



# The Citadel

REHABILITATION & NURSING CENTER AT  
KINGSBRIDGE

*A Citadel Facility*

## PANDEMIC EMERGENCY PLAN 2020

### Fulfillment of the Mandate from the NYSDOH by September 15th 2020 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 (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.
- (ii) Protection plans against infection for staff, residents and families, including:
  - 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.



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## **Mission Statement**

The Facility will maintain an effective Pandemic Emergency Preparedness Plan. The Facility will comply with the executive orders and guidelines by Centers for Medicaid and Medicare Services (CMS), Centers for Communicable Diseases (CDC), New York State Department of Health, and other regulatory agencies. This Plan will include the Facility's response and recovery to a natural and/or manmade disaster/hazard having an effect on a pandemic scale. In accordance with New York Codes Rules and Regulations Title (10), 415.19, all requirements and recommended elements have been addressed and incorporated into the Pandemic Emergency Preparedness Plan. The Facility has assessed and recognizes the risks associated with a pandemic and will utilize all available resources to meet the Long-term care population needs.

## **Introduction**

The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics and pandemics. A pandemic is an outbreak of an infectious disease that affects people or animals over an extensive geographical area. The impact of a novel virus, to which the general population would have little or no immunity, is not likely to be predicted, however, scientifically has been forecasted by public health experts on numerous occasions, the lessons learned during the 2003 SARS outbreak and lately during the COVID-19 pandemic, have been the hallmark of the potential success of the Pandemic Emergency Preparedness Plan. As a Long-Term Care population, we are at increased risk of severe illness and mortality due to co morbidities and chronic illness. During a pandemic Long-Term Care Facilities may need to implement restrictive visitation privileges, manage shortages, increased death rates, instabilities in staffing and more difficult issues that may threaten the facility's ability to remain fully operational.

**In an effort to mitigate the negative effects of a pandemic on this Long-term Care facility the following have been addressed**

### **A. Staff Education on Infectious Diseases**

- The Facility Infection Preventionist (IP) in conjunction with In-service Coordinator/Designee provides education on Infection Prevention and Management upon hire, annually and as needed for any identified infection prevention and control concerns /updates on an ongoing basis.
- The IP in conjunction with the In-service Coordinator will in-service all staff on Infection Prevention policies and procedures as needed for event of an infectious outbreak including all CDC and State updates/guidance.
- The facility has implemented an increased signage procedure and frequent educational update sessions to maintain current guidance from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, through the facility IP and In-service coordinator.

See Infection Control In-service Education Program in PP-COVID-19

### **B. Infection Prevention Control, and Reporting Policies**

- The facility will develop Infection Prevention and Control Policies consistent with current national pandemic(s) and the Centers for Disease Control and Prevention (CDC) guidelines. The facility will conduct quarterly review and necessary revisions to enforce existing infection prevention control and reporting policies. As needed, the facility will communicate with regulatory bodies to ensure that any new regulations and, or areas of concern as related to Infection Control and Prevention (e.g. outbreaks) are incorporated into the Facilities Infection Control Prevention Plans. The Emergency Preparedness plan and procedure will be



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reviewed and revised in its entirety with the facility's inter-disciplinary team and attested once annually and as needed by the Administrator or designee.

- Monthly and as needed COVID-19 education is provided for all staff to maintain individual knowledge on SARS- CoV2, prevalence, signs and symptoms, transmission, prevention, and treatment.
- Hand hygiene, donning, and doffing personal protective equipment (PPE's) competencies will be conducted with staff and competencies conducted.

See Facilities Infection and Prevention Program in PP-COVID-19

## **C. Conduct Routine/Ongoing, Infectious Disease Surveillance**

At daily Clinical Morning Meeting, the IDT team will review any issues regarding infection control and prevention practices (ICP) that were identified during ICP Surveillance Rounds the previous day. Although deficient practices are corrected immediately upon observation with on-site teaching, follow up at the daily Clinical Morning Meeting is performed to share findings and disseminate current standards of ICP practices to management and senior leadership.

Resident infections as well as the usage of antibiotics will be reviewed on a monthly basis to identify developing trends and correct antiquated prescribing practices

All staff is educated during the onboarding process, annually and as needed to report all changes in resident condition to supervisory and nursing staff.

Rates of infectious diseases and detection of significant increases above those rates will be identified and addressed.

Infection surveillance will be conducted daily to collect and analyze ICP practices for subsequent translation and dissemination into practice.

