

2020



# Pandemic Emergency Plan

HAZARD ANNEX – INFECTIOUS DISEASE  
EMERGENCY PREPAREDNESS

ST. MARY'S HOSPITAL FOR CHILDREN | 29-01 216th Street Bayside, NY 11360

## Hazard Annex K: Infectious Disease

### Infectious Disease 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 pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality.

St. Mary's Healthcare System for Children follows effective strategies for preventing infectious diseases. The information in this Annex includes the identified priorities and focus areas. Under the Pandemic Emergency Plan (PEP) requirements of Chapter 114 of the Laws of 2020, special focus is required for pandemics. This plan meets all requirements of that law.

The PEP will be posted on our facility website, it will be reviewed annually and as needed based on activations and changes in process.

### Infection Disease Law Requirements:

1. Each residential health care facility shall 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 limited to:
  - a. A communication plan
    - i. Update resident's authorized family member or 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
    - ii. 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
  - b. Protection plans against infection for staff, residents and families including:
    - i. A plan for hospitalized residents to be readmitted to such residential health care facility after treatment, in accordance with applicable laws and regulations; and
    - ii. 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
  - c. 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
    - i. The residential healthcare facility shall prepare and comply with the PEP. Failure to do so shall be a violation of this subdivision and may be subject to civil penalties pursuant to section twelve-b of this chapter
  - d. Within thirty days after the residential healthcare 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.

## Staff Education

St. Mary's will provide education to all staff members' pre- employment orientation, annually, with increased frequency during a pandemic on the following topics:

1. Hand Hygiene
2. Personal Protective Equipment
3. Infectious Disease Transmission, precaution modalities
4. Respiratory Protection

Trainings will be completed through multiple modalities such as:

1. Staff meetings (inter departmental, unit based huddles).
2. Online Learning Management System – Relias Learning
3. Competencies

## Infection Prevention Policies

St. Mary's infection prevention program policies and procedures are reviewed and revised annually and as needed following a learned experience with an infectious outbreak. Changes are tracked in our Policy Management Program – OnBase. The following are the current policies and procedures (see attached):

1. IC Risk Assessment
2. Respiratory Protection Program
3. Reporting Infectious Communicable Diseases
4. Infection Prevention Performance Improvement Plan
5. Disinfection of Toys
6. Hand Hygiene – Residents
7. Hand Hygiene – Staff
8. Animal Policy
9. Definition and Surveillance of HAIS
10. Transmission Based Modalities
11. Blood and Body Fluid Spills
12. Cleaning and Disinfection of Equipment and Surfaces
13. Guidelines for Environmental Control – Daily Routine Cleaning Resident Rooms
14. Red Bag Waste Disposal
15. Pre Admission Immunization
16. Standard Precautions
17. Employee Education
18. OSHA Exposure Control Plan
19. Facility Management- Laundry
20. Pre admission Immunization
21. Proper disposal of Sharps
22. Proper handling of Linen
23. Standard Precautions

24. Safe Injection Practices
25. COVID exposure control plan
26. Employee Health Services
27. System wide Influenza protocol
28. Processing of Dental equipment

## Communication Plan

As per the requirements of the PEP, a facility must develop external notification procedures directed toward authorized family members and guardians of the resident.

### **Resident / Resident Representative Communication**

To adequately address this requirement St. Mary's had developed a record of all authorized family members and guardians which includes secondary (back-up) authorized contacts, as applicable.

1. Identification of Authorized Family Member and/or Guardian (Resident Representative) and secondary authorized contact.
  - a. Upon admission each resident has an identified contact which is their Resident Representative and serves as the primary authorized person for notifications
  - b. A secondary contact is identified and documented as Next of Kin in the electronic medical record.
  - c. Preferred method of communication is identified
    - i. Phone Number
    - ii. Email
    - iii. Mobile Number for Text Messaging
2. Maintenance of Authorized Family Member information
  - a. Patient Family Services is responsible for maintaining accurate up-to-date contact information for both the primary and secondary person
3. Forms of Notification
  - a. St. Mary's uses several forms of communication:
    - i. Person to Person Communication
    - ii. Text Messages
    - iii. Email

In the event of a pandemic all family members will be notified via our Phone Tree distribution (a mass communication tool used to disseminate brief updates to multiple recipients) every Monday of the current number of pandemic-related infections and deaths, including residents with a pandemic-related infection who passed away for reasons other than such infection.

If a Resident Representative prefers an alternate method of communication it will be documented by the Social Worker on the resident's unit and their communication will be arranged to meet their needs.

Additionally, Resident Representatives will be updated daily if the resident is positive for pandemic-related infections using their desired method of communication.

## Staff Communication

To maximize communication during a pandemic the leadership team will utilize multiple modalities including notifications on the intranet, departmental staff meetings, unit based huddles, daily distribution of the precaution logs and remote town halls. Additionally, we will utilize our online learning management system to share important information and changes in process.

