

## **Andrus on the Hudson**

185 Old Broadway  
Hastings-on-Hudson, NY 10706

### **Pandemic Emergency Plan**

The following pandemic plan has been prepared and is submitted in accordance with guidance and regulatory information provided by New York State Department of Health (NYSDOH), Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control (CDC) and Occupation Safety and Health Administration (OSHA) and in preparation for any resurgence of Sars CoV-19 or any such pandemic illness that could potentially be spread at a rapid rate with devastating results amongst the medically fragile residents in Nursing Homes.

Infectious disease emergencies can include outbreaks, epidemics and pandemics. The facility has planned effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic.

Andrus on the Hudson (AOH) is committed to taking the following action regarding the consideration of the following areas of concern:

#### **I. Communication Plan**

- A. To adequately address the communication requirements during a potential outbreak of pandemic illness the facility has developed a record of telephone contacts for all authorized resident family members/guardians which will include a secondary backup contact as applicable. This information is collected by the Social Work department upon admission or from the Patient review Instrument (PRI) and is available to all staff in the profile section of our Electronic Medical Record (EMR), Point Click Care.
- B. Facility communication regarding those who have passed away or become infected with pandemic illness will be made in accordance with federal and state requirements. These updates will be made by Internet and/or telephone or by a means necessary to accommodate individual needs.

- C. Notification(s) of pandemic related infections or deaths at the facility will be made to all authorized family members/guardians in accordance with all federal and state requirements. This will include those residents with pandemic related illness that have passed away from reasons other than such infection. Frequency of resident representative notification is subject to change based on requirements set forth by the CDC or NYSDOH. Notices, information and announcements can currently be found on the AOH Notify Website <https://www.aohnotify.com/>
- D. Andrus on the Hudson will maintain the promotion of communication between residents and representatives by providing access to no-cost, daily, remote video conference. AOH will continue to offer communication via skype/facetime and telephone with assistance provided by arranged appointment through the Community Life and Social Work departments. Instructions for AOH Connect is available to resident representatives and can be found on the facility website at <http://www.andrusonhudson.org/> with any questions or inquiries on this program to be forwarded to [AOHconnect@andrusonhudson.org](mailto:AOHconnect@andrusonhudson.org)
- E. The facility will implement protocols to provide 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. These procedures will include on-line notifications/postings as well as phone calls, town hall meetings, and in-person resident education as applicable and appropriate.
- F. In accordance with Pandemic Emergency Plan (PEP) requirements, the facility will follow procedures to post a copy of the facility's PEP, in a form acceptable to the commissioner, on the facility's public website, and make it available immediately upon request.
- G. Administration of AOH will review this Pandemic Emergency Plan annually and as needed as new information becomes available.
- H. The facility will contact all staff, vendors, other relevant stakeholders to provide the facility's updates to policies and procedures related to minimizing exposure risks to residents as needed. These updates will be made electronically through online notifications/postings as well as phone calls, or by such other means as may be selected by the administration as applicable and appropriate.
- I. The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders. These updates will be made electronically through online notifications/postings as well as phone calls, or by such other means as may be selected by the administration, representative or guardian.

## **II. Facility Process for Staff Education**

- A. All staff receive Infection Control in-service upon orientation and annually as required by NYSDOH. This includes but is not limited to, appropriate hand hygiene and Donning/Doffing of Personal Protective Equipment (PPE).
- B. As threats of future pandemic illness are brought to the attention of the facility, further in-service(s) will be developed and implemented to ensure that staff are competent in pandemic relevant policies and procedures.
- C. Andrus on the Hudson is committed to incorporating lessons learned from previous pandemic responses into planning efforts to assist with the development of policies and procedures related to such elements as the management of supplies and PPE, as well as implementation of infection control protocols to assist with proper use and conservation of PPE.
- D. Based on ongoing facility Infection Prevention and Control assessments, staff will be re-in-serviced at a higher rate of frequency as deemed necessary by The Director of Nursing (DNS)/ Infection Preventionist or designee.
- E. Pandemic Illness relevant education will be provided to all departments with oversight by each department head. This staff education will be provided in-person, with the aid of video recordings and/or via computer-based methods, as well as in the form of town hall meetings as considered appropriate by administration.
- F. Proof of education and staff training will be maintained in the form of in-service sign in sheets as required.