Staff adherence to recommended IPC practices are monitored and audited using specific forms designed to capture, report, and correct deficient practices

The ICP Facility Assessment will be updated quarterly and as needed

See Policy: Infection Control Surveillance in PP-COVID-19

## **D. Staff Testing/Laboratory Services**

- The Facility will conduct staff testing, if indicated in accordance with current state and federal regulations and epidemiology recommendations for a given infectious agent.
- The facility shall have prearranged agreements with laboratory services to accommodate any testing of residents and staff including consultants and agency staff if required.
- The Administrator/ DNS/Designee will check daily for staff and resident testing results and take action in accordance with current State and federal guidance.

Refer to Vendor List in Emergency Management Plan (EMP)

## **E. Staff Access to Communicable Disease Reporting Tools**

- Designated staff is assigned to gather and analyze clinical data and subsequently access and report to the Health Commerce System (HCS), NORA and the National Healthcare Safety Network (NHSN). All roles are assigned and updated, as needed, for reporting to NYSDOH.



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- The facility will designate an NHSN Administrator and two additional users who are trained to gather, analyze, and submit facility data.
- The facility will designate an Infection Preventionists who meets the requirements in F 882 and will delegate 1-2 additional individuals to meet these requirements for coverage as needed.
- The Administrator is ultimately responsible for ensuring all reporting as required or mandated by state and federal agencies.

*See Annex 'P' Section 1 Communicable Disease Reporting See  
Guidelines for Infectious Outbreak Investigation*

## **F. Internal Policies and Procedures for Stocking Needed Supplies**

- The Medical Director, Director of Nursing, Infection Preventionist, Safety Officer, and other appropriate personnel will review the Policies for performing inventory and ensuring adequate supplies for delivery of care services.
- The facility has contracted with a Vendor Pharmacy to arrange for 4-6 weeks supply of prescribed resident medications to be delivered should there be a Pandemic Emergency. - AttnClinical.
- The facility has established par Levels for Environmental Protection Agency (EPA) approved environmental cleaning agents based on pandemic usage.
- The facility has established par Levels for PPE and currently maintains a 30-day supply which will increase to a 60-day supply by the end September. The supply list includes but not limited to:
  - N95 respirators
  - Face shield
  - Eye protection
  - Gowns/isolation gowns
  - Gloves
  - Masks

Staff would be educated and competencies performed on properly donning, doffing and disposing of PPE's, and hand hygiene, to support the behavior and cultural change required to mitigate the risk of transmitting COVID-19. Signage would be posted throughout the building as reminders for staff.

*See Vendor Contracts in EMP (Emergency Management Plan) See  
PPE tracker\**

## **G. Administrative Controls with regards to Visitation and Staff Wellness**

- All sick calls will be monitored by Department Director to identify any staff pattern or cluster of symptoms associated with infectious agent.
- Each Department Director will keep a list of sick calls and report any issues to IP/DNS/ Designee.
- Staff members will be screened, on entrance to the facility, to include symptom check as per DOH and CDC guidance.



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- Visitors will be informed of any visitation restriction related to an Infection Pandemic. Any visitation restriction will be enforced/lifted as allowed by NYSDOH.
- A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with other care centers, staffing agencies, local and regional DOH planning and CMS to address widespread healthcare staffing shortages during a crisis.

*See Policy on Visitation Guidelines during Pandemic\**

*See Policy on Staff Screening and Monitoring During a Pandemic. \* See*

*Policy on Emergency Preparedness /Hazards Staffing Guidelines*

## **H. Environmental Controls related to Contaminated Waste**

- Areas for contaminated waste are clearly identified as per NYSDOH guidelines
- The facility environmental coordinator shall follow all Department of Environmental Conservation (DEC) and DOH rules for the handling of contaminated waste. The onsite storage of waste shall be labeled in accordance with all regulations. The handling policies are available in the Environmental Services Manual. Any staff involved in handling of contaminated product shall be trained in procedures prior to performing tasks and shall be given proper PPE.
- Facility will follow cleaning for standard terminal enhanced cleaning and Disinfection

*See Policy on Control Methods in PP-COVID-19*

*See Policy on Handling of Biohazard Waste Materials\* See*

*Terminal Room Cleaning Policy*

## **I. Vendor Supply Plan for food, water, sanitizing agents medication, and other supplies**

- Facility maintains a professional agreement with reliable vendors in order to procure adequate supplies as needed.
- Facility maintains a minimum supply of 96 hours of food and water. This is monitored on a quarterly basis to ensure that it is intact and safely stored
- Facility has adequate supply and access to medication from the Pharmacy and other related vendors.
- Facility has access to supplies of cleaning/sanitizing agents.
- Supply Logs will be kept by the Department Head who will be responsible for monitoring the supply and reporting to the Administrator/designee any shortages or needs.

