge and transfer policies for rapid enactment during a pandemic
    9. Pre-train staff about enhanced infection control protocols during a pandemic
- Compliance with pandemic-focused protocols enacted during a catastrophic emergency is facilitated through pre-educating staff, families, volunteers and facility residents about:
    1. The scope of a pandemic
    2. Their respective roles and responsibilities during a pandemic
    3. Heightened infection control strategies that would be warranted
    4. Potential containment measures
    5. Rapid communication approaches and where to obtain the information
    6. Pandemic-motivated changes to admission, discharge or transfer policies

7. Potential mass immunization or mass prophylaxis measures
8. Potential restrictions on personal freedoms that might be enacted by Town, State, or Federal authorities in the interest of the greater good.

Article III. Surveillance and Detection-

- **Monitoring Public Health Advisories:**
  - A designated facility position, the Infection Control Nurse, has been designated to monitor ***state and federal public health advisories*** and ***weekly flu/COVID-19 activity***. Weekly reports of outbreaks of **seasonal flu/COVID-19** are available for review at the ***New York State Department of Health*** website.
  - They are organized by date with the most recent at the top of the list. This monitoring is conducted by the Infection Control Nurse, or in his/her absence, the Nursing Director. The facility Administration, Medical Director and Pandemic Planning Team are updated promptly, using the personal information contact lists if necessary, when pandemic influenza/COVID is reported in the United States, and again each time it encroaches closer to New York, our county, and our town.

  - Changing guidance for revising this protocol can also be obtained from reviewing the CDC and NYS Department of Health websites.

  - Monitoring for viral outbreaks at this facility includes monitoring staff call-outs and staff who become ill at work with virus-like symptoms.

Article IV. Written Protocol for Monitoring of Viral Outbreaks in New York-

- The ***Centers for Disease Control*** and the ***Department of Health & Human Services*** have advised that having a system for tracking illness trends during seasonal influenza & viral outbreaks will help to assure that facilities are able to detect stressors to their systems that could affect their operating capacity, such as staffing and supply needs, during a pandemic. This seasonal tracking is to be reviewed as part of Quality Assurance, thus serving as an annual drill for Oxford Nursing Home.

- The written protocol for the daily or weekly monitoring of ***staff and residents*** during ***Covid-19/ seasonal influenza-like or viral outbreaks*** includes:
    1. Tracking and trending, under the guidance of the Infection Control Nurse, in order to detect factors that could affect operating capacity should the seasonal event increase in magnitude
    2. Tracking staffing impact, or the potential for impact due to staff/staff's families' illness
    3. Monitoring and responding to changes in supplies or equipment needs
- An ***Outbreak Log/Line List*** is initiated and maintained either when anticipated attack rates exceed the normal rates of infection in the facility as a whole, in a discrete segment of the facility, upon the direction of the outbreak review committee, at the recommendation of the Infection Control Nurse or the Pandemic Planning team, or at the direction of one or more of the facility licensees (Administrator, Director of Nursing or Medical Director).

Article V. Protocol for Evaluation/Diagnosis of COVID-19/*Flu-Like or Viral Symptoms* in Residents and Staff-

- A Medical Protocol has been developed for the evaluation and diagnosis of residents and staff with symptoms of pandemic influenza or Virus that reflects the Centers for Disease Control's ***Clinical Signs and Symptoms*** and their ***Laboratory Diagnosis***.
- This protocol addresses the symptoms of the virus, duration of incubation and the contagious period of an affected resident, and guidelines for when the virus is in the facility. It provides parameters for implementing physician and family notification, precautions to be implemented while awaiting verification of diagnosis, and provides standing orders for testing, the use of anti-virals, implementing intake and output monitoring, vital signs monitoring, physician visitation, and for the implementation of droplet or other precautions. It also addresses state and local department of health notification and the activation of an outbreak-monitoring log so that case-identification information and the course of spread can be tracked.

  In the case of staff, the protocol addresses observed and reported symptoms that would warrant a staff member staying home or being sent home, the facility distribution of antivirals to staff if the virus is widespread in the facility, and parameters to be met for return

to work. It includes the method to be used for the daily/shift monitoring of staff, and the designation of the person or positions that will be conducting this staff surveillance. Surveillance includes not only those at work, but the reasons for call-outs of staff that call in, in order to have a clear picture of the numbers of people impacted.