## **III. Infection Control Considerations**

### **A. Surveillance Methods:**

Andrus on Hudson will implement heightened surveillance activities for pandemic illness during identified periods of transmission in the community and/or during a declared public health emergency for outbreak or pandemic illness. Administration and the Director of Nursing (DNS)/Infection Preventionist will monitor the status of pandemic outbreak through the CDC and NYS DOH, and will monitor for changes in prevention, treatment, isolation, or other recommendations. Heightened surveillance activities will be implemented to limit the transmission of pandemic illness. These include, but are not limited to, screening visitors, staff, and residents.

1. The Infection Preventionist, or designee, will track the following information either formally or informally as required:
  - a. The number of residents and staff who have fever, respiratory signs/symptoms, or other signs/symptoms related to pandemic illness.
  - b. The number of residents and staff who have been diagnosed with the identified pandemic illness and when the first case was confirmed.
  - c. The number of residents and staff who have been tested for pandemic illness (testing in accordance with current NYSDOH and CDC guidelines and priorities).
  - d. Employee compliance with hand hygiene.
  - e. Employee compliance with standard and transmission-based precautions.
  - f. Employee compliance with cleaning and disinfection policies and procedures.
  - g. Supply of personal protective equipment, cleaning/disinfection supplies, alcohol-based hand rub, and other relevant supplies.
2. Collected surveillance data will be used for reporting to the local health department, NYSDOH, CDC, staff, residents, and resident representatives as per communication plan delineated above.

**B. Screening for Visitors and Staff:**

1. All visitors and staff will be screened for signs or symptoms of possible infection, based on the NYSDOH and CDC defined symptoms of pandemic illness as required.
2. In the defined incubation period, staff members and/or visitors will be screened for contact with individuals with a confirmed transmissible diagnosis of pandemic illness as required.
3. Staff members and/or visitors will be screened for recent travel to geographic areas with sustained community transmission during the defined incubation period of the pandemic illness as required.
4. Visitors may be excluded from entry to the building if they are currently residing in a community where community-based spread of pandemic illness is occurring.
5. Visitors will be denied entry into the facility if they exhibit any of the criteria listed above. They may be directed to Administration or the DNS/Infection Preventionist if they have any questions.

6. Staff who have signs and symptoms of a pandemic illness/infection shall not report to work. Any staff that develop signs and symptoms while on-the-job shall:
  - a. Immediately stop work, put on a facemask, and self-isolate at home.
  - b. Inform the Infection Preventionist and their immediate supervisor, and include information on individuals, equipment, and locations they may have come in contact with during the portion of their shift worked.
  - c. Contact the local health department and follow department recommendations for next steps such as testing and locations for treatment as required.
7. The facility will refer to current NYSDOH and CDC guidance for exposures that might warrant restricting asymptomatic staff from reporting to work.

**C. Staff Testing Methods:**

1. Andrus on Hudson shall provide staff testing for pandemic illness in compliance with guidance issued by The CDC and NYSDOH.
2. All employees of the facility including contracted staff will be required to undergo pandemic related diagnostic testing as required.
3. Staff who are working from home or on leave do not require testing if they remain off-site. They shall be promptly tested upon return to the facility as required.
4. Staff who refuse NYSDOH or CDC required testing shall be prohibited from working until testing requirement is fulfilled.
5. Staff working at multiple facilities shall be permitted to submit results to provide documentation of meeting the testing requirement.
6. Staff who have testing performed outside of the facility shall be deemed to meet the requirement if appropriate documentation is provided to the facility.
7. DNS/Infection Preventionist or designee will monitor requirements regarding employee/staff testing during pandemic outbreak to remain in compliance with NYSDOH and CDC testing frequency for all staff members.
8. The required tests will be conducted at the NYSDOH and CDC recommended interval.
9. Facility shall contract with an outside laboratory (vendor listed below) to collect and process tests when Point of Care testing is not available.

10. Testing schedule for all staff shall be coordinated with department heads by the DNS/Infection Preventionist or designee.
11. Testing shall be performed using methods and intervals recommended by the CDC and NYSDOH.
12. Collected specimen shall be forwarded to laboratory promptly after collection for processing or processed on-site pending the availability of Point of Care testing.
13. A tracking log shall be maintained to ensure proper tracking and documentation of testing, results, and employee compliance.

**D. Laboratory Services:**

Andrus on The Hudson provides both Resident and Staff Laboratory Services via onsite point of care testing or through our outside laboratory:

Centers Laboratory

1412 Bay Ridge Ave, Brooklyn, NY 11219

718 931-9700

Should Centers Laboratories fail to provide timely or accurate results alternate vendors/sources of laboratory testing will be explored as deemed appropriate by Administrator/COO.

