

Daughters of Sarah Nursing & Rehabilitation Center

Pandemic Emergency Plan

September 15, 2020

This Pandemic Emergency Plan (PEP) is prepared in accordance with the NYSDOH requirement as detailed in DAL NH 20-09 dated 8/20/20.

This plan will be reviewed annually and modified as needed.

The Pandemic Emergency Plan will be activated when a Pandemic is declared by either Federal (CMS) or State (NYSDOH) authorities.

The Pandemic Emergency Plan is currently activated as a result of the COVID-19 Pandemic.

PEP implementation date: 9/15/20

An electronic copy of this plan will be posted on the facility website. A printed copy will be available in the lobby. Upon request, additional copies will be provided.

Daughters Of Sarah

Pandemic Plan

Infectious Disease/Pandemic Emergency Checklist	
Preparedness Tasks for all Infectious Disease Events	
<input checked="" type="checkbox"/> Required	<p>Daughters of Sarah does provide staff education on infectious diseases (e.g., reporting requirements (see Annex K of the CEMP toolkit), exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment, regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80), and Federal and State guidance/requirements.</p> <p><i>A general orientation session (Day 1 orientation) to all new staff. Infection prevention and control education is provided at this session including requirements of the OSHA Bloodborne Pathogen standard and TB. In addition, supplemental infection prevention and control education including personal protective equipment (PPE) techniques and more in-depth education on transmission-based precautions is provided by the Infection Preventionist and Nurse Educator the following day (Day 2 orientation). Staff that interact with residents in the clinical areas are expected to attend both Day 1 and Day 2 orientation programs. Attendance records are maintained by the Nurse Educator. In addition, each department is required to review the infection prevention and control requirements for the employee's specific department and job duties and document completion of this. These checklists are maintained by the Infection Preventionist and Nurse Educator. Certain departments may have specific competencies related to infection prevention and control and, in these situations, employees are required to achieve the competency (e.g., PPE techniques). Yearly education, new product education, and performance improvement education is also completed and kept in the Nurse Educators office in the employee record.</i></p>
<input checked="" type="checkbox"/> Required	<p>Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies.</p> <p><i>All infection control policies are developed, reviewed or revised by the Infection Practitioner using a hierarchy of references. In addition to evidence-based guidelines and national standards, policies are written to first comply with federal, state and local regulations, CMS regulations, and manufactures' instructions for use. The facility will follow NYS reporting requirements for all communicable diseases.</i></p>
<input checked="" type="checkbox"/> Recommended	<p>Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those rates. This will allow for immediate identification when rates increase above these usual baseline levels.</p>

	<p><i>Surveillance data is used to develop facility goals for the reduction or prevention of infections that are determined to be a high priority based on the annual infection control risk assessment and plan. Additional uses for surveillance data include:</i></p> <ul style="list-style-type: none"> - <i>Establishing endemic baseline rates and comparing rates to aggregate data.</i> - <i>Identifying outbreaks.</i> - <i>Developing and utilizing the data to help focus and prioritize infection control interventions.</i> - <i>Assist staff in evaluating their infection prevention interventions by providing infection related outcome data</i> - <i>Evaluating center wide control measures.</i> - <i>Complying with appropriate regulations and accreditation standards.</i> - <i>To improve quality of care by reporting infection rates and occurrences.</i>
<input checked="" type="checkbox"/> Recommended	<p><i>Develop/Review/Revise plan for staff testing/laboratory services. Daughters of Sarah has contracted with a clinical microbiology laboratory who perform all needed testing for staff, contracted services, and vendors. The laboratory will further coordinate the referral of any isolates requiring DNA analysis for outbreak investigations if necessary. Additional staff specimen are performed and collected at clinical drive up testing sites maintained by New York State Department of Health (NYSDOH). Daughters of Sarah coordinates and monitors all specimen results to ensure all staff are tested per DOH requirements and to notified and remove any staff member from the workforce who may test positive.</i></p>
<input checked="" type="checkbox"/> Required	<p><i>Review and assure that there is, adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys.</i></p> <p><i>Administrative staff and Infection Practitioner have access to the New York State Department of Health's Health Provider Network which allows for electronic reporting of communicable diseases; data entry for issues related to influenza cases or vaccine availability, surveys regarding infection prevention and control programs or practices, etc. and infection control alerts from national and state agencies. In the event that the Infection Practitioner is unavailable to report in the New York State Department of Health's Health Provider Network and/or HERDs, multiple back up administration staff (e.g. director of Nursing, Assistant Director of Nursing, and the Administrator) are able to enter any necessary reportable information.</i></p>
<input checked="" type="checkbox"/> Required	<p><i>Develop/Review/Revise internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary. (Include facility's medical director, Director of Nursing, Infection Control Practitioner, safety officer, human resource director, local and state public health authorities, and others as appropriate in the process).</i></p> <p><i>In the event an emergency, disaster, and/or outbreak that may impact any of the services</i></p>

