

San Simeon by the Sound Center for Nursing and Rehabilitation

Pandemic Emergency Plan

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Rev. 9/2020

EMERGENCY PLAN:

San Simeon maintains a Comprehensive Emergency Management Plan (CEMP) to prepare for, respond to and recover from natural and man-made crises. This facility follows an “all hazards” approach in developing the CEMP, with a pandemic identified as one of those potential hazards.

An annual readiness assessment of the facility’s preparedness for responding to a pandemic is performed. Any changes to the program are identified in an updated plan and ongoing staff education.

Structure for Planning and Decision Making:

The facility Infection Prevention and Control Committee is specifically responsible to address pandemic planning and response.

The committee consists of:

- Administrator
- Medical Director
- Director of Nursing
- Infection Control Nurse
- Director of Plant Operations
- Director of Dietary
- Purchasing Coordinator
- Other staff as required

The Pandemic Response Coordinator is the Director of Nursing

Coordination:

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

- NYS Department of Health (518) 402-7676
- Suffolk County DOH (631) 851-4300
- NYS Office of Emergency Management (718) 422-8700
- Suffolk County Office of Emergency Mgmt. (631) 924-5252

Area Hospitals points of contact have been identified in the event the facility residents require hospitalization or facility beds are needed for hospital patients being discharged for surge preparation.

- Stony Brook/Eastern Long Island Hospital (631) 477-1100
- Peconic Bay Medical Center (631) 548-6000
- Stony Brook University Hospital (631) 689-8333

INFECTION CONTROL PROTECTION PLAN:

Surveillance and Monitoring Activities:

San Simeon monitors public health advisories (Federal, State and Local) and updates are provided to the Pandemic Response Coordinator and other members of the pandemic response team when a pandemic influenza/illness has been reported in the US and/or is nearing New York, specifically Suffolk County.

The facility conducts surveillance activities for residents, staff, visitors, and family on an ongoing basis.

Signage is posted throughout the facility, at entrances and other locations, informing residents/staff/visitors about:

- Hand hygiene
- Self-screening and reporting of symptoms of illness
- Not to enter building if experiencing respiratory symptoms, i.e. cough

We ask visitors and staff to sign in and out of the building, complete a self-screen questionnaire and report any febrile symptoms prior to entering the building.

During a pandemic outbreak, the facility will follow CDC and NYS Department of Health guidelines and directives to limit or restrict visitation.

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

Table 1: Surveillance Objectives by Pandemic Phase

Phase 1 (Interpandemic Period)
Objectives and Actions:
<ul style="list-style-type: none"> • To assess for seasonal influenza. • To detect cluster cases of Febrile Respiratory Illness (FRI)/ Influenza-Like Illness (ILI). • To provide for annual education and provide seasonal flu vaccine to residents, staff and volunteers and to maintain immunization statistics and adverse effects information. • To promote respiratory (cough etiquette) and hand hygiene to residents, families, visitors, volunteers and contractor/vendors. • To notify NYC Department of Health/Local health department of suspected outbreak activity as defined by CDC and NYSDOH guidelines. • To communicate updates to residents, families, volunteers, contractors/vendors and staff. • Passive Febrile Respiratory Screening measures for visitors, contractors/vendors, visitors and families.
Phase 2 (Pandemic Alert Period - Low)
Objectives and Actions:
<ul style="list-style-type: none"> • To implement active surveillance measures for FRI/ILI screening for visitors, vendors/contractors and family members. • To notify the Infection Preventionist or designee of reported or identified FRI-ILL. They will alert, as appropriate, the local and state health department of cluster of FRI in staff. • Infection Control will actively monitor residents closely for signs and symptoms by: <ul style="list-style-type: none"> ○ Conducting unit rounds ○ Reviewing shift reports ○ Auditing and reviewing physician and nurse progress notes ○ Reviewing the monthly pharmacy antibiotic utilization reports ○ Reviewing lab reports ○ Communication with the staff about their clinical observations • To implement management of respiratory outbreak as required for outbreak activity as defined by CDC and NYSDOH guidelines and initiate outbreak reports to local and state health department, as required.
Phase 3 (Pandemic Alert Phase – High)
Objectives and Actions
<ul style="list-style-type: none"> • To activate the Pandemic Emergency Plan and Emergency Plan (as needed). • To maintain active surveillance for monitoring of FRI/ILI in residents and staff. • To finalize plans for pandemic vaccine storage and security (as applicable). • To establish clinic sites for residents, staff and volunteers. • To develop plans for antiviral storage, security and administration, including staff prophylactic treatment. • To follow guidelines for avian/pandemic flu/illness, as issued by CDC and NYSDOH, and provide education and training to staff for personal preparedness, resident care and pandemic influenza/illness management. • To ensure that availability of staffing, equipment and supplies, as required, for the facility. • To provide educational material and in-services; i.e., Annual Pandemic Emergency Plan; cross training; hand hygiene
Phase 4 (Pandemic Period)
Objectives and Actions
<ul style="list-style-type: none"> • To implement measures for suspected and confirmed pandemic strain in the facility. • To implement mandatory active screening of staff, visitors, contractors/vendors and family members (see Sample Surveillance Screening Tool Exhibit 2). • To implement heightened surveillance of residents and staff illnesses for symptoms of the pandemic influenza/illness. • To implement control and support measures for residents, staff, visitors and families. • To implement access restrictions for staff, visitors, families, volunteers and vendors. • To implement protocols for isolation of residents with confirmed or suspected illness. • To implement protocols for cohorting residents with confirmed or suspected illness. • To direct staff to cohort to their assigned units as much as possible.