1. Delays in laboratory results will be reported by Administration or the DNS/Infection preventionist or designee to all appropriate channels, including local and state health departments, and CDC when applicable.

**DI. Prevention Program for Staff and Residents:**

AOH is committed to the prevention of the spread of infectious diseases and pandemic illness among the residents and staff. The following methods of prevention will be adhered to for the safety of the staff and residents of the facility during a NYSDOH or CDC defined insurgence of outbreak or pandemic illness.

1. The DNS/Infection preventionist or designee will be responsible for posting signs at the entrance instructing visitors not to visit if they have symptoms of infection as required.
2. Restriction of visitors in accordance with local, state, and national directives as required.
3. Enforcement of sick leave policies that allow employees to stay home if they have symptoms of infection.
4. Limit points of entry to the facility.

5. Administration and/or the DNS/Infection Preventionist or designee will consider designated wing/unit or floor to accept new residents during an outbreak of pandemic illness.
6. The Nurse Manager on each unit will assess residents for symptoms of pandemic illness/infection upon admission to the facility and implement infection prevention practices for incoming symptomatic residents.

**F. Limited Exposure Procedures:**

In the event of a future outbreak or pandemic illness, Andrus on the Hudson will take the following precautions to ensure limited exposure of staff, residents and resident representatives/guardians:

1. Andrus on the Hudson is composed of 197 private rooms, allowing for seamless transition to transmission-based precautions. Residents affected by pandemic illness can and will be quarantined in their private rooms. See Cohort/Isolation plan listed below.
2. Administration and the DNS/Infection Preventionist have worked to incorporate lessons learned from previous pandemic responses into planning efforts that include the development of policies and procedures related to such elements as the management of supplies and PPE, as well as implementation of infection control protocols to assist with proper use and conservation of PPE.
3. Education for residents will be assessed by the DNS/Infection preventionist or designee by prompting them to answer questions and explain (as applicable) what they can do to protect themselves and their fellow residents (i.e. handwashing, spatial separation, respiratory hygiene/cough etiquette).
4. Cancellation of group activities, group therapies, and communal dining as required or recommended by CDC or NYSDOH.
5. Monitoring of all residents for symptoms of pandemic illness.
6. Pandemic related diagnostic testing will be offered to all residents, with a record of any resident refusals of testing kept by the DNS/Infection preventionist.
7. Restriction of residents with symptoms of pandemic illness to their room as applicable.
8. Based on the defined requirements of the pandemic illness/outbreak AOH will use Standard, Contact, and/or Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).

9. Monitoring of staff for symptoms of pandemic illness. Restrict from work and follow current guidance about testing and returning to work as needed (e.g., local health department, CDC).
10. Continued support of hand hygiene and respiratory/cough etiquette by residents, visitors, and employees by making sure tissues, soap, paper towels, and alcohol-based hand rubs are readily available.
11. Education of staff on proper use of personal protective equipment and application of standard, contact, droplet, and airborne precautions, including eye protection.
12. Promote easy and correct use of personal protective equipment (PPE) by:
  - a. Posting signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
  - b. Making PPE, including facemask, eye protection, gowns, and gloves, available outside of the residents' rooms for use during care.
  - c. Positioning a trash receptacle near the exit, inside resident's room to make it easy to discard PPE.
13. Administration will consider designating certain areas of the facility for multiple residents with suspected or confirmed cases of pandemic illness, if necessary, these will serve as "quarantine areas," for cohorting of residents that have been identified as positive or under suspicion.
14. Protection plans against infection for staff, residents, and families, include the maintenance of a 2-month (60 day) supply of infection control personal protective equipment and supplies stored on the 6<sup>th</sup> floor of the building for emergency access (outlined below).

**G. Personal Protective Equipment (PPE):**

1. In an attempt to protect all staff and residents from future infection with pandemic illness, Andrus on the Hudson has acquired a 60 day emergency supply of Personal Protective Equipment, based on the burn rate calculated from 4/19-4/27/2020 (the height of the Sars CoV-19 pandemic). The facility remains committed to maintaining an emergency onsite supply of PPE as required by NYSDOH, with amount and items subject to change based on pandemic specific requirements. The following PPE is currently available:
  - a. N95 respirators
  - b. Face shields

