



**Department
of Health**

Veterans Home

New York State Veterans Home Oxford

Pandemic Emergency Plan

2020-09-14, 2020-12-4, 2021-12-10, 2022-07-13

New York State Veterans Home at Oxford
4207 State Highway 220
Oxford, NY 13830-4305
(607) 843-3000



Approval and Implementation

This Comprehensive Emergency Management Plan (CEMP) has been approved for implementation by:

Kurt D. Apthorpe

Kurt D. Apthorpe, Administrator
New York State Veterans Home at Oxford

9/14/2020

Date

Record of Changes

Table 1: Record of Changes

Version #	Implemented By	Revision Date	Description of Change
1.0	Kurt D. Apthorpe Administrator	9/14/2020	Effective 9/15/2020
1.1	Kurt Apthorpe, Administrator	12/4/2020	Reviewed Plan – No Changes
1.2	Kurt Apthorpe, Administrator	12/10/2021	Reviewed plan – Changes: 3.1.c Changed “they will be isolated in their private room with private bathroom” has been changed to “they may be isolated in their private room or in a Cohort area with private bathroom.” Also added “designated” to the same paragraph. 3.1.d. Removed “If there is more than one resident with the pandemic infectious disease,” from the beginning of the first sentence.
1.3	Kurt Apthorpe, Administrator; Noah Davis, Assistant Administrator; and Patti Seifert, Infection Control Nurse	07/13/2022	Reviewed Plan – Replaced the words “facility” with “Home.” Added 6.2.i. which is regarding additional reporting to NHSN. Added complete Authorities and References at the end (Section 7). Renumbered Table of Contents.

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1 Background

1.1 Introduction

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of 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.

The New York State Veterans Home follows effective strategies for preventing infectious diseases and has taken steps to assess and improve preparedness for responding to a pandemic.

To protect the well-being of residents, staff, and visitors, the following Pandemic Emergency Plan has been developed and has been informed by the conduct of facility-based and community-based risk assessments and collaboration with community partners, such as healthcare providers, county emergency services and public health services. The Plan also takes into consideration guidance provided by the New York State Department of Health and the local county health department.

In addition to an annual assessment, several resources have been and will continue to be utilized from federal, state and county governments, emergency management agencies/ authorities, and trade organizations (NYSHFA and LeadingAge NY) as well as information gained from the parent organization, Health Facilities Management (HFM), other New York State Veterans Homes, and actual experience to create and update this plan.

This PEP is a living document that will be reviewed annually, at a minimum, and updated as needed.

1.2 Scope

The scope of this Plan extends to any infectious disease or health pandemic that disrupts, or has the potential to significantly disrupt, the provision of normal standards of care and/or continuity of operations.

The plan provides the Home with a framework for the Home's pandemic preparedness and response and utilizes the latest guidance from state and federal agencies.

1.3 Public Health Law Amendment

Chapter 114 of the Laws of 2020 created a new subdivision 12 to section 2803 of the Public Health Law. The new subdivision requires that each residential health care facility (nursing home), to

prepare and make available to the public on the Home's website, and immediately upon request, a Pandemic Emergency Plan (PEP). This plan will address the requirements outlined in statute.

1.4 Components of the Plan

The Plan provides a structure or guide for the following areas:

- Communications
- Infection Protection
- Personal Protective Equipment Supply
- Preserving a Resident's Place in the Home
- Communicable Disease Reporting

2 Communications

2.1 Communicating with Residents, Families and Guardians

The Home shall:

- a. Designate the resident's assigned Social Worker, upon admission and regularly as needed, but at least annually, determine a record of all authorized family members and guardians, and include secondary (back-up) authorized contacts, as applicable.
- b. Update authorized family members or guardians of residents infected with the pandemic infectious disease at least once per day and upon a change in the resident's condition. This shall be done at no cost by phone, email or by a manner that is agreed upon by the resident and their authorized representative, family member or guardian. This will be assigned to a Social Worker or a member of the Interdisciplinary Care Team and will be documented in the medical record.
- c. Update all residents and authorized family members or guardians once per week on the number of pandemic infections and pandemic deaths at the Home, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19). This shall be done at no cost by letter or email, or in a manner that is agreed upon by the resident and their authorized representative, family member or guardian. This will be completed by Administration or delegated to a Department Head.
- d. Provide all residents with daily access to free remote videoconferencing, or similar communication methods, with authorized family members or guardians. This will be provided through the Recreational Therapy (RT) Department and will be communicated routinely upon admission and by regular communication between the RT staff and the resident and/or their representative, family member or guardian in a method selected by them.

3 Infection Protection

3.1 Infection Protection Plans for Staff, Residents and Families

The Home's plan includes:

- a. If a resident requires readmission to the Home after hospitalization for the pandemic infectious disease, the Infection Prevention and Control Committee will consider multiple factors. Such factors will include, but not be limited to, the infection control requirements, staffing requirements and availability, available Personal Protective Equipment (PPE), current census, bed availability in the designated cohort areas, the number of staff and resident pandemic cases, current community cases, and the ability of the Home to provide quality resident care.
- b. The Home shall comply with all other applicable State and federal laws and regulations, including but not limited to 10 NYCRR 415.19, 415.3(i)(3)(iii) and 415.26(i); and 42 CFR 483.15(e).
- c. In the event there are only one or a few residents with the pandemic disease in the Home, they may be isolated in their private room or in a Cohort area with private bathroom and placed on precautions until a test result confirms their status. If the test is negative, they will remain in quarantine with precautions in their designated room until their symptoms subside. If necessary, the medical provider may order additional tests to rule out virus transmission.
- d. The Infection Prevention and Control Committee will determine corresponding plans for cohorting, including:
 - i. Use of a part of a Neighborhood, floor, wing of a Neighborhood, or a group of rooms at the end of the unit, such as at the end of a hallway.
 - ii. All rooms have private bathrooms, which should assist in reducing risk of disease spread.
 - iii. The number of readmissions will not exceed the number of rooms in the cohort area.
- e. The Infection Prevention and Control Committee will ensure proper identification of the area for residents with the pandemic infectious disease, including demarcating reminders for healthcare personnel. This will be completed immediately by Inservice staff or Nursing Supervisors, using signage approved by the Infection Prevention and Control Committee and placed at the entrance to the Neighborhood or outside the resident room.

- f. The Infection Prevention and Control Committee will determine the procedures for preventing other residents from entering the cohort area. This may be accomplished by setting up a keypad access only door, visual barriers or other physical barriers consistent with Life Safety regulations. It may also be signage with regular staff monitoring. The method will be communicated to all staff.

- g. The Home's Administrator and parent organization, Health Facilities Management, will regularly determine cohorting needs and capabilities through the Home's Quality Assurance and Performance Improvement Committee. If the Home is unable to set up cohort areas or can no longer sustain cohorting efforts, the Administrator and/or Infection Control Nurse will notify the regional NYS Department of Health (DOH) office and local health department (LHD) immediately.

4 Personal Protective Equipment

4.1 Supply of PPE

Logistics functions prior to an incident include identifying and monitoring emergency resource levels, and executing mutual aid agreements, resource service contracts, and memorandums of understanding. These functions are carried out pre-incident by the Finance Officer/designee and are closely monitored throughout the pandemic as well.

