



**Elizabeth Church Manor  
James G. Johnston  
Pandemic Emergency Plan**

The following Infectious Disease/Pandemic Emergency Plan outlines the hazard-specific preparedness, response, and recovery activities the facility should plan for that are unique to an incident involving infectious disease as well as those incidents that rise to the occasion of a pandemic emergency. Elizabeth Church Manor, and James G. Johnston Nursing Homes follow effective strategies for preventing infectious diseases and works closely with both the Broome County Health Department and NYSDOH Epidemiology. In addition, we have developed a comprehensive infection prevention program and further details of this pandemic plan can be located in that written program as well as our other emergency plans.

**POLICY STATEMENT:** It is the policy of Elizabeth Church Manor and James G. Johnston Nursing Homes to adequately prepare to meet the needs of residents during natural disasters, man-made disasters, and emergency situations including pandemics. Such preparation shall allow the facility to anticipate and plan to needs, rapidly respond to changing situations, integrate with local public health, emergency management agencies, and health care coalitions including federal, state and local emergency response systems, and to rapidly recover following the disaster.

**DESCRIPTION:** Infectious disease are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of the infectious disease emergencies, including ones that rise to the level of a pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality.

**PURPOSE:** The purpose of the plan is to outline necessary procedures in the event of a Pandemic and State or National declared emergency in accordance with SECTION 2803 of the NYS public health law. The Pandemic Emergency Plan “PEP” shall be an annex to our existing Comprehensive Emergency Management Plan “CEMP” and will outline the necessary steps which will include plans and methods of communication, protective plans against infection for staff, residents and families, plan for treatment and care of current and readmitted residents, ensuring 60 day supply of PPE, and plans to preserve a residents place in the nursing home should they become hospitalized. This plan is to be reviewed annually at a minimum and more frequently as changes arise.

**1) COMMUNICATION PLAN:** It is the responsibility of the facilities to ensure that residents and their responsible parties are made aware of the ongoing procedures to ensure residents and authorized family members or guardians are notified in the event of a state or nationally declared pandemic. This would also include any changes in condition of residents or staff that may have exposed others to infectious diseases. Information and notifications will be made in accordance with NYSDOH communicable disease reporting requirements. Key elements of the communication plan are as follows:

- a) Facility will ensure pertinent information is shared with residents, their representatives, staff and providers to keep them informed of conditions inside the facility on a routine and as needed basis as required by regulation or executive order. At a minimum this will include:
1. Informing residents, their representatives and families in an electronic means or other method selected by the family or guardian, by 5 pm on the next calendar day of the occurrence of:
    - A single case of the pandemic infection or
    - Three or more residents or staff with a new-onset of symptoms associated with the pandemic infection that occur within 72 hours of each other.
  2. Providing information regarding ongoing and revised mitigating actions to prevent or reduce the risk of infection transmission, including alterations of normal operations at the facility and providing updates to residents, representatives and families at least weekly.
  3. Notifying family members or next of kin for all residents if any resident tests positive for or dies of the pandemic infection.
  4. Assure that residents have daily access to free remote video conferencing with authorized family members and guardians
  5. Ensuring all information provided excludes personally identifiable information as required by existing privacy regulations and statutes.

**2) PROTECTIVE MEASURES:** The facility has developed a protection plan against infection for staff, residents and families including maintaining a 60 day supply of infection control personal protective equipment and supplies. The plan includes the following:

- a) Staff Education: All staff will be provided education annually on infectious diseases, infection prevention, including standard precautions and proper use of personal protective equipment and environmental controls to reduce the spread of infection. See facility infection control policies for detail.