- c. Eye protection
  - d. Gowns/isolation gowns
  - e. Gloves
  - f. Masks
  - g. Sanitizers and disinfectants
2. This supply of PPE will be stored for emergency use on the 6<sup>th</sup> floor of the building in a non-resident area where it can be easily accessed in the event of an emergency.
  3. The DNS/Infection Preventionist or designee will be responsible for ensuring that staff are using PPE properly (appropriate fit, don/doff procedure, appropriate choice of PPE per procedure).
  4. The Director of Nursing, Director of Facilities and Purchasing/designee will work together to manage the supply of PPE, keeping track of the following:
    - a. Current inventory.
    - b. Ability to obtain additional inventory from vendors, healthcare coalitions, and public health partners.
    - c. The facility's PPE utilization rate.
  5. Based on the availability of required PPE, the DNS or designee will determine the need to transition to contingency or crisis strategies for the use of PPE, and will relay this to staff as recommended by NYSDOH or CDC standards for preservation of PPE if/when supply chain concerns should arise.
    - a. Staff will be educated on the processes associated with conventional, contingency, and crisis strategies for the use of PPE, should shortages or supply chain issues arise.
    - b. Staff will be educated on the why, what, and how of PPE use and will demonstrate competency with donning and doffing PPE.

#### **H. Cohorting and Isolation:**

Transmission-Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting this infection to other residents. The facility makes every effort to use the least restrictive approach to managing individuals with potentially communicable infections. Transmission-Based Precautions are used only

when the spread of infection cannot be reasonably prevented by less restrictive measures. Transmission-based precautions will be implemented including contact, droplet and airborne precautions as needed based on identification of pandemic illness transmission route. Andrus on the Hudson has developed the following plan regarding transmission-based precautions, isolation and cohorting to reduce the spread of pandemic illness throughout the facility:

1. If a resident is suspected of, or identified as, having a communicable infectious disease, the Nurse Manager notifies the DNS/Infection Preventionist and the resident's Attending Physician or physician extender for evaluation of appropriate Transmission-Based Precautions.
2. Personal Protective Equipment (e.g. gloves, gowns, masks, etc.) will be maintained near the resident's room so that everyone entering the room can access what they need to provide care.
3. The facility will post the appropriate notice on the room entrance door so that all personnel will be aware of precautions or be aware that they must first see a nurse to obtain additional information about the situation before entering the room.
4. An appropriate waste receptacle, with appropriate liner, will be placed inside the resident's room, near the exit, for prompt and efficient doffing of contaminated PPE.
5. Necessary equipment and supplies that will be needed during the period of transmission-based precautions will be placed inside the room and left inside the room, and these items (preferably disposable, as available) should be used for the provision of care.
6. Cleaning and disinfecting will be performed with an appropriate product on all reusable equipment prior to reuse.
7. An adequate supply of antiseptic soap and paper towels is maintained in the room during the isolation period.
8. Staff will inform the resident (and/or representative) the reason(s) for the required precautions.
9. Transmission-based precautions shall remain in effect until the Attending Physician or physician extender discontinues them, which should occur after pertinent criteria for discontinuation are met.
10. Residents who have been admitted during an outbreak/pandemic who have had a risk of exposure will be considered suspected cases as a standard precaution for the length of the time identified as the pandemic illness incubation period (As defined by the CDC).

11. Whenever possible, residents receiving dialysis or chemotherapy services outside of the facility will be considered suspected even if asymptomatic as a standard precaution.
12. All residents will be encouraged to remain in their room with doors closed as tolerated and medically safe. Face mask covering will be encouraged as tolerated during direct care and whenever transported out of room.
13. When shared bath space/shower rooms cannot be avoided or appropriately cohorted due to the structure of the building, residents who are maintained on transmission-based precautions will receive bed baths for the duration of the precautions.

**I. Signage:**

1. Proper signage for appropriate transmission-based precautions (as indicated by CDC/NYSDOH requirements) will be clearly posted at the entrance to each resident's room that has been placed on precautions.
2. Administration will consider designating certain areas of the facility for multiple residents with suspected or confirmed cases of pandemic illness, if necessary these will serve as "quarantine areas," for cohorting of residents that have been identified as positive or under suspicion. Additional signage will be added to prevent staff and residents from entering the dedicated quarantine area unless they have been assigned to that unit/cohort.
3. The DNS/Infection preventionist or designee will be responsible for posting signs at the entrance to the facility instructing visitors not to visit if they have signs/symptoms of infection.