	<p><i>provided by the facility to its residents, the facility has developed contingency plans to ensure continued services, to the extent possible. These plans include, but are not limited to, emergency procedures, vendor support, agreements with other healthcare facilities, stock up of medications from pharmacy vendor (as directed by facilities Medical Director), aid plan support and support from local/state emergency management. Where inpatient services can no longer be provided, it may be necessary to make alternate care arrangements or evacuate the residents to another healthcare facility.</i></p>
<input checked="" type="checkbox"/> Recommended	<p>Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).</p> <p><i>Daughters of Sarah will institute its emergency staffing plan taking into consideration the anticipated number of employees that will be absent, the census and acuity of the residents, and which positions require licenses and/or certifications. Additional staffing will be sought from staffing contracts, i.e. Dietary, Rehabilitation and Nursing. Feeding assistant training will commence if needed. Disaster menus and plans will be instituted if needed. Bonus programs and staff redundancy plans will be established depending on the anticipated length of the emergency.</i></p> <p><i>Staff absenteeism will be monitored and employees who exhibit symptoms of infectious disease will be furloughed as directed per DOH guidance or Daughters of Sarah current policies.</i></p> <p><i>Daughters of Sarah has open visitation unless circumstances arise where it is in the best interest for the safety and protection of the residents to limit or cease visitation. DOS will follow the guidance and direction of the NYSDOH and/or CMS. During times of restrictive visitation, as directed by NYSDOH or CMS, staff and/or visitors may be required to be monitored for symptoms related to outbreaks and/or infective processes.</i></p>
<input checked="" type="checkbox"/> Required	<p>Develop/Review/Revise environmental controls (e.g., areas for contaminated waste).</p> <p><i>Biohazard labels/signs and red bags are used to identify infectious waste, blood and other potentially infectious material to prevent accidental exposure. Labels/signs and red bags are to be selected and used according to the following standards of practice. The disciplines/departments responsible for meeting the policy requirements include staff who handle regulated medical waste, blood or other potentially infectious materials.</i></p>
<input checked="" type="checkbox"/> Required	<p>Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents.</p> <p><u>Supplies</u></p> <p><i>The facility will maintain adequate supplies of food, water, medications, other supplies, and sanitizing agents to meet facility needs, at a minimum the facility will maintain supplies to provide care and services for at least 96 hours. Stockpiling from vendors with established Memorandum of Understanding agreements and conservation strategies will be evaluated regularly by the Incident Command Team throughout the Pandemic and implement as</i></p>

	<p><i>needed.</i></p> <p><i>The facility will maintain onsite, at least a 60-day supply of personal protective equipment. Supplies to be maintained, include, but are not limited to:</i></p> <ul style="list-style-type: none"> <i>● N95 respirators</i> <i>● Masks</i> <i>● Face shields</i> <i>● Eye protection</i> <i>● Gowns</i> <i>● Gloves</i> <i>● Sanitizer and disinfectants in accordance with current EPA guidance</i> <p><i>The facility's supply of the above will be based on the facility's census, not capacity. Our facility will determine supply needs based on past experience and guidance and/or regulatory requirements of NYSDOH and CMS. Specifically:</i></p> <ul style="list-style-type: none"> <i>● Daily communication between Nursing Administration and Central Supply to review par levels and current burn rates.</i> <i>● On-going searches for new supply sources.</i> <i>● Regular contact with Albany County of Emergency Management for supplies.</i> <i>● On-going communication with NYSDOH and facility Medical Director/Nursing Administration to discuss required PPE to be worn by unit/Department based on current positive cases. Burn rate will be adjusted as per recommendations.</i> <i>● Facility will follow CDC guidelines for extended use of PPE.</i>
<p><input checked="" type="checkbox"/></p> <p>Required</p>	<p>Develop/Review/Revise facility plan to ensure that residents are isolated/cohorted and or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance.</p> <p><i>The resident will be managed at the facility unless:</i></p> <ul style="list-style-type: none"> <i>● the resident requires a higher level of care</i> <i>● the facility is unable to adhere to the infection prevention and control practices recommended for caring for the resident with an infectious disease - in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance</i> <p><i>If the resident's status deteriorates and hospitalization is required, EMS and the receiving facility will be notified of the resident's diagnosis. A mask will be placed on the resident during transfer if diagnosed with a confirmed or suspected respiratory infection.</i></p> <p><i>As all resident rooms are private (one resident/room), cohorting of resident rooms is non- applicable. The facility will isolate infected residents and when indicated will quarantine part of a resident unit to prevent transmission, sharing shower rooms or bathrooms with residents outside the cohort will not be allowed.</i></p> <p><i>If cohorting of residents is required:</i></p> <ul style="list-style-type: none"> <i>● The facility will isolate infected residents and when indicated will quarantine part of a resident unit to prevent transmission</i>