- a. The Home will maintain a two-month (60 day) supply stored in the Home or its adjacent climate-controlled garage.
- b. The supply will be based on census and a burn rate based on DOH existing guidance and regulations; in the absence of such guidance, the Home will consult the Center for Disease Control and Prevention's (CDC) PPE burn rate calculator.
- c. The Home will adjust the supply based on protocols outlined in guidance that are specific to the pathogen and illness circulating at the time of the pandemic. Whenever possible, the Home will strive to maintain a supply that can handle worst case scenarios without implementing shortage or other mitigation efforts.
- d. The supply level will be also based on the PPE necessary for both residents and staff in order to continue to provide services and support to residents, given the current guidance on various supplies and strategies from the CDC.
- e. Supplies to be maintained include, but are not limited to:
 - N95 respirators
 - Face shield
 - Eye protection, i.e., goggles
 - Gowns / isolation gowns
 - Disposable gloves
 - Surgical or procedure masks
 - Hand sanitizer
 - Disinfectants in accordance with current EPA Guidance

5 Preserving A Resident's Place

5.1 Readmission

The Home has a long-standing practice of maintaining a resident's place at the Home when the resident is hospitalized. Exceptions may be if the resident's care cannot continue to be provided in a safe and quality manner or if they are considered a risk to the health and safety of others. Such exceptions will be compliant with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).

6 Communicable Disease Reporting

6.1 Importance of Reporting

As a skilled nursing facility, reporting to the New York State Department of Health (DOH) is required to detect intra-facility outbreaks, geographic trends, and identify emerging infectious diseases.

The collection of outbreak data enables DOH to inform health care facilities of potential risks and preventive actions.

Further, DOH, as needed, may provide consultation, laboratory support and on-site assistance in outbreak investigations.

These efforts are to protect public health and ensure the safety of health care facilities.

6.2 What Must be Reported

- a. The Home will report suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.8.
- b. Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees will be reported to DOH by the Infection Control Nurse or designee. This may be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a DOH Health Commerce System Application. Alternatively, faxing an Infection Control Nosocomial Report Form (DOH 4018) on the DOH public website may also be done.
- c. The Infection Prevention and Control Committee will conduct surveillance that is adequate to identify background rates and detect significant increases above those

rates. Healthcare associated infection outbreaks may also be reported to the LHD as requested.

- d. A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) will be reported to the LHD by the Infection Control Nurse or designee.
 - i. If the reportable communicable disease is suspected or confirmed to be acquired at the Home, it must also be reported to the DOH by the Infection Control Nurse or designee. This can be done electronically via the NORA, or, by faxing an Infection Control Nosocomial Report Form (DOH 4018).
- e. Reports must be made to the Chenango County Health Department and submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.
- f. Categories and examples of reportable healthcare-associated infections include:
 - i. An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
 - ii. Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
 - iii. Foodborne outbreaks.
 - iv. Infections associated with contaminated medications, replacement fluids, or commercial products.
- g. A list of diseases and information on proper reporting include:
 - i. Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
 - ii. A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
 - iii. Clusters of tuberculin skin test conversions.
 - iv. A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.

- v. Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
 - vi. Closure of a unit or service due to infections.
- h. Additional information for making a communicable disease report:
- i. The Home's Infection Control Nurse or designee will contact the DOH regional office epidemiologist or the DOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA.
 - ii. For assistance after hours, nights and weekends, New York State Watch Center (Warning Point) may be called at (518) 292-2200.
 - iii. Chenango County Health Department at (607) 337-1660 or the DOH's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at (866) 881-2809. To obtain reporting forms (DOH-389), call (518) 474-0548.
- i. National Healthcare Safety Network System (NHSN) Reporting
- a. Federal and State requirement
 - b. Provides the following numbers or information:
 - i. Facility Bed Capacity
 - ii. Facility Census
 - iii. Number of Admissions admitted/readmitted previously diagnosed with COVID-19 and require transmission-based precautions
 - iv. Number of newly positive residents
 - v. Vaccination status of residents newly diagnosed with COVID-19
 - 1. Not vaccinated
 - 2. Partial Vaccination
 - 3. Complete Primary Series
 - 4. Additional or Booster
 - 5. Booster Doses
 - vi. Resident Deaths
 - 1. Death of any reason
 - 2. Death of COVID-19
 - vii. Resident Impact for Respiratory Illness
 - 1. Number of residents with influenza (flu)
 - viii. SARS-CoV-2 Testing availability
 - ix. Supplies and PPE Shortages
 - x. Staff newly positive with SARS-CoV-2
 - xi. Staff COVID-19 Deaths
 - xii. Staff with influenza (flu)