Article VI. CONTAINMENT OF *VIRUSES*

- The process used to monitor and manage COVID-19/seasonal influenza is the same as that which can be used to monitor and manage pandemic Influenza or other viruses.
- **Protocol For *Assessing Admissions* of Residents With COVID-19/Seasonal Influenza or Other Viruses:**
    1. During a non-pandemic period, residents with flu-like or other viral symptoms will be considered for admission to the facility if:
        - They test negative for COVID-19.
        - There is a vacant bed in an appropriate room, either private or with another unknown-status resident.
        - The entire wing or unit on which the applicant will reside, or the whole facility, has already been exposed to the virus.
    2. Such residents will not be placed in rooms with immuno-compromised residents, or otherwise expose non-ill residents to a potential viral infection.
    3. Applicants being considered for admission with ***viral symptoms*** need to be assessed pre-admission and tested for the virus so they can be medically evaluated for anti-viral administration, laboratory testing, a chest x-ray, and a suitable bed.
    4. A resident may be admitted to one initial room, wing or unit with a written agreement that they will be moved to different accommodations when their illness has resolved.
- **System For Monitoring COVID-19/*Managing Seasonal Influenza or Other Viruses* in Facility Residents:**
    1. Upon the emergence of respiratory symptoms, flu-like symptoms, or confirmed cases of influenza or other viruses that exceed a specific unit or the facility's anticipated attack rates, an ***outbreak log*** will be initiated. One COVID-19 positive resident requires documentation on the ***outbreak log.***

2. A documented conference or conference call will be held between the Director of Nursing, Medical Director, Infection Control Nurse and the Facility Administrator in order to plan a course of action for treatment and containment.
3. Confirmed cases of influenza or another virus will trigger mandatory reporting requirements to the State Department of Health. A simultaneous call will be made to the local Department of Health. Both contacts will be documented.
4. The ***Infection Control Nurse &/or a designee*** appointed by nursing administration will:
    a) Review the 24-hour report each shift in order to identify new residents with emerging flu-like symptoms
    b) Review the medical records of all residents listed on the outbreak log daily in order to assure that appropriate care, notification, documentation and testing is being conducted in accordance with the policies of Oxford Nursing Home.
    c) Assure that additional residents meeting the case definition for COVID-19 and/or seasonal influenza are being added to the log in a timely fashion
    d) Monitor for appropriate changes to each affected resident's care plan
    e) Monitor lab and diagnostic testing results and record them on the outbreak log
    f) Record physician notification and responsible party notification about changes in condition on the log.
    g) Train and document staff, family, volunteers, and where relevant, resident's family members and visitors, through education regarding hand washing technique, respiratory hygiene including the proper wearing of masks, social distancing and droplet precautions.
    h) Assure that appropriate signage and all the needed supplies related to carrying out droplet precautions and appropriate hand washing are in place as needed
    i) Review and document appropriate housekeeping measures related to droplet precautions with staff in that department both in regard to their own protection, to the proper housekeeping techniques required, and to the products used.

j) Instruct the recreation staff in *droplet p**recautions*** and ***hand washing*** while providing in-room diversional activities.

k) Notify the ***Care Planning Team*** about changes needed related to illness and room restrictions; Assist the ***Care Plan Team*** to incorporate all the relevant changes including special standing orders that may be evoked by the Medical Director for people meeting the case definition of COVID-19 and/or influenza;

l) The information gathered through these processes is used in writing the progressive update reports to the state and local departments of health, and in writing the final report when ***COVID and/or*** the ***seasonal flu outbreak or other virus*** has been resolved.

- Staff Education on Methods of Transmission:

a) When a viral outbreak is determined to have occurred, the following will be reviewed with staff on all shifts and in all resident care or resident environmental care positions, documented as an in-service education program, and noted on the outbreak log:

- The signs and symptoms of COVID-19 or influenza
- The methods of transmission of COVID-19, influenza and other viral conditions
- Respiratory etiquette,
- Wearing appropriate PPE and
- Proper hand washing or sanitizing technique

b) This training will emphasize:

- Signs and symptoms in residents, self and others
- Methods of transmission
- Personal protective equipment to be used
- And, in the case of housekeeping, appropriate cleaning agents and cleaning practices focusing also on surfaces requiring special cleaning attention.