**II. Dedicated Staffing:**

1. During an outbreak or time of pandemic illness staffing assignments will be coordinated to minimize the number of Healthcare Personnel (HCP) who enter the room. Staff will not be floated between units if/when pandemic illness cohorting should become necessary.
2. Only essential personnel should enter the assigned isolation rooms. Consistent assignments will be followed by staff assigned to the "quarantine unit."
3. The facility will bundle care and minimize the number of HCP and other staff who enter quarantine/precaution rooms to reduce the incidence of disease transmission.
4. Designated staff assigned to the quarantined residents will not care for any other residents within the facility to prevent disease transmission.

5. The facility will keep a record of all persons who care for or enter the rooms or care areas of the quarantine rooms to minimize spread of infection.

## **IV. Facility Reporting**

### **A. Staff Responsible for Reporting:**

To ensure seamless and timely reporting of any and all reportable pandemic related cases/information, the following job roles are assigned access to The Health Commerce System for required reporting on Health Electronic Response Data Systems (HERDS) and Nosocomial Outbreak Reporting Application (NORA):

1. Director of Nursing (DNS)
2. Chief Operating Officer (COO)
3. Designee

### **B. Information to be Reported:**

1. Any single case of a reportable communicable disease or 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 reported to the local health department.
2. If a reportable communicable disease is suspected or confirmed to be acquired at the nursing home, it will also be reported to the NYSDOH. This will be done electronically via the NORA or by faxing an Infection Control Nosocomial Report Form (DOH 4018).
3. Reports will be made in the manner required by the local health department in Westchester County and will be submitted within 24 hours of diagnosis of pandemic illness.

### **C. Categories and Examples of Reportable Healthcare-Associated Infections Include but are Not Limited to:**

1. An outbreak or single identified case 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.

2. Intra-facility outbreaks of coronavirus, influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
3. Foodborne outbreaks.
4. Infections associated with contaminated medications, replacement fluids, or commercial products.
5. 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.
6. A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
7. Clusters of tuberculin skin test conversions.
8. A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
9. Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
10. Closure of a unit or service due to infections.

## **V. Resident Readmission After Hospitalization**

- A. Andrus on the Hudson is sensitive to the needs of our surrounding hospitals and will make our best effort to hold a hospitalized resident's bed for as long as possible in the event of an outbreak/pandemic illness in accordance with all applicable laws and regulations.
- B. Residents hospitalized during an outbreak/pandemic illness will be readmitted to the facility unless the time comes that holding - the resident's bed becomes a financial burden on the facility, the facility is unable to meet the required safety or clinical needs of the resident, or that the bed is needed for another admission.

## VI. Administrative Controls

- A. The facility will maintain review of, and implement procedures provided in NYSDOH and 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.
- B. In an emergency, Administration and/or the Medical Director shall have the administrative authority, accountability and responsibility to:
1. Institute all actions necessary to control or prevent infections within the facility.
  2. Notify the health department of reportable diseases, as required/necessary.
  3. Initiate isolation precautions, including the dedication of a dedicated “Quarantine Unit.”
  4. Obtain laboratory specimens.
  5. Restrict and/or ban admissions.
  6. Restrict and/or ban visitation for residents
  7. Implement other measures as necessary to prevent and control infections within the facility (e.g. creating quarantine units staffed with designated staff).
  8. Resident suspected of transmissible illness during a pandemic will be placed on necessary precautions.
  9. Residents positive for transmissible illness during a pandemic will be placed on necessary precautions.

C. **Visitation Restrictions:**

Andrus on Hudson may restrict or limit visitation of all visitors and non-essential health care personnel for the duration of the declared national and public health emergency related to pandemic illness and/or if directed to do so by federal and/or state agencies.

**Restricting** visitation means the individual is not allowed in the facility at all.

**Limiting** visitation means the individual is allowed to come into the facility in certain compassionate situations, such as end-of-life situations, but with limited access in the facility and with certain conditions to prevent the potential spread of infection.

1. The DNS/Infection Preventionist and Administrator will monitor the status of the pandemic illness situation through the CDC website and local/state health department and will keep facility leadership informed of current directives/recommendations and the need for restricting/limiting visitation.
2. Andrus on Hudson will communicate these amendments to their visitation policy through multiple channels including using signage, calls, letters, social media posts and emails, instructing visitors to defer visitation until further notice.
3. Decisions about visitation during an end of life situation will be made on a case-by-case-basis by Administration, DNS and/or the Medical Director.
4. Considerations when limiting visitation:
  - a. Visitors will be screened as per methods delineated above and those that do not meet the screening requirements will not be permitted to enter.
  - b. Each visitor may be required to wear a face mask and/or other PPE and will be required to perform hand hygiene upon entry.
  - c. The visitor may be limited to the resident's room or other location designated by the facility.
  - d. The visitor may need to refrain from physical contact with residents and others while in the facility. For example, practice social distancing with no hand-shaking or hugging and remaining 6 feet apart.
  - e. It may be necessary to modify interactions with volunteers, vendors, EMS personnel, transportation providers, and other practitioners to prevent any potential transmission.

