

**Pandemic Response Plan**

**September 15, 2020**  
**Revised March 1, 2021**  
**Revised June 23, 2021**  
**Revised March 8, 2022**  
**Reviewed April 12, 2023**

**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 Preventionist, Director of Nursing and/or Administrator or designee, will complete any of the required reporting.

**C. Communication Plan**

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### *Internal / External Notification*

1. As per the CMS QSO-20-29-NH, family members or next of kin are notified of all residents and staff testing positive for COVID-19 or if a resident suffers a COVID-19 related death, within 24 hours of positive test result or death. The Long Island State Veterans Home will post this information each afternoon. The memo will include the number of new COVID-19 positive tests and COVID-19 related expirations for the last 24-hour period and any cluster of three or more residents and/or staff with new onset respiratory symptoms. Family members and next of kin will be notified through the Home's AMG message alert system via text message, phone call or email when the daily report has been posted to the website.
2. Residents will be informed of the above information via the website and our in-house closed circuit TV broadcast system. The residents will be reminded throughout the day via the facility's digital signage system that daily notification will be posted on the in-house closed circuit TV broadcast system.
3. All staff, families/designated resident representative and volunteers will be notified regarding any pandemic related information affecting the facility status using the AMG Alerts.
4. 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.
5. If any staff, families/designated resident representative and volunteers cannot access the website – they will be provided with an option that meets their needs.
6. Any changes in the individual resident conditions will be communicated to the family and/or designated representative by the resident's Physician within required time frames.

### *Resident Communication Capabilities*

1. LISVH facilitates resident communication with family members/ representatives through the use of no-cost communication, including tablets/ electronic devices with video capabilities and use of facility telephones should the resident not have a personal communication device.
2. If a resident requires assistance with communication, LISVH will provide necessary assistance to ensure residents have daily, free access to communicate with their loved ones.

## **D. Resident Return to Facility/Bed Hold Upon Hospitalization**

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1. Readmission – LISVH has a plan for readmission of residents to the facility after they have been hospitalized for a pandemic infectious disease.
  - i. A physician to physician communication will occur on or after day 10 of COVID-19 diagnosis to determine recovery status prior to readmission.
2. Bed Hold – LISVH abides by regulatory requirements for bed hold when a resident is transferred to the hospital. See LISVH Bed Reservation/Bedhold Policy and Policy and Procedure- Transfer of Resident to Acute Care Setting.

### **E. 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 Preventionist and education instructor will plan and provide all other education as indicated using printed educational materials and web-based programs.

### **F. 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
  - Epidemiological Investigation of a Suspected Outbreak
  - Reportable Diseases
  - Daily Sick Calls
  - Restriction of Nursing Units
  - Surveillance of Health Care Associated Infections
  - COVID-19 Outbreak (previously known as COVID-19 Pandemic)
  - Facility COVID-19 Testing
  - Respiratory Protective Program Plan
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.

**G. Infectious Disease Surveillance/Testing**

1. Resident and Staff Surveillance – See policies and procedures for Outbreaks of Infectious/Communicable Diseases and Epidemiological Investigation of a Suspected Outbreak
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 applicable Executive Orders, State and Federal regulations/orders and facility policy. 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 pursued.

**H. 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 - PPE supplies include surgical masks, N95 (fit tested respiratory mask), KN95 masks, disposable gowns, eye protection including face shields / goggles, gloves, alcohol-based hand sanitizer and any other equipment deemed necessary.

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- 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 regular basis and as needed will evaluate the current facility PPE usage (burn) rate.
    - On a regular basis and as needed, evaluate the current supply on hand and determine the need for additional product, different product or purchasing requirements.
    - Evaluate the need to use extended use guidelines for PPE.
- 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 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 complete the monitoring tool as deemed necessary at the time by the Infection Preventionist. Education will be done for any staff not in

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- compliance. The Department heads will be responsible for reporting to the Infection Preventionist any concerns.
5. For food, water and other supplies see policies and procedures in the Emergency Management Plan section E015.

### **I. Administrative Controls**

1. Restriction of visitation
  - See 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 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 contracts with staffing agencies to recruit staff as needed
  - All Department Heads in individual departments participate in coverage as needed
  - Volunteers trained for feeding and other appropriate tasks

### **J. Environmental Controls**

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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

### **K. 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. The facility will ensure the cohorting area is properly identified/ restricted including demarcating reminders for healthcare personnel and has procedures in place to ensure other residents do not enter this area.
4. See Policy Room Selection and Restriction of Nursing Units for further guidance.

### **L. Return to Normal Operations**

1. Adhere to the directives by the NYSDOH, CMS 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 CMS and CDC 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.