Article VII. Containment Strategies For COVID-19, Seasonal or Pandemic Influenza or Viral Conditions-

- Containment strategies can include any and all of the following actions:
    - Active and aggressive pre-outbreak virus campaigns for residents, staff, visitors and volunteers
    - Staff, family, volunteer and resident education programs on respiratory hygiene practices and proper hand washing techniques
    - Active monitoring and enforcement of staff sick-leave when ill
    - Individual or room isolation, quarantine for residents with confirmed or suspected viral infections
    - Closure of an individual resident wing or unit to visitors and/or group activities
    - Closure of the entire facility to visitors and/or group activities
    - Elimination of all group activities and gatherings in the facility
    - Widespread directed use of personal protective equipment
    - Special, enhanced, or increased frequency of cleaning routines
    - Closure to, or restriction of new admissions
    - Temporary room changes in order to cohort similarly contagious residents
    - Monitoring of staff for viral-like symptoms
    - Anti-viral administration
    - Nasal washes, chest x-rays or other testing protocols for confirmation of viral type

Article VIII. Communication Plan

- The facility's pre-established communication plan includes administration keeping staff, families, volunteers, venders, and our partnering agencies informed, and to allow them to receive the most timely and accurate information about our situation, our needs and our ability to be a resource for them, as possible. It also facilitates rapid internal communication through pre-developing contact and call-down lists that include redundant ways to reach essential people. It provides knowledge and information to staff and others that helps to allay fear based on the unknown, and replaces it with useful information and guidance.

- Key contacts that may need to be called upon in the event of a pandemic have been identified and their contact information recorded for future reference.
- Oxford Nursing Home has a process in place that assures accurate and up-to date family, responsible party and medical contact information. In addition to being verified at each care planning session, the facility updates information via the 24 hour report, and changes resident face sheets, as well as status changes in the computer system that affects medical records and finances.
- Employees are informed of the location of various contact lists that might be needed, which would enable them to contact key employees and support agencies in the event of an emergency, including a pandemic. Phone numbers are located in the following facility locations: in the nursing office in the emergency contact binder.
- A staff person will be designated to serve as the communication liaison for residents and their representatives. Authorized family members and guardians of residents infected with the pandemic infectious disease will be updated once per day and upon a change in the resident's condition.
- The administrator or designee will update all residents and authorized resident representatives once per week on the number of infections and deaths at the facility.
- The Recreation Department provides residents with daily access to free remote videoconferencing, or similar communication methods, with authorized resident representatives or guardians.
- The preferred electronic means of communication by the resident representative will be honored.
- The name and full contact information for the staff is in the binder in the nursing office. Residents and resident representative information is in the Electronic Health Record. Employees in all areas are trained, in advance, about how Oxford Nursing Home will use signs, public announcements, notices and phone trees to inform staff, visitors, suppliers and others seeking entry to the facility during a pandemic or other emergency. Letters mailed out, phone blasts, the facility's dedicated information hotline, and the Website are also updated timely with the latest information.
- Lists have been created of the local health-related facilities and agencies that it would be necessary for us to maintain contact with during a pandemic or other emergency: A separate

sheet with this information is in the Emergency Preparedness Plan. It is also made available in the administration areas.

- **Contact List of Health, Public Health and Emergency Operations Providers:**

  Lists have been developed and include contact information. Copies of this listing are available in the administrative area.

  Local Department of Health: ___212-417-4100_____

  NYS Department of Health: ____888-201-4563 _____

  NYSHFA (New York State Health Facilities Association)__518-462-4051_____

  NYS Office of Emergency Management: ____914-495-9300_____

  NYC Office of Emergency Management: _718-422-8700_____

  Local Hospitals/Other Health Care Facilities: ___Brooklyn Hospital 718-250-8000____

- Members of our ***Pandemic Planning Team*** have been delegated the following communication roles:
  1. Designated Person Appointed for Public Health Communications: Infection Preventionist/Administrator
  2. Designated Person for Communicating with Staff, Residents and Families: Nursing/Social Work
  3. Designated Person Responsible to assure up-to-date contact information for Residents is: Social Work/Recreation
- Designated person to create and update listing of health care and other health-related facilities, agencies &/or organizations: Administration
- The designated Person for inter-facility communication is the Administrator
- Signage will be used to post notices, reinforce health practices an instruct staff, family members, visitors to the facility and vendors, about any necessary restrictions or practices related to an outbreak or a pandemic.

Article IX. Education and Training Plan-

- The facility plan for education and training has been designed to ensure that personnel, residents, and residents' family members understand the nature of a pandemic, the associated

implications, and the basic prevention and control measures they can use, and we will expect them to use, which will aid in preventing their own infection, the spread of infection throughout this facility, and containment measures.