- xiii. Staff and Personnel Shortages
- xiv. Therapeutic treatment of residents from stock in our facility and outside the facility
 - 1. Monoclonal Antibody Therapy numbers
 - 2. Antiviral Therapy numbers
- xv. Number of Healthcare Personnel eligible to work at our facility during the week of the data collection
 - 1. Regarding the number above, how many received only 1 dose of the two dose vaccination series
 - 2. Regarding the number above, how many completed the entire vaccination series
 - 3. Regarding the number above, how many with other medication conditions
 - 4. Regarding the number above, how many that have any boosters or additional does(s)
 - 5. Regarding the number above, how many are up to date with their COVID-19 vaccinations

7 Authorities and References

This plan may be informed by the following authorities and references:

- Chapter 114 of the Laws of 2020
- DAL NH 20-09 Required Annual Pandemic Emergency Plan for All Nursing Homes; August 20, 2020.

Pandemic Emergency Plan

Authorities and References

Chapter 114 of the Laws of 2020

full text

Section 2803 of the Public Health Law is amended by adding a new subdivision 12 to read as follows:

12. (a) Each residential health care facility shall, no later than ninety days after the effective date of this subdivision and annually thereafter, or more frequently as may be directed by the commissioner, prepare and make available to the public on the facility's website, and immediately upon request, in a form acceptable to the commissioner, a pandemic emergency plan which shall include but not be limited to:

(i) a communication plan:

- (a) to update authorized family members and guardians of infected residents at least once per day and upon a change in a resident's condition and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility, by electronic or such other means as may be selected by each authorized family member or guardian; and
- (b) that includes a method to provide all residents with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians; and

(ii) protection plans against infection for staff, residents and families, including:

- (a) a plan for hospitalized residents to be readmitted to such residential health care facility after treatment, in accordance with all applicable laws and regulations; and
- (b) a plan for such residential health care facility to maintain or contract to have at least a two-month supply of personal protective equipment; and

(iii) a plan for preserving a resident's place in a residential healthcare facility if such resident is hospitalized, in accordance with all applicable laws and regulations.

(b) The residential health care facility shall prepare and comply with the pandemic emergency plan. Failure to do so shall be a violation of this subdivision and may be subject to civil penalties pursuant to section twelve and twelve-b of this chapter. The commissioner shall review each residential healthcare facility for compliance with its plan and the applicable regulations in accordance with paragraphs (a) and (b) of subdivision one of this section.

(c) Within thirty days after the residential health care facility's receipt of written notice of noncompliance such residential healthcare facility shall submit a plan of correction in such form and manner as specified by the commissioner for achieving compliance with its plan and with the applicable regulations. The commissioner shall ensure each such residential healthcare facility complies with its plan of correction and the applicable regulations.

(d) The commissioner shall promulgate any rules and regulations necessary to implement the provisions of this subdivision.

§ 2. This act shall take effect immediately.



ANDREW M. CUOMO
Governor

Department of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

August 20, 2020

Re: DAL NH 20-09 Required Annual
Pandemic Emergency Plan for All
Nursing Homes

Dear Nursing Home Operators and Administrators:

On June 17, 2020, Governor Andrew M. Cuomo signed into Law Chapter 114 of the Laws of 2020 creating a new subdivision 12 to section 2803 of the Public Health Law. The new subdivision requires that each residential health care facility, by September 15, 2020, prepare and make available to the public on the facility's website, and immediately upon request, a Pandemic Emergency Plan (PEP).