	<ul style="list-style-type: none"> • <i>To further safe-guard all residents and staff, the facility will ensure proper identification of the quarantined area with clear signage along with other appropriate precautions to prevent residents from entering the quarantined area</i> • <i>The facility will discontinue any sharing of a bathroom with a resident outside the cohort area</i> • <i>The residents will be cohorted with dedicated staff that do not provide care for other residents during their shift, depending on the number of residents in the cohort. Efforts will be made to have consistent staff on the Cohorting Unit, as able.</i>
<input checked="" type="checkbox"/> Recommended	<p>Develop plans for cohorting, including using of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, and discontinuing any sharing of a bathroom with residents outside the cohort.</p> <p><i>As all resident rooms are private (one resident/room), cohorting of resident rooms is non- applicable. The facility will isolate infected residents and when indicated will quarantine part of a resident unit to prevent transmission, sharing shower rooms or bathrooms with residents outside the cohort will not be allowed.</i></p> <p><i>If cohorting of residents is required:</i></p> <ul style="list-style-type: none"> • <i>The facility will isolate infected residents and when indicated will quarantine part of a resident unit to prevent transmission</i> • <i>To further safe-guard all residents and staff, the facility will ensure proper identification of the quarantined area with clear signage along with other appropriate precautions to prevent residents from entering the quarantined area</i> • <i>The facility will discontinue any sharing of a bathroom with a resident outside the cohort area</i> • <i>The residents will be cohorted with dedicated staff that do not provide care for other residents during their shift, depending on the number of residents in the cohort. Efforts will be made to have consistent staff on the Cohorting Unit, as able.</i>
<input checked="" type="checkbox"/> Recommended	<p>Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated. (describe facility’s process e.g. which non-essential activities to eliminate, changes in dining/other psychical space arrangement involving residents/staff)</p> <p><i>Facility layout, all private rooms with numerous lounge rooms, allows the facility to ensure social distancing when required during an infectious disease outbreak or Pandemic. Communal dining will be suspended and activities limited per NYSDOH and CMS guidelines. Large group activities will be suspended and be replaced by smaller socially distanced activities or one to one visits by the use of “traveling activities”.</i></p> <p><i>Employee breakroom/cafeteria will be limited to allow for social distancing space.</i></p> <p><i>Employees will be educated to keep social distances, even when on break.</i></p>
<input checked="" type="checkbox"/>	<p>Develop/Review/Revise a plan to recover/return to normal operations when, and as specified by, State and CDC guidance at the time of each specific infectious disease or</p>

Recommended	<p>pandemic event e.g., regarding how, when, which activities /procedures /restrictions may be eliminated, restored and the timing of when those changes may be executed.</p> <p><i>As specified by and dependent upon NYS and CMS guidance at the time of each specific infectious disease or pandemic event, the incident response team will meet routinely and will evaluate the plan to return to normal operations. These changes will be communicated to residents, families, staff through newsletters, emails, postings on facility website as appropriate.</i></p>
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Additional Preparedness Planning Tasks for Pandemic Events