- Department Heads and their designees are responsible for:
    - Conducting focused training needs-assessments as warranted in order to identify our capacity for providing different elements of care and service under emergency conditions including pandemics
    - Identifying/providing appropriate onsite training
    - Identifying and facilitating socially-distanced learning opportunities
    - Maintaining staff training records that include name, title, date and time of training, and topic/content addressed. Staff will have the opportunity to ask questions and clarify points covered to assure their understanding of material.
    - Including education and training at least annually on infection control measures and how to prevent the spread of COVID-19/influenza; all staff will receive documented training on pandemic viruses with competency evaluations via testing.
    - Having a training plan developed in advance of a pandemic, and securing language and culturally appropriate training materials on flu, avian flu, COVID-19 pandemics and controlling the spread of respiratory infections for all relevant facility groups including staff, residents, and families.
- The department heads or their designees educate staff in all facility departments, residents, volunteers and family members about infection control measures.
- The facility has pre-identified its essential services and cross training of staff will be coordinated by the designated trainer, in conjunction with a member of each warranted department as assigned by that department's manager:
    1. Each essential service/task is to be broken down into a series of simple individual steps so that one unfamiliar with the role would be able to carry it out in a declared emergency.
    2. Each service/task description should include:

1. The supplies or equipment needed to perform that function
2. Where that equipment or supplies are located
3. Mechanical knowledge/computer skill needed to perform the essential function

- The facility, through the designated department head is to follow protocols per DOH that can be called into use for expedited credentialing and training of non-facility staff in the event of an internal staffing crisis during a declared emergency. The protocol should address:
    1. Requirements for the performance of each required role
    2. If requirements are not met, a training needs-assessment and training plan are used to develop those skills that are needed to perform the essential duties in the event of a declared emergency
    3. An assessment that is conducted and signed off, which verifies the person has developed and was able to demonstrate sufficient skill in the designated area to perform the essential functions of a role in a declared emergency
- Informational materials, posters, brochures that are language, literacy level and culturally sensitive, are prepared in advance, with a plan for dissemination. Fliers, notices, posters and/or brochures may be used to advise families, vendors and visitors to the facility if any restrictions on visitation or entry to the facility have been enacted. These methods may also be employed to remind staff, visitors and vendors about the need for good respiratory hygiene and hand washing. Where possible, pictorial depictions of instructions will also be used. Signage for on-the-spot instruction on various levels of precautions in use for a resident, a wing or unit, or the entire facility will be posted in applicable locations dependent on the circumstances.

Article X. INFECTION CONTROL PANDEMIC PLAN (MANAGING RESIDENTS/VISITORS)-

- The infection control plan that is in place for the management of residents and visitors with pandemic COVID, influenza or other viral conditions includes the following:
    - Staff are instructed and trained, according to our infection control policy, to use strict Standard Precautions and Droplet Precautions (i.e., masks, social distancing, hand hygiene) promptly upon notification of need with symptomatic residents, and possibly, if so directed, within the entire facility.
- Oxford Nursing Home's plan includes promptly implementing facility-wide Respiratory Hygiene/Cough Etiquette procedures, along with the regularly implemented Standard Precautions and hand washing, and providing documented on-the-spot education about this in all work areas of the facility, as well as to residents, volunteers, and families.

- Signage is placed about the facility to further reinforce adherence to appropriate precautions and proper technique.
- Families and Responsible Parties may also be further notified about visitation protocol through a phone call or mailing and via the facility's website, social media and dedicated hotline.
- A plan for cohorting symptomatic residents or groups, using one or more of the following directed strategies, will be enacted promptly upon notification, and may already be in place partially or fully based on symptomatic residents in the facility prior to a declared pandemic:

    - Confining symptomatic residents and their exposed roommates to their room,
    - Placing symptomatic residents together in one area of the facility, or
    - Closing units where symptomatic and asymptomatic residents reside (i.e., restricting all residents to an affected unit, regardless of symptoms).
    - Where possible, staff that is assigned to work on affected units will not work on other units.

