

Pandemic Response Plan for Long Island State Veterans Home

Overview

A “Public health emergency” is the occurrence or imminent threat of an illness, health condition, or widespread exposure to an infectious or toxic agent that poses a significant risk of substantial harm to the affected population.

For the purposes of this planning effort, the health emergency shall be assumed to be contagious, such as influenza, Covid -19 or another novel virus.

The intent of this document is to provide guidelines for how the Long Island State Veterans Home will respond to the event and to ensure, to the greatest extent possible, the health and safety of the organization’s residents and employees.

A. Incident Command Team (see Emergency Preparedness Manual)

1. Notify the Incident Command Team Members using AMG alert system, email and/or phone.
2. Set up command center using the Incident Command Organization Structure found in the Emergency Preparedness Manual.
3. The Incident Command Team members will develop all planning for communication regarding the Pandemic Emergency Plan (PEP).
4. The Incident Command Team will meet at least weekly and more frequently as needed to discuss updates and/or information related to the pandemic.
5. The Incident Command Leaders will meet with Department Heads as needed to keep them informed of any information related to the pandemic.

B. Reporting to Regulatory Agencies

1. Report any suspected or confirmed communicable diseases/infections as per the New York State Sanitary Code.
2. All outbreaks will be reported electronically via New York State Department of Health Commerce System (HCS) using the Nosocomial Outbreak Reporting Application (NORA).
3. The Facility will comply, as requested, with any additional required reports mandated by the Department of Health or other regulatory agencies.
4. The Infection Control Preventionist, Director of Nursing and/or Administrator or designee, will complete any of the required reporting.

C. Internal / External Notification

1. All staff, families/designated resident representative and volunteers will be notified regarding any pandemic related information affecting the facility status using the AMG Alerts.

2. All AMG alerts will inform all staff, families/designated resident representative and volunteers by either phone, email or text messaging to access the LISVH website for updated information.
3. If any staff, families/designated resident representative and volunteers cannot access the website – they will be provided with an option that meets their needs.
4. Any changes in the individual resident conditions will be communicated to the family and/or designated representative by the resident’s Physician.

D. Staff Education on Infectious Disease

1. Education will include but not be limited to the following:
 - Exposure Risks
 - Symptoms
 - Prevention
 - Correct use of Personal Protective Equipment (PPE)
 - Any specific information related to the specific infectious disease
2. Annual Education will include competencies of hand hygiene and use of PPE
3. The Infection Control Preventionist and education instructor will plan and provide all other education as indicated using printed educational materials and web-based programs.

E. Policy and Procedures

1. All Infection Control and Emergency Preparedness policies and procedures are reviewed as per facility requirements. These include but are not limited to the following:
 - Outbreaks of Infectious/Communicable Diseases
 - Reportable Diseases
 - Daily Sick Calls
 - Restriction of Nursing Units
 - Surveillance of Health Care Associated Infections
 - Covid 19 Pandemic
 - Facility COVID 19 Testing
2. At the time of the pandemic, any related policy and procedures would be reviewed and update as needed.
3. New policies and procedure will be develop as needed during the pandemic.

F. Infectious Disease Surveillance/Testing

1. Resident and Staff Surveillance - See policy and procedure for Outbreaks of Infectious/Communicable Diseases
2. Resident/Staff testing will be recommended and /or provide depending on type and availability of testing based on State and Federal guidelines.

- a. Influenza and Covid 19 testing will be provided to the resident as indicated through Stony Brook University Hospital laboratory
 - b. Staff will be referred to their primary physician for Influenza testing as needed and Covid 19 testing will be offered by the facility as per the executive order. Staff will also be given resources that provide testing outside facility if they choose that option.
 - c. For other novel virus, testing will be conducted as recommended by regulatory agencies and CDC.
3. All specimens are sent to Stony Brook University Hospital (SBUH) laboratory as a first choice. If they are unable to meet the needs, other resources will be pursued.

G. Supplies

1. Medications

- We keep a 60 day supply of medication in stock in our in house pharmacy
- During a pandemic, we will enhance our supply as needed.
- The facility has the ability to order from multiple wholesalers that supply medication daily.
- The facility has the ability to obtain medication from Stony Brook University Hospital Pharmacy, if necessary.