<input checked="" type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP.</p> <p><i>Communication Plan</i></p> <p><i>During any emergency, maintaining communication will be a priority of the facility. The importance of maintaining these communications, both internal and external, is important to ensure a coordinated response to the disaster, communication with staff, residents and residents' families, as well as the important communication with community partners (local, state and federal) to assist the facility in an emergency.</i></p> <p><i>Communications will primarily be through normal channels, however, alternate methods and systems for ongoing communications will be utilized such as email, notifications on facility website, facility Pandemic Hotline, staff newsletters, signage and postings within the facility. Communications throughout a disaster response will be coordinated through the Incident Command</i></p> <ul style="list-style-type: none"> <i>● For those individual residents that may have contracted the pandemic specific ailment, resident's family and/or guardian will be notified immediately. Staff will update authorized family members and guardians at least once per day and upon a change in the resident's condition</i> <i>● In the case of a pandemic, the facility will utilize a variety of different means to communicate with families and guardians at least once a week regarding the facility's status on infection rates and pandemic-related deaths. Depending on the preference of individual families, communication options can include: emails, phone calls, information on our website and the facility Pandemic Hotline.</i>
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<input checked="" type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP.</p> <p><i>Due to the increased risk from the identified pandemic, early prevention of an outbreak consists of the following measures:</i></p> <ul style="list-style-type: none"> <i>● Train clinical staff in the modes of transmission of the virus</i> <i>● Review vaccination of residents and staff (If available); Re-offer vaccines if necessary</i>
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	<ul style="list-style-type: none"> ● <i>Social distancing (stay six feet away from other individuals)</i> ● <i>Practice cough etiquette (cough into bend of elbow or tissue)</i> ● <i>Early detection; Screen employees in lobby when they enter the building at the start of shift and the beginning of each additional shift</i> ● <i>Send any symptomatic employees' home with direction for appropriate follow-up</i> ● <i>Use of appropriate personal protective equipment (PPE)</i> ● <i>Display signs and/or posters (in appropriate languages) at the entrance to the facility restricting entry by any persons who have been exposed or have symptoms of the pandemic infection</i> ● <i>All individuals entering the facility shall be screened for infection when entering the building, to identify potential exposure</i>
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Response Tasks for all Infectious Disease Events:

<input checked="" type="checkbox"/> Recommended	<p>The facility will implement the following procedures to obtain and maintain current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease.</p> <p><i>The Facility Incident Command Team will review all current and new advisories and recommendations from the NYSDOH and U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease.</i></p> <p><i>The Facility Incident Command Team will implement procedures to ensure the facility is compliant with NYSDOH and CDC guidance and advisories.</i></p>
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<input checked="" type="checkbox"/> Required	<p>The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19. (see Annex K of the CEMP toolkit for reporting requirements).</p> <p><i>Administrative staff and Infection Practitioner have access to the New York State Department of Health's Health Provider Network which allows for electronic reporting of communicable diseases; data entry for issues related to influenza cases or vaccine availability, surveys regarding infection prevention and control programs or practices, etc. and infection control alerts from national and state agencies. The facility will follow all requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19 and mandates from the NYSDOH and the U.S. <u>Centers for Disease Control</u> and</i></p>
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	<i>Prevention (CDC),</i>
<input checked="" type="checkbox"/> Required	<p>The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting.</p> <p><i>Administrative staff and Infection Practitioner have access to the New York State Department of Health's Health Provider Network which allows for electronic reporting of communicable diseases; data entry for issues related to influenza cases or vaccine availability, surveys regarding infection prevention and control programs or practices, etc. and infection control alerts from national and state agencies. In the event that the Infection Practitioner is unavailable to report in the New York State Department of Health's Health Provider Network and/or HERDs, multiple back up administration staff (e.g. director of Nursing, Assistant Director of Nursing, and the Administrator) are able to enter any necessary reportable information.</i></p>
<input checked="" type="checkbox"/> Recommended	<p>The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks, if practical.</p> <p><i>Signage is posted at entrances, times clocks, individual departments and as needed throughout the facility. PPE and hand sanitizer are located throughout the faculty. If needed, in any additional areas, staff may contact environmental services for items.</i></p>
<input checked="" type="checkbox"/> Recommended	<p>The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies.</p> <p><i>Residential health care facility residents are considered to be at a higher risk for development of infections and the resultant sequelae of infections. Daughters of Sarah has specific procedures it will take to reduce the spread of infection among residents. Based on an evaluation of the situation, mode of transmission, and the recommendations from Albany County and/or the Department of Health, decisions will be made related to management of the residents to prevent the spread of infection.</i></p>
<input checked="" type="checkbox"/> Recommended	<p>The facility will implement the following procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.</p> <p><i>Upon identification of an event, disaster, and/or outbreak staff are required to report to duty as assigned. Departments may adjust schedules and assignments to compensate for any reduction in staff and designate staff to care for a certain cohort. Employees shall ensure that the vital, primary mission of the facility, to provide care and comfort to their</i></p>