- Environmental approaches such as implementing 6 feet social distancing strategies to separate individuals and groups may be implemented; group activities may be cancelled as the numbers of affected residents and/or staff becomes impacted.
- Restrictions On Visitation:
    - In accordance with the facility's infection control plan, individual units and/or the entire facility may be closed, or new admissions restricted, if and when pandemic virus is in the facility.
    - In the event of a pandemic or growing outbreak situation, visitation to the facility may be restricted or limited based on the seriousness of the outbreak. This may impact specific rooms, entire units or the entire facility.
    - This decision will be made by the Infection Control Nurse, Director of Nursing, the facility Administrator, the Medical Director, Corporate Management and the NYS Department of Health following a review of the specific circumstances. Ideally all the aforementioned will be involved in the decision, but necessity during a pandemic may call for an initial unilateral decision that will be collaboratively reviewed, and either confirmed or repealed at the earliest possible time. The rational for making this

decision, when it was made, who was involved in the decision, and when it is repealed will be documented. The facility's infection control log will note this occurrence.

- All efforts will be made to provide recreation and diversional activities to residents during such periods of confinement.
- Residents who are re-admitted to the facility after hospitalization for the pandemic infectious disease must test negative for the disease prior to re-admission.
- Residents who are re-admitted to the facility or new patients coming from the hospital or home will all be admitted to a unit or a section of a unit where newly admitted patients are cohorted (sections of units are clearly demarcated).
- All fire doors to units are kept closed to prevent residents from wandering into other units. If an area is demarcated for isolation and a resident from a non-isolation area wanders into the isolated section, staff will re-direct any resident who should not be there.
- Patients/residents who have been cohorted on the unit for 14 days after admission and test negative for the virus or have no symptoms may move to another unit.
- Residents who are re-admitted to the facility after hospitalization, will have their usual room preserved for them once their quarantine period has been satisfied.

Article XI. Masks and Respirators-

- Surgical masks are but one component of infection control, and will be used, when warranted, in conjunction with measures that include, Standard Precautions, Droplet Precautions, Respiratory and Cough Etiquette, hand washing, environmental engineering changes and physical distancing, where possible. The National Institute for Occupational Safety and Health (NIOSH) recommends NIOSH-certified respirators (N-95 or higher) for use during activities that have a high likelihood of generating infectious respiratory aerosols.
- Advanced planning activities this facility will undertake pertaining to masks includes:
  - Educating people about the proper use of masks/respirators
  - Ordering needed supplies in advance. (Isolating or cohorting ill residents in one location can contain associated costs to some degree, for as long as possible).
- Since it is anticipated that both masks and respirators will be in short supply during a pandemic, this facility will monitor to assure that they are used appropriately.

- The facility will arrange to have a two-month (60 day) supply of N95/KN95 and surgical masks, gowns, face shields, gloves, sanitizer and disinfectants in accordance with current EPA Guidance at the facility. The amounts are based on DOH existing guidance and regulations and/or the Center for Disease Control and Prevention (CDC) PPE burn rate calculator.
- The facility is cognizant of its past experience with COVID-19.
- Where possible, environmental changes and transparent barriers can be used to separate the well people from those who are ill or potentially ill.
- If N-95 or masks affording higher levels of protection are not available, surgical masks that can provide protection against exposure to large droplet transmission will be worn by staff providing any care to or in the vicinity of residents with actual or suspected pandemic viruses or flu.
- Staff that are anticipated to be providing direct resident care to pandemic flu or viral patients need to be:
    - Medically cleared
    - Trained in mask/respirator use
- Staff responsible for providing direct sick resident care will be trained in the following:
    - Safe removal of masks and respirators
    - Safe disposal of masks and respirators
    - Medical contraindications to respirator use
    - Risks of infection related to improper use of masks or respirators, or the failure to use other appropriate precautions such as use of gowns, proper hand washing and Universal Precautions

Article XII. OCCUPATIONAL HEALTH PLAN-

The occupational health plan for addressing staff absences and other related occupational issues during a pandemic incorporates the following premises:

- A determination on conducting on-site testing, vaccination and/or the treatment with antivirals for staff, family members and volunteers has been conducted in advance of need. If a vaccine or antivirals are available to treat staff that become ill, or are in danger of becoming ill with COVID-19, pandemic flu or other viruses, staff will be treated through the facility;

Staff prioritization for vaccination and anti-viral use will be pre-determined based on guidelines, with the direct care staff as the primary priority.