This DAL explains the requirements for the PEP outlined in the statute and provides additional direction and guidance on how to implement its requirements. The Department will be issuing further guidance on a recommended form for the PEP. Generally, the PEP must include:

1. A communication plan that:
 - a. Updates authorized family members and guardians of residents infected with the pandemic infectious disease at least once per day and upon a change in the resident's condition;
 - b. Updates all residents and authorized family members and guardians once per week on the number of infections and deaths at the facility;
 - c. A plan to provide all residents with daily access to free remote videoconferencing, or similar communication methods, with authorized family members and guardians; and
 - d. Required communications must be by electronic means or other method selected by each family member or guardian
2. Infection Protection Plans for staff, residents and families, to include:
 - a. A plan for readmission of residents to the facility after hospitalization for the pandemic infectious disease
 - i. Such plan must comply with all other applicable State and federal laws and regulations, including but not limited to 10 NYCRR 415.19, 415.3(i)(3)(iii) and 415.26(i); and 42 CFR 483.15(e).
 - ii. The facility's plan should also consider how to reduce transmission in the event there are only one or a few residents with the pandemic disease in a facility and corresponding plans for cohorting, including:
 1. Use of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, such as at the end of a hallway;
 2. Discontinue any sharing of a bathroom with residents outside the cohort;

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3. Proper identification of the area for residents with the pandemic infectious disease, including demarcating reminders for healthcare personnel; and
4. Procedures for preventing other residents from entering the area.
- iii. Additionally, the plan should consider steps for facility administrators and operators to determine cohorting needs and capabilities on a regular basis, including establishing steps to notify regional Department of Health offices and local departments of health if the facility cannot set up cohort areas or can no longer sustain cohorting efforts.
- b. Having personal protective equipment (PPE) in a two-month (60 day) supply at the facility or by a contract arrangement¹.
 - i. Supply needs are based on facility census, not capacity, and should include considerations of space for storage. To determine supply needs during a pandemic episode, facilities should base such need on DOH existing guidance and regulations; in the absence of such guidance, facilities should consult the Center for Disease Control and Prevention (CDC) PPE burn rate calculator.
 - ii. Be cognizant of experience with prior pandemic response and adopt protocols outlined in guidance that are specific to the pathogen and illness circulating at the time of the pandemic, and plan to handle worst case scenarios without implementing shortage or other mitigation efforts.
 - iii. This plan should address all personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents, current guidance on various supplies and strategies from the CDC. Supplies to be maintained include, but are not limited to:
 1. N95 respirators
 2. Face shield,
 3. Eye protection
 4. Gowns/isolation gowns,
 5. gloves,
 6. masks, and
 7. Sânitizer and disinfectants in accordance with current EPA Guidance.:
3. Plan for preserving a resident's place at the facility when the resident is hospitalized.
 - a. Such plan must comply with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).
4. Compliance with the PEP
 - a. Failure to comply is a violation of § 2803(12), which may subject the facility to penalties pursuant to PHL § 12 and § 12-b and other enforcement remedies.
5. Format for PEP
 - a. The Department suggests that in developing the PEP document, the facility follow the format for the Emergency Preparedness plan you developed for the CMS Emergency Preparedness Rule. We suggest that the PEP be included as

¹ Please also keep in mind that nursing home operators and administrators must also comply with emergency regulations effective July XX, 2020, setting forth PPE stockpile requirements.

an annex to that plan. A format of an annex will be provided to you. It will be modeled after the templates distributed as part of the 2019 DOH Comprehensive Emergency Management Plan (CEMP) training to nursing homes on developing a PEP. Attached is information for taking an online version of the CEMP training as a refresher; or if you were unable to attend last year's live training sessions.

We will be using the CEMP for purposes of complying with the requirement and a webinar will be scheduled to explain how to incorporate the pandemic emergency plan in the CEMP. Any questions regarding this correspondence should be forwarded to nursinghomeinfo@health.ny.gov.

Thank you for your attention to this important issue affecting residents of nursing homes in New York State.

Sincerely,

Sheila McGarvey
Director
Division of Nursing Homes and ICF/IID
Surveillance
Center for Health Care Quality and
Surveillance

Attachments (3) as follows:
OHEP.CEMPONLINE
CEMP and PEP Template
PEP Tool Kit Annex K – Infectious Disease