	<i>residents, will be taken care of appropriately and safely by the staff during an event, disaster, and/or outbreak.</i>
<input checked="" type="checkbox"/> Recommended	<p>The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.</p> <p><i>All care equipment is cleaned and disinfected between residents use, when visibly soiled and on a routine basis with approved products. Equipment must be cleaned in accordance with manufacturer instructions/recommendations and for the allotted time period. Terminal disinfection will be done at discharge for all rooms. During periods of outbreaks, hi touch areas will additional be cleaned a minimum of twice daily.</i></p>
<input checked="" type="checkbox"/> Required	<p>The facility has implemented the following procedures to provide residents, relatives, and friends with education about the disease and the facility’s response strategy at a level appropriate to their interests and need for information.</p> <p><i>Daughters of Sarah has developed a communication strategy and plan to inform residents, relatives, and friends with education about the disease and the facility’s response strategy. This information relative to the status of the facility, event and/or disease will be placed on its webpage at www.DaughtersofSarah.org. When needed, an information education brief addressing the facility, event and/or disease may also be posted.</i></p>
<input checked="" type="checkbox"/> Recommended	<p>The facility will contact all staff, vendors, other relevant stakeholders on the facility’s policies and procedures related to minimizing exposure risks to residents.</p> <p><i>In the event of an emergency, disaster, and/or outbreak, the Communications Plan provides names and contact information for staff, entities providing services under arrangement (e.g. Vendors), residents’ physicians, other healthcare facilities and volunteers to contact to ensure understanding or policies and minimize exposure risks to residents.</i></p>
<input checked="" type="checkbox"/> Required	<p>Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to residents and staff.</p> <p>If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection.</p> <p><i>Daughters of Sarah has open visitation unless circumstances arise where it is in the best interest for the safety and protection of the residents to limit or cease visitation. DOS will follow the guidance and direction of the NYSDOH and/or CMS. During times of restrictive visitation, as directed by NYSDOH or CMS, staff and/or visitors may be required to be monitored for symptoms related to outbreaks and/or infective processes.</i></p>

Additional Response Tasks for Pandemic Events:

<input checked="" type="checkbox"/> Recommended	<p>Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures).</p> <p><i>Personal protective equipment is provided in appropriate sizes at no cost to the employee. Personal protective equipment should be inclusive of, but not limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection, hoods, foot coverings, mouthpieces, resuscitation bags, and appropriate ventilation devices. Personal protective equipment is stored in accessible areas in all units/departments that require its use. Training is provided by the department managers, infection control, Nurse educator or their designees in the proper use and removal of personal protective equipment, the tasks or procedures the employee will perform that require the equipment and proper containers to place used equipment in after removal.</i></p>
<input checked="" type="checkbox"/> Required	<p>In accordance with PEP requirements, the facility will follow the following procedures to post a copy of the facility's PEP, in a form acceptable to the commissioner, on the facility's public website, and make available immediately upon request.</p> <p><i>The Facility's PEP will be posted on the facility's website on or before September 15, 2020, annually thereafter, or more frequently as the plan is revised and updated.</i></p>
<input checked="" type="checkbox"/> Required	<p>In accordance with PEP requirements, the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition.</p> <p><i>During any emergency, maintaining communication will be a priority of the facility. The importance of maintaining these communications, both internal and external, is important to ensure a coordinated response to the disaster, communication with staff, residents and residents' families, as well as the important communication with community partners (local, state and federal) to assist the facility in an emergency.</i></p> <p><i>Communications will primarily be through normal channels, however, alternate methods and systems for ongoing communications will be utilized such as email, notifications on facility website, facility Pandemic Hotline, staff newsletters, signage and postings within the facility. Communications throughout a disaster response will be coordinated through the Incident Command</i></p> <ul style="list-style-type: none"> <i>● For those individual residents that may have contracted the pandemic specific ailment, resident's family and/or guardian will be notified immediately. Staff will update authorized family members and guardians at least once per day and upon a change in the resident's condition</i> <i>● In the case of a pandemic, the facility will utilize a variety of different means to communicate with families and guardians at least once a week regarding the facility's status on infection rates and pandemic-related deaths. Depending on the preference of individual families, communication options can include: emails, phone calls, information on our website and the facility Pandemic Hotline.</i> <i>● The Facility will provide residents with various options in which they can regularly communicate with family and guardians during a time of potential shut down. These video-conferencing and other communication options will be provided to the resident at no cost and can include</i>