Refer to Emergency Preparedness Manual & Policy on Subsistence Food and Water located within the CEMP

## **J. Develop Plans to Ensure Residents are Cohorted based on their Infectious Status**

- The facility will cohort residents together who are colonized or infected with the same pathogen to confine their care to one area as well as to minimize contact and to prevent spread (Through the following Cohorting Plans).



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- The facility will revise Cohorting based on state, federal and collaboration with Local Epidemiologist as guidance becomes available and necessary.

See Policy on Cohorting

## **K. Cohorting residents using a part of a unit, dedicated floor or wing, or group of rooms**

- The Facility will dedicate a wing or group of rooms at the end of a unit in order to Cohort residents. This area will be clearly demarcated as isolation area.
- Appropriate transmission-based precautions will be adhered to for each of the Cohort Groups as stipulated by NYSDOH.
- Residents will be transferred based on their infection status in accordance with applicable NYSDOH and CDC guidance.
- All attempts will be made to have dedicated caregivers assigned to each Cohort group and to minimize the number of different caregivers assigned.
- Facility will revise cohorting based on DOH and CDC guidance becomes necessary.

See Policy on Cohorting

## **L. Plan to Ensure Social Distancing Measures**

- The facility will follow the procedure on social distancing measures in accordance with State and CDC guidance to help control and prevent the spread of infections during outbreaks, including recreational activities and dining.
- The facility will post signage indicating directives for social distancing as per NYSDOH and CMS guidance.
- Residents and staff will be educated and monitored to maintain social distancing between residents and peers.

## **M. Return to Normal Operations**

- Recovery services will focus on the needs of the residents and staff and help to restore the facility's pre-disaster physical, mental social and economic conditions.
- The facility will adhere to directives as specified by, State and CDC guidance at the time of each specific infectious disease or 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.
- The facility will maintain communication with the local NYSDOH and CMS and follow guidelines for returning to normal operations. During the recovery period residents and staff will continue to be monitored daily in order to identify any symptoms that could be related to the infectious agent.

Refer to Emergency Preparedness Manual, Recovery Annex



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## **Additional Preparedness Planning Tasks for Pandemic Events**

### **N. Pandemic Communication Plan**

- The Administrator in conjunction with the Social Service Director will ensure that there is an accurate list of each resident's Representative, and preference for type of communication.
- Communication of a pandemic includes utilizing established Staff Contact List to notify all staff members in all departments.
- Facility will update website and provide family notification on the identification of any infectious disease outbreak of potential pandemic.

### **Refer to Section of PEP Additional Response Communication and Notifying Families/ Guardians and Weekly Update page 8**

See Policy and Procedure on Communication During a Pandemic- in PP-COVID-19) Refer

to list of Resident representatives/contact information

Refer to Staff Contact List located in EMP

### **O. Plans for Protection of Staff, Residents, and Families Against Infection**

- Education of staff, residents, and representatives
- Screening of residents
- Screening of staff
- Visitor Restriction as indicated and in accordance with NYSDOH and CDC
- Proper use of PPE
- Cohorting of Residents and Staff

See Infection Prevention and Control Policy and Procedures in PP-COVID-19

## **Response Tasks for All Infectious Disease Events**

### **P. Guidance, Signage, Advisories**

- The facility will 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.
- The Infection Preventionist/Designee will ensure that appropriate signage is visible in designated areas for newly emergent infectious agents
- The Infection Preventionist/Designee will ensure that appropriate signage is visible in designated areas to heighten awareness on cough etiquette, hand hygiene and other hygiene measures in high visible areas.

Refer to the CDC website for Signage – See also Annex 'P'



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## **Q. Reporting Requirements**

- 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).
- The DON/Infection Preventionist will be responsible to report communicable diseases via the NORA reporting system on the HCS on NHSN as directed by CMS.

## **R. Limit Exposure**

- Facility will Cohort residents according to their infection status
- Facility will monitor all residents to identify symptoms associated with infectious agent.
- Units will be quarantined in accordance with NYSDOH and CDC guidance and every effort will be made to cohort staff.
- Facility will follow all guidance from NYSDOH regarding visitation, communal dining, and activities and update policy and procedure and educate all staff.
- Hand sanitizer will be available on entrance to facility, exit from elevators, and according to NYSDOH and CDC guidance

See Policy on Cohorting In IP Manual

## **S. Separate Staffing**

- The facility will implement procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.

See Policy on Emergency Preparedness /Hazards Staffing Guidelines See  
Policy on Emergency Staffing

## **T. Conduct Cleaning/Decontamination**

- The facility will conduct cleaning/decontamination in response to the infectious disease utilizing cleaning and disinfection product/agent specific to infectious disease/organism in accordance with any applicable NYSDOH, EPA, and CDC guidance.