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

Active Surveillance for Respiratory Infection or other Pandemic Illness:

When there is influenza or pandemic activity in the local community, active surveillance is conducted among all new and current residents, personnel, visitors, and any other support staff until the end of the influenza/pandemic. Daily monitoring will occur, and surveillance activities will continue until at least one (1) week after the last laboratory confirmed illness is identified.

Once an outbreak is identified, outbreak prevention and control measures will be implemented immediately. Testing for illness will occur for the following:

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

Identification and Management of Residents with Symptoms:

Identification of residents will occur through the monitoring and active surveillance activities described above. The facility will implement standard and droplet precautions for all residents with suspected or confirmed illness. Standard precautions will be applied into the care of all residents, regardless of the suspected or confirmed presence of illness.

It is the policy of the facility to protect residents, staff and others who may be in our facility from harm during a pandemic outbreak. To accomplish this, the facility has developed protocols for testing and the ongoing surveillance of the resident population (see Table2).

Table 2: Procedures to Test Residents

• Facility will test any symptomatic resident in accordance with guidance and direction of the CDC, local and state health department.
• If the facility has no symptomatic residents, facility will consult with local and state health department and determine testing strategy, if applicable and needed.
• Testing will be done through a testing lab that can provide test results in a timely manner.
• If no testing capacity can be located that meets the timeframe goal for timely turnaround of tests, the facility will document all attempts to obtain testing and keep documents of those efforts for review.
• If an alternative test is approved that could help meet the timely turn-around goals and is approved by the local and state health department, the facility will incorporate those procedures in support of the facility's overarching objective to receive test results in a timely manner.
• For residents with suspected or confirmed influenza-like illness, the facility will implement protocols for isolation and/or cohorting residents per facility policy.
• Positive residents will be removed from isolation and/or cohorting after two (2) negative tests or as directed by guidance issued by CDC, local and state health departments for removal of transmission-based precautions.
• The facility will report any positive tests in accordance with local and state health department requirements for the reporting of nosocomial infections.

The facility also developed procedures for the isolation or cohorting for residents during a pandemic outbreak by designating spaces within the facility into three (3) zones, based on resident's testing status, as follows"

Positive - Space designated to be used and occupied by confirmed positive residents and staff assigned to their care. It is the policy of San Simeon by the Sound not to admit any resident who is actively COVID-19 positive.

Unknown – Space designated to be used and occupied by asymptomatic residents with exposure and/or residents who have an unknown testing status and staff assigned to their care.

Negative – Space designated to be used and occupied by confirmed negative residents and staff assigned to their care.