	<p><i>such options as:</i></p> <ul style="list-style-type: none"> <i>- Skype</i> <i>- Facetime</i> <i>- Window visits</i> <ul style="list-style-type: none"> <i>• Letters to family and residents with language consistent with most recent NYS and CDC guidance with links to the guidance referenced. Family encouraged to call with concerns which will be addressed by appropriate facility staff. i.e. Administration, Director of Nursing, Infection Preventionist, Director of Resident Life etc.</i> <p><i>Depending on the disaster and situation, external communication to key areas will be ensured. Key external areas to ensure communications with could include:</i></p> <ul style="list-style-type: none"> <i>• Facility Incident Command Center</i> <i>• Massry Residence</i> <i>• Local / Regional Emergency Operations Centers (EOCs)</i> <i>• New York State Department of Health</i>
<p><input checked="" type="checkbox"/> Required</p>	<p><i>In accordance with PEP requirements</i>, the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection:</p> <p><i>During any emergency, maintaining communication will be a priority of the facility. The importance of maintaining these communications, both internal and external, is important to ensure a coordinated response to the disaster, communication with staff, residents and residents' families, as well as the important communication with community partners (local, state and federal) to assist the facility in an emergency.</i></p> <p><i>Communications will primarily be through normal channels, however, alternate methods and systems for ongoing communications will be utilized such as email, notifications on facility website, facility Pandemic Hotline, staff newsletters, signage and postings within the facility. Communications throughout a disaster response will be coordinated through the Incident Command</i></p> <ul style="list-style-type: none"> <i>• For those individual residents that may have contracted the pandemic specific ailment, resident's family and/or guardian will be notified immediately. Staff will update authorized family members and guardians at least once per day and upon a change in the resident's condition</i> <i>• In the case of a pandemic, the facility will utilize a variety of different means to communicate with families and guardians at least once a week regarding the facility's status on infection rates and pandemic-related deaths. Depending on the preference of individual families, communication options can include: emails, phone calls, information on our website and the facility Pandemic Hotline.</i> <i>• The Facility will provide residents with various options in which they can regularly communicate with family and guardians during a time of potential shut down. These video-conferencing and other communication options will be provided to the resident at no cost and can include</i>

	<p><i>such options as:</i></p> <ul style="list-style-type: none"> - Skype - Facetime - Window visits <p><i>Letters to family and residents with language consistent with most recent NYS and CDC guidance with links to the guidance referenced. Family encouraged to call with concerns which will be addressed by appropriate facility staff. i.e. Administration, Director of Nursing, Infection Preventionist, Director of Resident Life etc.</i></p>
<input checked="" type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, the facility will implement the following mechanisms to provide all residents with no cost daily access to remote videoconference or equivalent communication methods with family members and guardians:</p> <p><i>The Facility will provide residents with various options in which they can regularly communicate with family and guardians during a time of potential shut down. These video-conferencing and other communication options will be provided to the resident at no cost and can include such options as: Skype, Facetime, Window visits.</i></p>
<input checked="" type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, the facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e):</p> <p><u><i>Admissions, Readmissions and Bedhold</i></u></p> <ul style="list-style-type: none"> • <i>Any and all admissions and re-admissions from a hospital, or other location, must have documentation of a negative test related to the current pandemic; if applicable</i> • <i>The type of test and the time-frame of when the test is given and results received would be based on CMS, CDC and other state, federal and local regulations and appropriate logistics</i> • <i>Once admitted, the resident will be placed on a specific unit designated exclusively for new admissions and re-admissions</i> • <i>The individual will remain on that unit for no less than 14 days for observation, the type of precautions maintained will be dependent on the pandemic infection and recommendations of CDC and other state, federal and local regulations</i> • <i>In accordance with all applicable NYSDOH and Federal Bed Hold Policies; during a pandemic the facility will assure residents hospitalized due to the pandemic disease will be readmitted to the facility when:</i> <ol style="list-style-type: none"> 1. <i>Their level of care can be safely managed at the facility</i> 2. <i>There is an appropriate bed available taking into consideration positive infections and cohorting capabilities</i> 3. <i>Specialized care units</i> • <i>The facility will inform the hospitalized residents and families/responsible parties of this policy together with the regular bed hold policy.</i> • <i>Additionally, in accordance with all applicable NYS and Federal bed hold</i>