See Policy on Terminal Cleaning

See Policy on Environmental Cleaning

## **U. Educate Residents, Relatives, and Friends About the Disease and the Facility's Response**

- The facility will provide updates to 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. Method of communication will be via telephone calls, mailings, robo calls, or facility website.

Refer to the attached Policy and Procedure on Communication During a Pandemic\*





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## **V. Procedure on Advising Vendors, Staff, and other stakeholders on facility policies to minimize exposure risks to residents**

- Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors and vendors to limit/discontinue visits to reduce exposure risk to residents and staff.
- Vendors and Consultants will be notified, in writing, by the Administrator/designee of pandemic practices and limitations to entry into the facility.
- Emergency staff including EMS will be informed of required PPE to enter facility
- Vendors will be directed to drop off needed supplies and deliveries in a designated area to avoid entering the building.
- The facility will implement closing the facility to new admissions in accordance with any NYSDOH directives relating to disease transmission

See Policy on Visitation during a Pandemic\*

Refer to Vendor Contact List in Comprehensive Emergency Manual

## **W. Limiting and Restriction of Visitation**

The facility will limit and/or restrict visitors as per the guidelines from the NYSDOH

Residents and Representatives will be notified as to visitation restrictions and/or limitations as regulatory changes are made.

See Policy on Visitation during a Pandemic- in PP-COVID-19

## **Additional Response Tasks for Pandemic Events**

### **X. Ensure Staff Are Using PPE Properly**

- Appropriate signage shall be posted at all entry points, and on each residents' door indicating the type of transmission-based precautions that are needed.
- Staff members will receive re-education and have competency done on the donning and doffing of PPE.
- Infection Control rounds will be made to monitor for compliance with proper use of PPE

See Policy on Surveillance in PP-COVID-19 See

policy on PPE in PP-COVID-19

### **Y. Post a Copy of the Facility's PEP**

- The facility will 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.
- A "hard copy" of document will remain available in facility lobby, accessible by residents, families and staff. Additional copies can be provided, upon request.



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## **Z. The Facility Will Update Family Members and Guardians**

- The Nursing Department will provide telephone updates, to authorized family members and guardians for residents infected with the pandemic infectious disease, daily, and upon changes to a resident's condition.
- Facility will provide weekly updates to all residents detailing the number of infections and deaths at the facility;
- Robo Calls and/or mail correspondence and/or phone calls will be provided updates to authorized family members and guardians, once per week, detailing the number of infections and deaths at the facility;
- Staff will offer residents the use of cell phones, tablets etc. to communicate, with authorized family members and/or guardian
- The facility will communicate with Residents, Representatives as per their preference via, calls/robocalls and document all communication preference in the CCP/medical record.
- Residents will be notified with regards to the number of cases and deaths in the facility unless they verbalize that they not wish to be notified. This will be documented in the medical record/CCP.

Refer to the attached Policy and Procedure on Communication During a Pandemic\* Refer to CMS guidelines regarding a change in condition

## **AA. The Facility Will Update Families and Guardians Once a Week – (See Section 3 Above)**

### **AB. Implement Mechanisms for Videoconferencing**

- The facility will provide residents at no cost, daily access to remote videoconference or equivalent communication to be able to continue communication with friends a family member of their choosing.

Refer to the attached Policy and Procedure on Communication During a Pandemic

### **AC. Hospitalized Residents**

- 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(i); and 42 CFR 483.15(e).
- Prior to Admission/readmission the DNS/designee will review hospital records to determine resident needs and facility's ability to provide care including Cohorting and treatment needs.

See Policy on admissions/readmissions during a Pandemic\*

### **AD. Preserving a Resident's Place**

The facility will implement processes 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).

See Policy on admissions/readmissions during a Pandemic- in PP-COVID-19\*



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## **AE. The Facility's Plan to Maintain at least a two-month supply of Personal Protective Equipment (PPE)–Refer to Section 6**

See PPE tracker\*

### **Recovery of all Infectious Disease Events**

#### **AF. Activities/Procedures/Restrictions to be Eliminated or Restored**

- The facility will focus on recovery of services based on the return to operations directives from the CDC, NYSDOH and the needs of the residents and staff to reinstate said services to pre-pandemic operations.
- Recovery/Return to Normal Operations
- The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.
- The facility will ensure that during the recovery phase all residents and staff will be monitored and tested to identify any developing symptoms related to the infectious agent in accordance with State and CDC guidance.
- The facility will screen and test outside consultants that re-enter the facility, as per the NYS DOH guidelines during the recovery phase