2. Environmental Cleaning Agents

- Cleaning supplies/agents are purchased through several different vendors.
- The primary cleaning agents and germicidal disinfectants are purchased in a concentrated form and dispensed through a dilution center.
- Utilizing a dilution center, removes the need to manually mix cleaning agents and limits product waste.

3. Personal Protective Equipment - is defined as surgical masks, N95 or KN95 masks, disposable gowns, face shields / goggles, gloves, alcohol based hand sanitizer and any other equipment deemed necessary.

- The Personal Protective Equipment (PPE) Committee:
 - will be responsible for maintaining at least a 60 day supply of PPE based on current facility census and infection control procedures in-place
 - The PPE Committee will consist of representatives from the following departments: purchasing, nursing, infection control, corporate compliance, and administration/finance.
 - During a pandemic the PPE Committee will do the following:
 - On a daily basis will evaluate the current facility PPE usage (burn) rate.
 - On a weekly basis, evaluate the current supply on hand and determine the need for additional product, different product or purchasing requirements.

- The Purchasing Department will contact all primary or current vendors on contract as well as distributors with established monthly and bi-weekly automatic deliveries to determine product availability and delivery capabilities.
 - The Purchasing Department will execute purchase orders for multiple secondary manufactures and distributors to maintain supply chain if primary distributors are unable to meet our requirements.
 - If supply chain interruption occurs, the PPE committee will contact the following entities for assistance in PPE procurement:
 - Stony Brook Medicine Purchasing/Procurement Department
 - Stony Brook University Hospital/Stony Brook Medicine Chief Executive Officer
 - Stony Brook University Office of Emergency Management
 - Suffolk County Office of Emergency Management
 - New York State Department of Health
 - New York State Institutional Management – Four NYS Veterans Homes
 - New York State Division of Veterans Affairs
 - Greater New York Hospital Association/Continuing Care Leadership Coalition
4. The Infection Control Preventionist will ensure all staff have been educated on the correct use of PPE and develop a monitoring tool. The department heads will be responsible for observation of the use of PPE and completing the monitoring tool daily. Education will be done for any staff not in compliance. The Department heads will be responsible for reporting to the Infection Control Preventionist any concerns.
 5. For food, water and other supplies see policies and procedures in the Emergency Management Plan section E015.

H. Administrative Controls

1. Restriction of visitation
 - Resident Access and Visitation Policy
 - Visitation Restriction at time of pandemic will be planned and implemented under the direction of the Incident Command Team.
2. Daily Sick call log is used in all departments and will be utilized by Infection Control Preventionist as needed during an outbreak/pandemic to identify and trace staff who may have symptoms related to the infectious/communicable disease.
3. Monitoring and screening of staff
 - Employees health program policy
 - During a pandemic the staff will all be screened for signs/symptoms as required for the specific infectious/communicable disease such as screening

upon entering the facility, education on signs/ symptoms and reporting any of these to ICP.

- Staff will be educated and not permitted to work if they have any sign/symptoms of specific infectious/communicable disease.
4. Emergency staffing plan for shortages during a pandemic will include but are not limited to the following:
 - Recruiting and training Nursing Students as CNAs
 - Utilizing per diem float pool and overtime as needed
 - Canvassing the Nursing Home NYS professional portal for staff
 - Adjusting leadership schedules to accommodate appropriate coverage
 - Recruit per diem RNs for evening and night shift
 - Utilized contract with staffing agencies to recruit staff as needed
 - All Department heads in individual departments participate in coverage as needed

I. Environmental Controls

1. Refer to Soiled Linen Pick Up and Storage policy as all linen is considered potentially infectious and will be handled following standard precautions.
2. Refer to Hazardous Waste Policy
3. Refer to enhanced cleaning protocols

J. Isolation and Cohorting residents during an outbreak of an Infectious/Communicable Disease

1. Follow the guidelines as per regulatory recommendations.
2. When possible all resident with Infectious /communicable disease will be cohorted together on a separate unit or area within a unit.
3. See Policy Room Selection and Restriction of Nursing Units for further guidance.

K. Return to Normal Operations

1. Adhere to the directives by the NYSDOH and CDC at the time of the pandemic event regarding how, when, which activities/procedure/restrictions may be eliminated/restored and the timing of when those changes may be executed
2. Communicate with the NYSDOH and CMS for guideline to return to normal operations
3. Inform all staff, families/designated resident representative and volunteers through the facility AMG alert system to access the LISVH website for updated information regarding the details of our return to normal operations.