- Staff members who are at higher risk for infection due to such factors as pregnancy and immuno-compromising illnesses will be assigned to positions in areas where risk of infection is lower, allowed to work from home, or placed on administrative leave.
- Staffing shortages during a pandemic will likely be great and prolonged as staff members and/or their families become ill with pandemic influenza.
- A contingency staffing plan has been developed and incorporates the following (See Contingency Staffing Addendum Section):
    - A prioritized listing of essential duties within departments so that as staffing levels deplete, tasks will be gradually deleted down to the essential elements of care.
    - Basic duty/task descriptions have been developed.
    - Staff has been cross-trained in other duties, tasks and roles.
    - Possible retirees, agencies that supply per diem staff and others who would be willing to return as per diem staff should the need arise.
- Current guidance suggests that due to an over-burdened health care system during a pandemic, the public will likely be advised to care for their ill family members and others at home. This will necessitate staff also remaining home to care for their ill family members for prolonged time periods. Staff have a primary obligation to provide care to their family members, should they become ill with pandemic COVID-19/influenza, if no other person is available to fill this role.
- Documented staff pre-education for pandemic preparedness includes conducting a physical self-assessment screening, and the need to report symptoms they develop before reporting to duty. This allows for further assessed and for precautions to be taken before client or staff contact occurs.
- The assigned/designated health professional will observe staff and volunteers, for signs of illness and evaluate them against Medical Director guidelines. Findings and determinations regarding staff evaluated will be maintained in a dated record. The local health department, who has responsibility for the epidemiology tracking and case investigations in their communities, will be kept informed and regularly updated.
- While normally sick staff is discouraged from coming to work, pandemic flu or certain viral conditions will likely require employers to retain employees who have mild symptoms in

order to cover resident care needs. Medical Directors and the Department of Health will establish symptomatic criteria for determining the point at which an ill employee can no longer remain on the job.

- Employees who have early or mild symptoms will be required to use droplet precautions on themselves so as to avoid making others ill; all efforts will be made during a pandemic to assign mildly ill staff to non-resident care duties.
- Facility representatives will assist staff needing to be sent home with transportation arrangements, to the extent possible.
- Part of staff and the residents' family members' education will include setting up a pandemic plan in order to best help them prepare for contingencies that might be faced.
- Emotional support resources including facility psychologist will be identified, and made available as possible; It is recognized that death and infirmity levels will be high and stress and post-traumatic stress will be factors needing to be dealt with; Advanced education will include recognition of stress symptoms in others and oneself so that early intervention can be offered when feasible, depending on resources and circumstances. Periodic debriefings will be provided as possible to help lessen the stress load.
- The facility will, when possible, maintain supportive contact with staff that needs to remain home or are sent home due to illness.
- Staff will be allowed to return to work following an infection with *pandemic COVID-19 or influenza* when the following criteria is met: 14 day quarantine, no symptoms without the use of medication for 3 days and a negative COVID-19 test before returning to work.
- Advanced discussion on the facility's ability to offer paid work-from-home options to employees in office positions has been initiated with human resources.
- Office locations and work sites may be altered to incorporate 6' social distancing approaches for employees.
- Enhanced environmental cleaning of office, bathrooms, phones, keyboards, doorknobs and facility areas with potentially high degrees of contamination will be implemented.
- Employees will be encouraged to bring their meals and avoid eating in gathering places during any phase of a pandemic. This is also a good practice during a routine seasonal outbreak.
- The facility's legal council and the State Department of Health have been contacted by the facility's administration to determine when a staffing crisis can be called by Oxford Nursing

Home and when, based on this information, our emergency staffing actions noted above can be implemented.

Article XIII. Vaccine and Antiviral Use Plan-

- This facility will use the latest guidance and directives from the CDC and the New York State Department of Health on the following matters:
    A. Vaccine and antiviral use
    B. Availability of and access to vaccine and antivirals
    C. Distribution of vaccine and anti-virals during a pandemic
- Current information and directives on these issues may also be filtered to our local health care agencies and facilities by our local department of health. The contact information for these agencies and other potential resources has been listed in this protocol and is also located at designed sites within the facility.
- Estimating vaccine quantities for this facility-This facility will use the federal government's Health & Human Services written guidelines to estimate and categorize the number of personnel and residents who will fall into the primary and secondary priority categories for vaccine administration and for anti-virals that could potentially be used for treatment or prophylaxis in the event of a pandemic.
- If and when a pandemic erupts, the targeted use of antiviral drugs will likely be needed during the period between the identification of the virus strain, and the development of an effective vaccine. The rapidity of our response will be proportional enhanced by:
    - The advanced calculation of our needs
    - Knowing who in our facility falls into which priority statuses
- This vaccine and antiviral plan includes our seasonal influenza campaign and our pneumococcal vaccine program.
- Guidance on the topics of vaccines and anti-virals, in its most current format can be accessed through the Center for Disease Control and the NYS Department of Health websites.
- Depending on the susceptible target group being impacted by the pandemic virus, community vaccine priority groups may differ. In the facility setting, those responsible for providing direct care are most likely to be the top priority.
- In order to expedite delivery of vaccine or antivirals rapidly upon their receipt into the building, this facility will follow the guidelines for vaccine priority as they are made known

to us, and in the interim will maintain numbers for the following categories of people in a descending order of priority:

- Nursing department, housekeeping, therapy, and recreation staff, who have daily necessary contact with residents.
- The number of residents can be obtained on a daily basis from the daily census
- Other facility-based staff who could avoid contact with ill residents, or who can generally avoid being on a resident unit, such as social workers; maintenance/grounds staff, laundry, and dietary staff.
- Other facility based staff with no need for resident contact or presence on a resident unit, such as office workers

- A standing order from the Medical Director will be maintained for immediate implementation.
- Residents not wishing to receive the vaccine or antiviral will be asked to declare this in advance of need, and to sign a form noting this declination, as an informed denial document.
- All residents will be urged to get their annual influenza vaccines and their pneumonia vaccines if this has not already been received.
- Upon receipt of the facility's quota of vaccine or antiviral, if the quantity is not sufficient for all, the prioritization list will be implemented; Distribution of the received medicinals will be a top priority function.

Article XIV. Testing-

- If testing is recommended when in the pandemic level of alert, guidance can be obtained from the NYS Department of Health.

Article XV. Surge Capacity-

- Past experience has shown that a pandemic will progress rapidly and that a facility's ability to provide care in its routine fashion will be compromised with rapidity. This facility has

prepared for this possibility by developing contingency plans and back up plans for all essential aspects of the facility's operations.

- A contingency staffing plan has been developed that identifies the following:
    - Minimum staffing needs
    - Critical and non-essential services have been prioritized
    - Prioritization is based on residents' health status, functional limitations, disabilities, thus special care units could vary in their prioritization needs
- Essential facility operations have been identified and prioritized in regard to staffing
- The department directors, will be assigned the responsibility for conducting a daily staffing review that compares staffing status against identified need.
- Legal counsel for Oxford Nursing Home and the NYS Department of Health will be consulted about how to declare this facility to be in a staffing crisis and about appropriate alternatives that would be acceptable in accordance with NYS laws and statutes.
- This facility's plan includes back-up staffing plans involving other facilities with whom we have ***Memorandums of Understanding***, the State's emergency contact list, lists of retirees, and nursing registries.
- Essential care related supplies and equipment needs for 60 days have been estimated in accordance with current guidance that suggests that facilities need to be able to be self-sufficient to the extent possible for multiple weeks. 60 days' worth of supplies will be kept on hand. This includes the following:
    - Masks/respirators
    - Gloves and other personal protective equipment
    - Hand hygiene products

- Lists of vendors and suppliers have been developed, along with their contact information. and back-up sources of supplies are also noted.
- Departments have been instructed to maintain ***par stocking levels*** of their food, equipment and supplies, along with vendor contact information and any agreements for services, in their work areas in the event this information is needed and they are not present to address the need.
- The facility will pick up supplies if needed with the departments' supply lists in the event of an emergency supply need.

- Alternative acute-need care plans have been developed for residents of this facility, who will need acute care services, when beds at our local hospital become unavailable due to the hospital's bed-surge issues.
- Surge capacity plans for this facility include our taking patients from the acute care hospital in our community in order to help increase hospital bed capacity for those more ill; this includes potentially returning home those residents who have family members in the community who can care for them during the period of the pandemic.
- Signed ***agreements/MOU*** have been established with area hospitals for admission to the long-term care facility of non-COVID or influenza patients to facilitate utilization of acute care resources for more seriously ill patients.
- The resident's room without a roommate can be used as a temporary morgue.
- Pandemics occur when a novel virus emerges against which the human population has not developed immunity. This is called an antigenic shift. This can result in multiple simultaneous epidemic outbreaks occurring around the world with resultant high morbidity and mortality. Our broadly mobile population compounds the problem by facilitating the rapid transmission of this newly emerged virus around the world. When influenza outbreaks occur in animals, and especially when they occur simultaneously during annual human influenza outbreaks, the chances of a pandemic occurring are significantly increased.

    - These antigenic shifts take place when a major change occurs in the surface proteins of a virus that allows it to develop into a completely new virus. This places populations at risk due to the lack of immunity such as occurs following a vaccine, or from that immunity which develops from prior bouts with the illness. Vaccine production is a lengthy process thus rapid development of vaccine following such a viral mutation cannot occur as quickly as needed to avoid catastrophic outcomes.
- A pandemic occurs when there is a sudden and major change in the structure of the virus, and the vaccines developed each year have not been able to anticipate these major antigenic shifts.