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

Positive Zone
<ul style="list-style-type: none"> Residents testing positive will be placed in a single room, if available, or cohorted within a zone designated by the facility as a positive zone. Residents testing positive will only be cohorted with other confirmed cases. If a resident tests positive in a room with roommates who are asymptomatic and negative, the positive resident will be moved to a positive zone, depending on space availability and their roommate will be placed in isolation for at least 14 days while being monitored and tested in the unknown zone. Residents in a positive zone designated for confirmed cases will be treated with contact and droplet precautions until they have a negative test result or deemed recovered as per CDC guidelines. If no movement is possible, the facility will isolate the residents to the extent possible within the same unit per CDC guidelines after 24 days and two negative test results. Residents in a positive zone will be assessed three times daily once a shift to document respiratory rate, temperature and oxygen saturation. The facility will monitor guidance from CDC and adjust procedures for cohorting accordingly. The facility will assign staff to work the positive zones exclusively to the extent possible. If staff will be shared across the various zones in any way, the staff will fully doff all PPE and leave all dirty PPE in designated receptacles, perform hand hygiene, and don new PPE in accordance with CDC guidance for the area they are entering.
Unknown Zone
<ul style="list-style-type: none"> Asymptomatic residents who are exposed to a confirmed case will be cohorted in observation until their test results are known. Symptomatic residents with unknown status will be placed in a single room until their test results are known. Residents in an unknown zone will be treated with contact and droplet precautions until a negative test result can be achieved or the resident meets the time criteria to return to a negative zone based on current, applicable guidance from CDC and NYSDOH. If staff will be shared across the various zones in any way, the staff will fully doff all PPE and leave all dirty PPE in designated receptacles, perform hand hygiene, and don new PPE in accordance with CDC guidance for the area they are entering. All residents in an unknown zone will be screened for symptoms of the viral illness and have their vital signs monitored, including oxygen saturation and temperature checks at a minimum of two (2) times per day and documented in the clinical record.
Negative Zone
<ul style="list-style-type: none"> Residents in the negative zone will consist of confirmed negative residents or those who have fully recovered from the viral illness. Residents will be cohorted with other confirmed negative or recovered residents. Residents will be moved to the negative zone only after they have received a negative test or they have met the criteria for the removal of transmission-based precautions per current CDC guidance currently after 14 days and two negative tests. The facility will change room designations in response to testing results and may need to add or remove unit designations depending on space available/needed.

In cases where the facility may get large amounts of positive cases interspersed within the facility, the facility will designate who is on what precautions for each resident and clearly communicate the procedures to minimize the risk of spreading with the eventual goal of having clearly designated spaces within the building set on the zone groupings outlined above.

At a minimum, we will follow the CDC recommended standard precautions in providing care to residents regardless of suspected or confirmed infection status (see Table 4). These practices are designed to both protect and prevent health care providers from spreading infections among residents.

The use of PPE, and the type of PPE used, under standard precautions is based on the nature of the clinical interaction with the resident and the potential exposure to blood, body fluids and/or infectious materials. All facility health care providers receive significant ongoing training and must demonstrate and understanding of when to use PPE, what type of PPE is necessary, how to properly don and doff PPE in a manner to prevent self-contamination, how to properly dispose of or disinfect and maintain PPE, and the limitations of PPE.

Table 4 – Standard Precautions and Transmission-based Precautions

Standard Precautions	
Hand Hygiene	<ul style="list-style-type: none"> • Use an alcohol-based hand rub or wash hands with soap and water for the following clinical indications: <ul style="list-style-type: none"> - Immediately before touching a patient. - Before performing an aseptic task or handling invasive medical device. - Before moving from work on a soiled body site to a clean body site on the same patient. - After touching a patient or the patient's immediate environment - After contact with blood, body fluids or contaminated surfaces - Immediately after glove removal • Perform hand hygiene with soap and water when hands are visibly soiled.
Environmental Cleaning and Disinfection	<ul style="list-style-type: none"> • Routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling. <ul style="list-style-type: none"> - Clean and disinfect surfaces in close proximity to the patient and frequently touched surfaces in the patient care environment on a more frequent schedule compared to other surfaces. - Promptly clean and decontaminate spills of blood and other potentially infectious materials. • Use of EPA-registered disinfectants that have microbiocidal activity against the pathogens most likely to contaminate the patient-care environment. • Follow manufacturer's instructions for proper use of cleaning and disinfecting products (i.e., dilution, contact time, material compatibility, storage, shelf-life, safe use and disposal).
Injection and Medication Safety	<ul style="list-style-type: none"> • Use aseptic technique when preparing and administering medications. • Disinfect the access diaphragms of medication vials before inserting device into the vial. • Use needles and syringes for one patient only (this includes manufactured prefilled syringes and cartridge devices such as insulin pens). • Enter medication containers with a new needle and a new syringe, even when obtaining additional doses for the same patient. • Ensure single-dose or single use vials, ampules and bags or bottles of parenteral solution are used for one patient only. • Use fluid infusion or administration sets (e.g., intravenous tubing) for one patient only. • Dedicate multidose vials to a single patient whenever possible. If multidose vials are used for more than one patient, restrict the medication vials to a centralized medication area and do not bring them into the immediate patient treatment area (i.e., patient room).
Appropriate Use of Personal Protective Equipment	<ul style="list-style-type: none"> • Ensure proper selection and use of personal protective equipment (PPE) based on the nature of the patient interaction and potential exposure to blood, body fluids and/or infectious materials. <ul style="list-style-type: none"> - Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-contact skin, potentially contaminated skin or contaminated equipment could occur. - Wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions or excretions. - Use protective eyewear and a mask, or a face shield, to protect the mucous membranes of the eye, nose and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields and combinations of each according to the need anticipated by the task performed. - Remove and discard PPE, other than respirators, upon completing a task before leaving the patient's room or care area. If a respirator is used, it should be removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door. - Do not use the same gown or pair of gloves for care of more than one patient. Remove and discard disposable gloves upon completion of a task or when soiled during the process of care.
Minimizing Potential Exposures	<ul style="list-style-type: none"> • Use respiratory hygiene and cough etiquette to reduce the transmission of respiratory infections within the facility. • Prompt residents and visitors with symptoms of respiratory infection to contain their respiratory secretions and perform hand hygiene after contact with respiratory secretions by providing tissues, masks, hand hygiene supplies and instructional signage and/or handouts at points of entry and throughout the facility. • When space permits, separate patients with respiratory symptoms from others as soon as possible.
Reprocessing of Reusable Medical Equipment	<ul style="list-style-type: none"> • Clean and reprocess (disinfect or sterilize) reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes) prior to use on another patient when soiled. <ul style="list-style-type: none"> - Consult and adhere to manufacturer's instructions. • Maintain separation between clean and soiled equipment to prevent cross contamination.

