AMSTERDAM NURSING HOME

1060 Amsterdam Avenue, New York, NY 10025

PANDEMIC EMERGENCY PLAN

ATTACHMENT TO EMERGENCY PREPAREDNESS PLAN
INTRODUCTION

Amsterdam Nursing Home developed this Pandemic Emergency Plan as required by Chapter 114 of the Laws of 2020 codified in Section 2803 of the Public Health Law. As required by law, Amsterdam Nursing Home will post the Pandemic Emergency Plan on its website and make the Plan available upon request. Amsterdam Nursing Home will review the Pandemic Emergency Plan on an annual basis or more frequently if required by law.

ACTIVATION OF PANDEMIC EMERGENCY PLAN

In the event a pandemic is identified and determined, the Facility’s Incident Command System (ICS) will be activated by Incident Commander or Designee for coordinated response to the pandemic situation addressing the elements below.

INFECTION CONTROL

- Infection control policy and procedure will be developed, reviewed and/or updated as per guidelines from DOH, CMS, CDC and other related agencies.
- Infection Preventionist may consult with local health department or regional epidemiology for additional guidance, if needed.
- Infection control policy and procedure will include preventative measures, monitoring, management and reporting related to infectious disease.
- Employees will receive inservices on Facility's infection control policy and procedure on orientation, annually, and as needed.
- Compliance with established infection control policy and procedure will be monitored and will be made part of QAPI activities.

PROTECTION

- Residents will be monitored for signs and symptoms of infection and will be referred promptly to medical staff for evaluation and follow-up.
- Residents manifesting signs and symptoms of infection will be isolated. If no single room is available, residents will be cohorted. Amsterdam Nursing Home will determine whether it is necessary to establish a dedicated wing or unit. Amsterdam Nursing Home will attempt to minimize floating of staff.
- Residents with infection will have his/her bed reserved during hospitalization and readmission to the Facility after treatment, will be facilitated, if so desired by resident, family/guardian, in accordance with applicable laws and regulations and Amsterdam Nursing Home’s bed hold policy.
- Amsterdam Nursing Home will determine whether personnel entering the facility should be screened before allowing entry into the facility.
- Amsterdam Nursing Home will determine whether communal dining should be discontinued until the unit is deemed clear of infection and as long as social distancing can be maintained.
- Sick call policy will be re-enforced with staff.
- Amsterdam Nursing Home will implement engineering controls such as physical barrier, signages, to re-enforce social distancing, if necessary.
- Hand sanitizers or EPA approved disinfectants will be made available and accessible throughout the Facility.
- Cleaning and disinfections of residents’ areas, high touch areas using EPA approved agents will be conducted and coordinated by Environmental Services as per guidelines from regulatory agencies.

**RESIDENT TESTING**

- Resident testing will be conducted and coordinated as per guidelines from DOH, CDC, or other regulatory agencies.
- Testing results will be monitored and residents will be isolated as set forth above depending upon results of testing.

**STAFF TRAINING**

- Employees’ training on infection control policy and procedure will be provided by Associate Director of Nursing for Staff Development/Inservice Director and department heads.
- Training will include Disease identification, prevention, clinical management, proper handwashing procedure, donning/doffing of PPE.

**STAFFING**

- Facility will maintain adequate staffing to meet the needs of the residents.
- Scheduling will be planned for coverage in view of staff’s absences related to illness, quarantine measures, vacations, emergency LOAs.
- Current staffing agency contracts will be reviewed and new contracts will be established, if needed to augment staffing needs.
- Staff’s assignments will be monitored to minimize floating, as possible.

**EMPLOYEE TESTING**

- Staff testing will be conducted and coordinated as per guideline from DOH, CDC, or other regulatory agencies.
- Testing results will be monitored and staff will be given appropriate instructions according to results.
PPE

• Facility will maintain adequate supply of PPE for residents and staff to comply with the 60 day requirement imposed by New York Public Health Law.
• PPE includes N95 respirators, face shields, eye protection, gowns/isolations gowns, gloves, masks and sanitizers and disinfectants in accordance with current EPA guidance.
• Distribution and utilization of PPE will be monitored to maintain the supplies levels set forth above.
• Contract with vendors will be reviewed on ongoing basis and requests will be made to local agencies to maintain adequate supply.

REPORTING

• Facility will comply with applicable reporting requirements related to pandemic. Such reporting may include but not limited to HERDS, NORA, NHSN, and other local, state, federal agencies.

COMMUNICATION

• Social Services will request up-to-date contact information of designated notification parties for all residents, including preferences for communication method.
• Authorized family members/guardians of infected resident will be updated by assigned clinical team member at least on a daily basis and upon changes in condition. Information on the number of infections and deaths will be made available to all other residents at least once a week or more frequently as required by law. Facility’s website will also serve as additional source of information.
• Video conferencing using Face Time on iPads and mobile phones or other electronic means will be facilitated, based upon preferences by resident, family/guardian, on a daily basis.
• Policy and procedure on family notification, visitation, and communication will be re-enforced with residents, family and staff.

PENALTY

• Failure to comply with Public Health Law § 2803(12) may subject the Facility to penalties and other enforcement remedies.

Please Note: This policy is subject to change based on changes in law and guidance from regulators, including the NYS Department of Health, CMS and the CDC.