- A retrospective look at past pandemics that affected the United States demonstrates their lethality:

1918: The Spanish Flu (Actual) - was the most deadly of all resulting in about 675,000 deaths across the country, and killing over 50 million people worldwide

1957: The Asian Flu (Actual) - was responsible for about 70, 000 deaths across the country

1968: The Hong Kong Flu (Actual)- resulted in approximately 34, 000 deaths in this country.

1976: The Swine Flu (Scare)

1977: The Russian Flu (Scare)

1997: The Avian Flu

- **Characteristics of a global pandemic:**

  A global pandemic will have occurred when and if a new or novel virus emerges. All pandemics in the past have resulted from Type A influenza viruses. Because the impacting virus is new, the populations who come in contact with it will have little or no immunity against it. As a result, once the disease emerges, the resulting illness begins to cause significant sickness and spreads rapidly from person to person and progresses beyond borders to affect regions, nations and ultimately, it becomes a worldwide event.

- **Seasonal outbreaks vs. a pandemic:**

  Seasonal influenza symptoms result in more mild respiratory symptoms in the majority of people, often taking a heavier toll on the old, the young and the immune compromised. Vaccines are offered to the public annually and are developed in advance based on the presumed viruses expected to strike the populations. The infections spread from infected person to infected person, and infection control measures are employed to disrupt the spread of infection.

  Pandemic Influenza, more often follows a very aggressive course. The clinical symptoms occur rapidly, the patient's condition deteriorates rapidly and fatality levels are high. Drawing on experience from people who have become infected with H5N1 those infected have experienced viral pneumonias that have resulted in multi-organ failure. The target population of this virus has been healthy young adults and children. Approximately half the

people infected have died. Infections have largely been from infected fowl to people and not from person to person.

- **Antigenic "drifts" vs. Antigenic "shifts":**

  The annual changes in influenza viruses that cause the different yearly strains to emerge result from **antigenic drifting**, which occurs when small changes or mutations occur in the surface proteins of the virus. It is because these small drifts occur that the virus continues to come back in a slightly different version year after year, and why the human body has been unable to develop a lasting immunity to the illness we call flu.

  Antigenic shifts are far more drastic changes that actually result in the rapid emergence of a totally new virus. These occur in Type A influenza viruses and have accounted for all the past pandemics we have known. The surface proteins of the virus combine in totally new ways, resulting in an exchange of their genetic material, which causes the emergence of a totally new Type A influenza virus subtype. When this mutation is one that can infect people through a person-to-person transmission, as opposed to an animal to person transmission, a pandemic can occur rapidly.

- In order for world situation to move from the Phase 1 pandemic alert phase to the actual pandemic phase, certain changes must occur:
  - A **Pandemic Shift** resulting in the emergence of a new influenza or viral subtype, against which people have no immunity, must emerge.
  - Humans will need to become infected and the infection will need to cause illness.
  - The new virus subtype must be readily and sustainable transmittable from person to person.

Article XVI. Post Mortem Care-

- Contact has been made with the Medical Examiner for NYS and with local funeral parlors. During a pandemic it is not anticipated that the traditional services for the dead will be able to sustain losses at the anticipated magnitude of a pandemic. Guidance from the State and federal government will be relied on for the care and disposition of the anticipated numbers of bodies.

- Locations in the facility where bodies could be placed have been conducted. These location are not ideal, and not refrigerated, thus would not be a long–term solution, but would merely remove them from sites that could be used for the living.

Article XVII. Recovery-

- Recovery is a process that is initiated from the start of a pandemic. Each pandemic that has occurred has consisted of waves. This facility will use the periods between pandemic waves to re-educate staff, families, residents and volunteers.
- Stocking of inventories may be able to be acc0mlished during this time.
- Inter-phase periods will be used to provide staff and resident support for the emotional consequences of heavy morbidity and mortality
- Special focus will be provided on auditing and augmenting documentation areas that may have suffered from required standards due to staffing shortages.
- Care plans will be reviewed and upgraded during the recovery phases.
- Assessments of what has been working and what may need to be altered can be conducted during these inter-pandemic phases.
- Required reporting information can be gathered and recorded.
- Morgue issues may be able to be addressed during the inter-wave phases.