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

Plan for Preserving Resident's Place if Hospitalized and How Residents are Readmitted After Treatment:

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

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

Notification to CMS, State and Local health Departments:

As required under Sections 2.1 and 2.2 of 10NYCRR, nosocomial infections are to be reported within 24 hours of recognition.

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

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

Temporarily restricting visitors and non-essential workers is an effective method to reduce the risk of virus spread in nursing homes. San Simeon will follow CDC guidelines to limit or restrict entry into our building and any guidance/regulations that may be implemented by the New York State Department of Health, which may include:

- Restricting visitors, volunteers and non-essential workers who are identified as asymptomatic
- Restricting all visitors with exceptions for compassionate care and end of life cases. *
- Restricting visitors to certain locations within the building
- Restricting the number of visitors
- Requiring the donning of PPE while in the building

*visitors for compassionate visits will be required to wear proper PPE and be limited to specific locations within the building.

San Simeon recognizes the significant impact of restricted visitation and the vital importance of keeping residents connected with loved ones. During times of restricted visitation, the facility will facilitate virtual communication (FaceTime, phone, Zoom, etc.) between residents and loved ones. San Simeon

will also utilize social media and our website (www.sansimeonbythesound.org) to keep families informed about the happenings in the building.

The facility will have signage posted at all entrances instructing staff and visitors about:

- Any identified risks of virus in the building
- Any screening procedures in effect
- Any restrictions in place
- Any infection protection plan practices required

Resources and Supplies to Adhere to Infection Control Policies:

During a pandemic, it is anticipated that demand for PPE and equipment to be very high and the supply chains may break down. To mitigate this, San Simeon has instituted the following:

- Facility will maintain (minimally) a 60-day supply of PPE including masks, N95 masks, gowns, gloves face shields and sanitizer based on burn rates established during the COVID-19 outbreak in April 2020.
- A 30-day supply of essential supplies necessary to maintain infection control policies including cleaning products, disinfection supplies, bathroom tissue, towels, and hand soap
- All supplies will be rotated for expirations as necessary

Environmental Infection Control:

EPA registered, hospital grade disinfectants are used for cleaning high touch surfaces and shared resident equipment. During a pandemic, the facility will follow CDC guidance for any increased environmental cleaning and/or frequency of cleaning. Environmental Services personnel will be provided and properly don PPE as per guidelines.

Management of laundry, food service utensils and medical waste will be performed in accordance with routine procedures and supplemented based on recommendations and/or requirements of NYS DOH and/or CDC.

COMMUNICATION PLAN

The facility has a communication plan in place as part of its emergency preparedness plan. This plan provides a framework to manage and coordinate the wide variety of communications that occur during a pandemic.