**D. When Staffing Shortages are Anticipated:**

1. Administration will collaborate with the Staffing Coordinator, and any available agency contacts to plan and prepare for mitigating staffing shortages.
2. The facility will review the current staffing patterns to understand their staffing needs to provide a safe work environment while providing resident care.

3. The facility will communicate as needed with the local healthcare coalitions, federal, state, and local public health partners (e.g. public health emergency preparedness and response staff) to assist the facility in hiring additional healthcare personnel (e.g. hiring additional HCP, recruiting retired HCP, and using students and volunteers), when needed.
4. The facility will attempt to hire nursing personnel to address workforce shortages over the course of the nationwide public health emergency.
5. The Staffing Coordinator will meet with the healthcare staff to collaborate ways in which they can postpone their elective time off from work during a pandemic/outbreak.
6. In the event of a staffing shortage, all resident non-essential medical appointments will be cancelled and re-scheduled after the pandemic illness/outbreak subsides. Only dialysis residents and chemotherapy residents will continue to go on routine scheduled appointments.
7. In reaction to a staffing shortage, residents will utilize telemedicine in conjunction with services provided by the Medical Providers when conducting medical health visits rather than sending them out of the facility for a Physician consultation visits as deemed appropriate by Medical Director, Attending Physician or physician extender.

## **VII. Environmental Controls**

- A. The facility will conduct cleaning/decontamination in response to the infectious disease/pandemic illness in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.
  1. Contaminated waste on the resident units will be disposed of in red hazardous waste bins and bags. These bins are located in soiled utility rooms and inside, near the exit of specific resident rooms for those residents placed under transmission-based precautions.
  2. The red bags are then collected securely by dedicated housekeeping staff and transported to the lower level for vendor pickup/disposal.
- B. The Director of Facilities is directly involved in purchasing and selecting cleaning products and sanitizing agents and is responsible for managing inventory and deployment.

- C. The Director of Facilities works directly with purchasing staff and vendors to procure PPE and supervises the Manager of Environmental Services (Housekeeping Department) on the purchasing of all sanitizing agents and cleaning supplies.
- D. The following plan has been developed to ensure vendor supply of food, water, medications, and sanitizing agents (as well as other necessary supplies) in the event of a pandemic illness outbreak:
1. 2-month (60 day) supply of infection control personal protective equipment and sanitizing agents (as listed above) will be kept on the 6<sup>th</sup> floor (non-resident area) for emergency access in the event of an outbreak of pandemic illness. PPE inventory will be monitored by the Manager of Environmental Services.
  2. Medline will be contacted as our current vendor of over-the-counter (OTC) medications by the DNS, DNO/Infection Preventionist or designee to ensure adequate supply is ordered to avoid supply chain concerns. Any interruptions in the delivery of OTC medications will be reported the Medical Director, attending physician or physician extender with prescribed interventions as medically indicated.
  3. Vendor Pharmacy will be contacted by the DNS/Infection preventionist or designee to ensure that medication access and delivery are uninterrupted. Any interruption in resident medication delivery/regimen will be reported to the Medical Director, attending physician or physician extender with prescribed interventions as medically indicated.
  4. Supply vendors will be contacted by the Director of Facilities/designee to ensure that all required sanitizing agents will remain available to the facility and ensure communication and adequate stock in the event of supply chain concerns. Interruptions in supply chain, or inadequate stock of such items will be reported by Administration to the appropriate agency such as the county Office of Emergency Management (OEM), local and state health departments, or the CDC for assistance in acquiring additional sanitizing agents.
  5. Current food supply vendors will be contacted by the Food Services Director to ensure no interruption in the supply of food to the facility. Interruptions in supply chain, or inadequate stock of such items will be reported by Administration to the appropriate agency such as county Office of Emergency Management (OEM), local and state health departments, or the CDC for assistance in acquiring additional food supply.

6. Food service vendors will be contacted by the Food Services Director or designee to ensure adequate supply of water in the facility. Interruptions in supply chain, or inadequate stock of water will be reported by Administration to the appropriate agency such as county Office of Emergency Management (OEM), local and state health departments, or the CDC for assistance in acquiring additional water supply.