	<p><i>regulations, during a pandemic the facility will attempt to preserve a resident's places, if appropriate:</i></p> <ol style="list-style-type: none"> <i>1. Admit new residents to other open beds first, taking into account infection control needs, cohorting consideration and psychosocial considerations.</i> <i>2. Returning resident readmissions will not be able to return to their original room before 14-day isolation.</i>
<p><input checked="" type="checkbox"/> Required</p>	<p><i>In accordance with PEP requirements</i>, the facility will implement the following process to preserve a resident's place in a residential health care facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).</p> <ul style="list-style-type: none"> <i>• In accordance with all applicable NYSDOH and Federal Bed Hold Policies; during a pandemic the facility will assure residents hospitalized due to the pandemic disease will be readmitted to the facility when:</i> <ol style="list-style-type: none"> <i>1. Their level of care can be safely managed at the facility</i> <i>2. There is an appropriate bed available taking into consideration positive infections and cohorting capabilities</i> <i>3. Specialized care units</i> <i>• The facility will inform the hospitalized residents and families/responsible parties of this policy together with the regular bed hold policy.</i> <i>• Additionally, in accordance with all applicable NYS and Federal bed hold regulations, during a pandemic the facility will attempt to preserve a resident's places, if appropriate:</i> <ol style="list-style-type: none"> <i>1. Admit new residents to other open beds first, taking into account infection control needs, cohorting consideration and psychosocial considerations.</i> <i>2. Returning resident readmissions will not be able to return to their original room before 14-day isolation.</i>
<p><input checked="" type="checkbox"/> Required</p>	<p><i>In accordance with PEP requirements</i>, the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) <u>or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic.</u></p> <p><i>As a minimum, all types of PPE found to be necessary in the pandemic should be included in the 60-day stockpile.</i></p> <p><i>This includes, but is not limited to:</i></p> <ul style="list-style-type: none"> <i>– N95 respirators</i> <i>– Face shield</i> <i>– Eye protection</i> <i>– Gowns/isolation gowns</i> <i>– Gloves</i> <i>– Masks</i> <i>– Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)</i> <p><i>The facility will maintain <u>onsite</u>, at least a 60-day supply of personal protective equipment.</i></p>

	<p><i>Supplies to be maintained, include, but are not limited to:</i></p> <ul style="list-style-type: none"> ● <i>N95 respirators</i> ● <i>Masks</i> ● <i>Face shields</i> ● <i>Eye protection</i> ● <i>Gowns</i> ● <i>Gloves</i> ● <i>Sanitizer and disinfectants in accordance with current EPA guidance</i> <p><i>The facility's supply of the above will be based on the facility's census, not capacity. Our facility will determine supply needs based on past experience and guidance and/or regulatory requirements of NYSDOH and CMS. Specifically:</i></p> <ul style="list-style-type: none"> ● <i>Daily communication between Nursing Administration and Central Supply to review par levels and current burn rates.</i> ● <i>On-going searches for new supply sources.</i> ● <i>Regular contact with Albany County of Emergency Management for supplies.</i> ● <i>On-going communication with NYSDOH and facility Medical Director/Nursing Administration to discuss required PPE to be worn by unit/Department based on current positive cases. Burn rate will be adjusted as per recommendations.</i> ● <i>Facility will follow CDC guidelines for extended use of PPE.</i>
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Recovery for all Infectious Disease Events

<p style="text-align: center;">☒ Required</p>	<p>The facility will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.</p> <p><i>In accordance with NYSDOH and CDC recovery guidance, Daughters of Sarah will implement procedures, restrict activities, and initiate reopening procedures based on requirements and/or guidance from NYSDOH and CDC.</i></p>
<p style="text-align: center;">☒ Required</p>	<p>The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.</p> <p><i>Daughters of Sarah has developed a communication strategy and plan to inform residents, relatives, and friends with information about the disease and the facility's response strategy. The Recovery Plan is comprised of three types of recovery, Immediate, Long term, and Full recovery. This information relative to the status of the facility, event and/or disease will be placed on its webpage at www.DaughtersofSarah.org.</i></p>