Internal Communications:

Target audience for internal Communications:

- Nursing staff to ensure continuity of patient and resident care
- Physicians to ensure continuity of patient care
- All other clinical staff
- All non-clinical staff to ensure essential services continue

Key communication messages delivered internally include topics such as trainings and inservices for the pandemic response and testing for employees. The communication can occur through the public

address system, blast emails, calls to units and department heads, memos, town hall meetings, or virtual meetings (see Table 5).

Table 5 – Communication Message Contents

Message Topics	Message Content to be Delivered	Delivery Methods
Pandemic Illness Training and In-services for: <ol style="list-style-type: none"> 1. Explanation of the pandemic illness 2. PPE requirements and proper use, donning and doffing 3. Cohorting of units 	<ul style="list-style-type: none"> • Training for new agency staff, clinical and non-clinical and all facility staff • On-going schedule of in class training with PowerPoint presentations and/or online training • Pocket sized laminated information sheets for easy staff reference 	<ul style="list-style-type: none"> • Blast emails • Scheduling through departments • PA announcements
Donations Received by Facility for Staff	Types of donations received for all shifts: <ul style="list-style-type: none"> • Meals – breakfast, lunch, dinner • Groceries/Snacks • Toiletries 	<ul style="list-style-type: none"> • PA announcements • Calls to units and department heads
Employee Testing	On-site testing available on all shifts by medical staff and/or contractors: <ul style="list-style-type: none"> • Location 	<ul style="list-style-type: none"> • Blast emails • PA announcements

External Communications:

Target audience for external communications include community stakeholders, elected officials, press, etc. All external communication is coordinated through the Administrator.

Communication with Families, Residents and Visitors:

The facility has developed a plan to maintain routine communication with residents, families, and visitors during a pandemic. Methods include signage, letters, emails, in person communication, video conferencing, social media and website.

Table 6 outlines the targeted audiences, the key communication messages to be delivered and the method and frequency for delivery.

Table 6 – Communication with Residents, Families and Legal Representatives

Audience	Message	Delivery Method	Frequency
Residents	<ul style="list-style-type: none"> • Updates on visitation • Updates on status of pandemic outbreak • Status of infected and non-infected residents, as well as any expirations of residents with pandemic-related infection 	<ul style="list-style-type: none"> • Resident Council meeting • Town Hall/Unit meetings • 1:1 updates as needed 	<ul style="list-style-type: none"> • Monthly • As needed/weekly
Authorized Family Members and Legal Representatives	<ul style="list-style-type: none"> • Updates on visitation • Updates on status of pandemic outbreak or any other related updates 	<ul style="list-style-type: none"> • Virtual town hall meetings 	<ul style="list-style-type: none"> • As needed
	<ul style="list-style-type: none"> • Status of infected and non-infected residents, as well as any expirations of residents with pandemic-related infection • Provision of alternate means of communicating with residents 	<ul style="list-style-type: none"> • Letters • Emails • Calls • Website • Facebook page • Video conferencing (i.e., Facetime, Skype, Zoom) 	<ul style="list-style-type: none"> • Daily for infected residents and more frequently if the condition changes • Weekly for non-infected residents • Upon request by families Note: During pandemic outbreak, daily access will be provided if requested.

Communication with Other Healthcare Providers and Official Agencies:

The facility will consult and collaborate with area hospitals, Suffolk County OEM, local and state Health Departments, EMS, etc. to ensure that coordinated, system-wide consistent efforts are implemented to minimize the impact of any service disruptions while acting to reduce the risk of disease transmission. Key contact information for all of the above entities has been identified and is maintained by the facility as part of the facility's emergency preparedness plan (CEMP).

OCCUPATIONAL HEALTH:**Monitoring Staff for Symptoms of Respiratory/Pandemic Illness:**

To protect residents, staff and visitors who may be in the facility from harm during a pandemic outbreak, the facility has developed procedures for monitoring staff for symptoms of illness and testing staff members as required by the NYS DOH (see Table 7).

Table 7 Procedures to Monitor and Test Staff

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

Work Restrictions for Ill/Exposed Staff:

The facility will follow CDC, local and State guidance regarding the use of ill/exposed staff and any restrictions imposed thereon. San Simeon has implemented a policy to outline the criteria for healthcare workers to return to duty from suspected or confirmed cases of COVID-19. This policy will be updated as necessary based on any guidance or restrictions imposed by NYS DOH.