- b) Staff/Visitor Screening and Testing: Facility will perform “Health checks” at the beginning of each individual’s shift for all personnel. Health checks shall be performed at the point of entry. Facility will perform infectious disease testing for staff and residents consistent with CMS and NYS guidelines. See UMH pandemic policy for details.
  - i) If the staff member is unsure if symptoms or exposure type identified are consistent with exposure the facility designee shall be notified, review the symptoms/level of exposure with the individual, consult the appropriate authorities then make a determination if symptoms are consistent with the pandemic infection and if the individual should be sent home.
  - ii) A check of all visitors (including vendors/contractors providing essential services in the facility) prior to facility access. Health checks shall be performed at the point of entry for visitation in the facility or at the designated area separate from the visitation area for outside visits when permitted.
- c) Monitoring & Reporting: Facility will conduct routine/ongoing pandemic disease surveillance to adequately identify areas of concern within the facility. Specifics are found in the UMH pandemic policy.
  - i) If an increased number of respiratory illnesses (regardless of suspected etiology) among residents or healthcare personnel is identified at the facility, the local or state health department shall be immediately contacted for further guidance)
  - ii) Regular electronic reporting of pandemic information will be completed as specified by state and federal authorities.
    - (1) Facility will ensure that at least two staff members have access to reporting via the NYS Health Commerce System
    - (2) Facility will ensure that at least two staff members have access to reporting via the Federal reporting system if required.
  - iii) Ensure signage is posted at employee entrances, near time clocks, and in staff break areas informing staff of work restrictions related to risk of the pandemic infection (e.g., symptoms of respiratory illness; exposure to person suspected to have or diagnosed with the pandemic infection, proper hygiene practices.)
- d) Environmental Cleaning: For adequate environmental cleaning and disinfection, ensure that EPA-registered, hospital-grade disinfectants are available and used for routine environmental cleaning, frequent cleaning/disinfection of high-touch surfaces, cleaning of shared resident care equipment in accordance to manufacturer’s directives, and cleaning of “clean rooms” after visits. See UMH pandemic policy for details.
- e) Cohorting/Isolation: Facility will ensure that residents will be isolated/cohorted and or transferred based on their infection status. See facility policy for additional guidelines.
  - i) Any resident who cannot be safely cared for will be transferred as soon as possible to a facility capable of meeting the resident’s needs.

- ii) Facility will also to the extent possible separate staff who are providing care to each cohort.
- f) PPE stockpile: Facility will ensure that a 60 day supply of PPE (personal protective equipment) will be kept on hand including: gowns, gloves, masks, N95's, face shields and hand sanitizer. Procurement of PPE will be ongoing through various existing vendor relationships. In the event there is an inability to procure necessary PPE to meet daily needs due to a shortage in the supply chain, the 60 day stockpile will be available to ensure resident and employee safety. Any additional need for PPE beyond what facility can procure will be communicated through the Area Wide Disaster Coordinator and Broome County Emergency Management.

**3) RE-ADMISSION OF HOSPITALIZED RESIDENTS:** Facility will preserve a resident's room if resident is hospitalized due to the pandemic infection consistent with facility bed hold policies, applicable laws, regulations and in accordance with cohorting infection control practices as outlined below:

- a) If facility is unable to safely care for resident in the facility, residents who contract the pandemic infection must be promptly transferred to another facility that is able to safely care for the resident for the duration of the illness. If a Resident is temporarily absent overnight or longer from the Nursing Home during a period of hospitalization or during a non-hospitalization therapeutic leave of absence, the Resident's bed may be reserved as follows:
  - i) For private pay residents, the facility will hold the Resident's bed if he/she elects to hold the bed and agrees to pay the applicable daily basic rate until the bed hold is cancelled by the Resident or his/her Designated Representative or other Resident Agent by notifying the Nursing Home Administrator or Social Worker and removing all personal belongings from the room.
  - ii) Medicaid no longer is required to pay for a bed hold for hospitalized residents. The Nursing Home is not required to hold a bed for days when no Medicaid payment is available. When no payment is available, Medicaid-eligible residents may opt to use private funds to reserve the bed. If no payment is available from Medicaid and the Resident elects not to pay to hold his/her bed for days of absence, the Resident may be discharged.
  - iii) If the Resident elects not to hold the bed, the Resident will have effected a voluntary discharge from the Nursing Home.
- b) If the bed is not held, if desired by the Resident, the Nursing Home will readmit the Resident to his/her previous room if available or immediately upon the first availability of an appropriate bed in a semi-private room.