## Protection against Infection for Staff, Residents, and Visitors

1. Personal Protective Equipment (PPE) – the following PPE will be maintained onsite with at least a sixty day supply:
  - a. N95 Respirators
  - b. Face Shields
  - c. Eye Protection
  - d. Gowns/Isolation gowns
  - e. Gloves
  - f. Masks
  - g. Sanitizers and Disinfectants
2. Food Services (See attached emergency plan)
3. Pharmacy (See attached emergency plan)
4. Cohorting
  - a. Identification of safe location for residents testing positive for a pandemic-related infections will be identified at the onset of an infectious disease pandemic by the Incident Command Team and continuously throughout the episode
    - i. Single bed rooms if available will be used for residents who test positive for a pandemic-related infection
    - ii. When single bed rooms are not available both the positive resident and their roommate as well as the adjacent room (shared bathroom) when applicable, will be placed on isolation until resident is no longer testing positive for the pandemic-related infection
  - b. Staff rotations and assignments will be evaluated by the Incident Command team at the onset of an infectious disease pandemic and continuously throughout the episode.
5. If resident is not able to be safely cared for based on medical assessment the resident will be transferred to an Acute Care Facility (ACF)

## Preserving the Resident's Place at the Facility

If a resident is transferred to an acute care facility due to a pandemic-related infection St. Mary's will:

**Resident is eligible for bed reservation** (the resident has been at St. Mary's for a minimum of 30 days, resident must be straight Medicaid or Managed Medicaid, St. Mary's has a vacancy rate of no more than five percent)

1. The medical provider will document bed hold, place follow up calls to the acute care facility (ACF) prior to the morning of the 4<sup>th</sup> day, inform ACF of the need to notify admissions department prior to child's return to the facility, maintain contact with ACF throughout bed hold)

2. The Admissions department will provide the New York State Medicaid Stat of Bed Reservation form to ACF discharge planner, monitor the Bed Reservation form, if bed hold status expires make determination if resident's bed will be held at no charge
3. Readmission will be based upon Infection control clearance of all active infections prior to transfer.

### **Resident is not eligible for bed reservation**

The resident will be discharged from St. Mary's and be placed on a priority list for readmission when the resident is ready to return to the facility.

### **Infectious Disease Reporting**

In compliance with New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.99 St. Mary's uses the following reporting process:

1. Any outbreak or significant increase in nosocomial infections above the normal baseline in our residents or employees will be reported to the New York State Department of Health (NYSDOH). This is done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. In the event that NORA is inaccessible St. Mary's will complete the Infection Control Nosocomial Report Form (DOH 4018) and fax the report to the NYSDOH.

A single case of a reportable communicable disease or any unusual disease (defined as newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) will be report to the New York City Department of Health (NYCDOH). Additionally, the outbreak will be reported to the NYSDOH.

2. Reports will be submitted to the NYCDOH within 24 hours of diagnosis. When necessary due to diagnosis reports will be made immediately.
3. Categories and examples of reportable healthcare-associated infections (HAI) include:
  - a. An outbreak or increase incidence of disease due to any infectious agent occurring in residents or in persons working in the facility
  - b. Intra-facility outbreaks of influenza, gastroenteritis, respiratory viral infections, Multiple drug resistant organisms
  - c. Foodborne outbreaks
  - d. Infections associated with contaminated medications, replacement fluids, or commercial products
  - e. Single cases of HAI due to any of the diseases on the Communicable Disease Reporting list
  - f. A single case involving Staphylococcus aureus showing reduced susceptibility to Vancomycin
  - g. Clusters of tuberculin skin test conversions
  - h. A single case of active pulmonary or laryngeal tuberculosis in a resident or staff member
  - i. Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions
  - j. Closure of a unit or service due to infections
  - k. Single case of Influenza/ COVID 19.

When the infection prevention coordinator requires assistance they will contact the NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control program.

NYSDOH Contact information:

- Bureau of Communicable Disease Control
  - 518-473-4439, or
  - 1-866-881-2809 after hours
  - NYSDOH Central office (914) 654- 7057.

NYC DOH

- 1-866-NYC-DOH1 (1-866-692-3641)

CMS reporting via the CDC/ NHSN COVID 19 LTC module

The following people have access to the NORA reporting program:

1. Infection Prevention Coordinator
2. Assistant Director of Quality, Safety and Emergency Preparedness
3. AVP, Nursing Services

The infection prevention coordinator has primary responsibility for reporting all HAI throughout the facility. There are two back up staff members in the infection prevention coordinators absence.

## Surveillance

St. Mary's will identify HAIs as defined by CDC/NHSN criteria. The capture of these adverse events shall be routine, ongoing and systematic, with the associated analysis and dissemination of the data. The identification of these adverse events will be utilized as measurable outcome data associated with the goals and objectives of the infection prevention program, which will be evaluated on an annual basis (See attached policy).

## Healthcare System Reporting

St. Mary's has multiple staff members assigned to the HCS HERDS reporting role they include:

1. The Facility Administrator
2. The Assistant Director of Quality, Safety and Emergency Preparedness

St. Mary's has multiple staff members assigned to the CDC/ NHSN COVID 19 LTC module

1. The Assistant Director of Quality, Safety and Emergency Preparedness- administrator
2. The Infection Preventionist- user

## Visitation

In response to a Pandemic outbreak, St. Mary's will follow all Executive Orders and guidance provided related to visitation. (See attached – visitation policies).

When in person visitation is no longer possible each resident will be provided opportunities to engage in virtual visits with their families and friends (see attached – virtual visitation policy).

## Recovery

St. Mary's will maintain review of, and implementation procedures provided by the NYSDOH and the Centers for Disease Control (CDC) recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities, procedures, restrictions may be eliminated, restored and the timing of when those changes may be executed.

Any relevant activities regarding recovery and return to normal operations will be communicated with staff, families, guardians, family representatives, and other relevant stakeholders utilizing our communication plan.