Our personnel policies are non-punitive, flexible, and consistent with public health policies. We encourage ill or suspected ill staff to stay home from work.

EDUCATION AND TRAINING PLAN

The facility has procedures in place for the education on the prevention and control of infections within the facility. Education on the basic principles of infection control is provided to all providers, other facility staff, volunteers, residents, family members and legal guardians. For staff, education on infection control occurs upon hire and annually thereafter and when there is a need to provide more in-depth education. For residents, family and legal guardians, education occurs upon admission and when there is a change in condition of the resident or when education need change. Education and training effort will be enhanced during a reported pandemic outbreak in the community.

Facility Staff:

Before the Pandemic: Staff will be educated about the facility's containment plan before it needs to be implemented. This includes but is not limited to:

- Screening procedures
- Importance of self-assessing and reporting illness
- Information about cohorting
- Possible resident restrictions
- Possible family restrictions
- Use of PPE

In addition, pertinent Human Resource policies (i.e. sick time, etc.) will be reviewed/discussed.

During the Pandemic: Staff will receive education and training to update them on pandemic specific information and any guidance issued by CDC and NYSDOH.

Residents:

Before the Pandemic: Residents will receive focused training regarding the actions the facility is taking to protect them from the illness and why they are important. Topics will include but not be limited to:

- Importance of social distancing, hand hygiene, cough etiquette
- Screening procedures the facility plans to implement
- Information about possibly cohorting residents
- Any changes to the visitation policies and procedures.

During the Pandemic: Facility will continue to provide focused education and training to update residents on the pandemic and the status in the building, as well as any updates regarding visitation procedures.

Visitors, Family Members and Guardians:

Before the Pandemic: Visitors, family members and guardians will receive focused training regarding the actions the facility is taking to protect their loved one from the illness and why they are important.

Topics will include but not be limited to:

- Importance of social distancing, hand hygiene, cough etiquette
- Screening procedures the facility plans to implement
- Information about possibly cohorting residents
- Any changes to the visitation policies and procedures.
- Alternative methods of communication in lieu of in person visitation.

During the Pandemic: Facility will continue to provide focused education and training to update visitors, family members and guardians on the pandemic and the status in the building, as well as any updates regarding visitation procedures.

VACCINE AND ANTIVIRAL USE PLAN

Transmission and illness can be dramatically reduced when a vaccine is available, and guidelines are carefully followed. As part of the facility's seasonal influenza plan, the vaccine is offered to residents and staff.

During the beginning of a pandemic, a vaccine will not be immediately available, and it will be in limited supply once it is available. We will administer a vaccine or antiviral in accordance with CDC and NYSDOH directives, in consultation with the resident's physician.

ISSUES RELATED TO SURGE CAPACITY DURING A PANDEMIC

Contingency Staffing Plan/Staffing Shortages:

It is our policy to maximize staff availability to ensure the provision of safe resident care during a crisis. The facility has developed plans for the safe care and treatment of resident before, during and after a pandemic.

Staff assigned to work in positive zones will not be permitted to work in any other zone, this will reduce the risk of cross contamination.

It is expected staff will continue to report to work for their normal duties unless directed otherwise. The facility may need to implement any of the following to deal with staffing shortages because of a public health crisis or pandemic:

- Calling in part time/per diem staff
- Mandatory overtime
- Seeking voluntary overtime
- Alternative work assignments as directed by the Administrator
- Any other guidance from State and Federal regulators

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

During a pandemic, demand for supplies and equipment will be high. It is anticipated that supply chains may break down. In preparation for future pandemics and supply shortages, the facility has instituted:

1. Facility will maintain a constant supply of PPE adequate for minimally 60 days based on our consumption burn rate.
2. Facility will maintain a 30-day supply of essential supplies (tissues, soap, etc.)
3. Reordering will maintain normal schedules unless a shortage is anticipated

All supplies will be maintained in a secure location separate from normal facility operational supplies.

Surge Capacity Plan to Help Increase Hospital Bed Capacity:

The facility reports the number of vacant beds to NYSDOH on a weekly basis through the Health Commerce System and through the HERDS system during an emergency. The facility will follow NYSDOH directives regarding the transfer and acceptance of patients from hospitals during a pandemic, including any directives that may be issued on not accepting patients with confirmed positive status of the pandemic illness.

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

During a pandemic, the facility will assess residents admitted to the facility for short term rehabilitation to determine if they can safely be discharged home in order to free up beds that may be needed to address hospital bed shortages.