ROCHESTER
REGIONAL HEALTH

Clifton Springs Hospital and Clinic

COMPREHENSIVE
EMERGENCY MANAGEMENT PLAN

Annex 12 Biological Response Plan

Appendix 3

Clifton Springs Hospital & Clinic Extended Care RESIDENTIAL HEALTHCARE FACILITY PANDEMIC EMERGENCY PLAN (PEP)

To view this plan, go to:
https://www.rochesterregional.org/services/seniors/ltc/clifton-springs

To view this plan on the hospital network, go to:

H Drive - *\\viahealth.org\departments\CSHC\Hospital\Emergency Management Plans*

To view the plan on the RRH SharePoint Site go to:

Departments / Emergency Management / Clifton Springs Hospital & Clinic

https://intranet.rochesterregional.org/SystemEmergencyManagement/Pages/Home.aspx

Intentionally Left Blank

Contents

TABLE OF REVISIONS **6**
I. INTRODUCTION AND BACKGROUND **8**
A. Purpose 9
B. Assumptions 9
C. Plan Maintenance, Implementation, and Responsibility 9
D. Use of this Appendix 10
III. READINESS **10**
1. Communications Plan 10
2. Infection Prevention 10
IV. RESPONSE **12**
A. Plan Activation* 12
B. Command and Control 12
C. Visitor Guidance 12
V. RECOVERY **12**

For Official Use Only

Intentionally Left Blank

Acronyms

AIIR	Airborne Infection Isolation Room
CEMP	Comprehensive Emergency Management Plan
CMS	Centers for Medicare & Medicaid Services
ED	Emergency Department
EMS	Emergency Medical Services
EOC	Emergency Operations Center
HCC	Hospital Command Center
HCS	Health Commerce System
HERDS	Health Emergency Response Data System
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
LDH	Local Department of Health
MERC	Medical Emergency Response Cache
NIMS	National Incident Response System
NYSDOH	New York State Department of Health
OEM	Office of Emergency Management
PPE	Personal Protective Equipment
RGH	Rochester General Hospital
RRH	Rochester Regional Health
SNS	Strategic National Stockpile

Intentionally Left Blank

TABLE OF REVISIONS

Revision #	Date	Section/Page(s)	Change	Revised By
01	9.3.2020	Entire Document	Initial Pandemic Emergency Plan Appendix	
02	5.21/2021	Entire Document	Added Shared Folder and SharePoint plan location URLs Update Pagination and TOC	G. Glessner EP Mgr RRH East Region
03	9/1/2021	Entire Document	Incorporated NHICS and Nursing Home Command into Command and Control	G. Glessner EP Mgr RRH East Region
04	12/6/2021	Entire Document	Added more recent recommended language about reducing transmission Added new language defining PPE Stockpile from Regulation	G. Glessner EP Mgr RRH East Region Kari Kuhn Administrator Bat Bastedo Infection Preventionist

Intentionally Left Blank

I. Introduction and Background

Pandemic refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people. Epidemics occur when an agent and susceptible hosts are present in adequate numbers, and the agent can be effectively conveyed from a source to the susceptible hosts. *CDC Principles of Epidemiology in Public Health Practice, Third Edition*

Any pandemic will place a huge burden on the U.S. healthcare system. Effective planning and implementation will depend on close collaboration among state and local health departments, community partners, and neighboring and regional healthcare facilities. Despite planning and preparedness, however, in a severe pandemic it is possible that shortages, for example personal protective equipment (PPE).

A. Purpose

The Clifton Springs Hospital and Clinic Extended Care facility Pandemic Emergency Plan is an Appendix to the Clifton Springs Hospital and Clinic Biological Response Plan and provides incident-specific guidance to enable the facility to prepare for, and respond to a pandemic. The guidelines are consistent with New York State Department of Health (NYSDOH) Health Care Resident Facility Pandemic Law.

B. Assumptions

This document is based on the following planning assumptions:

- Residential health care facilities and communities must be ready to "stand alone", and not depend on the immediate availability of state and federal resources.
- A novel virus strain will likely emerge in a country other than the United States, but could emerge first in the United States.
- The NYSDOH and Local Department of Health (LDH) may protect vulnerable residents in health care facilities by controlling or limiting visitation by family members of these vulnerable residents.
- Personal protective equipment and supplies will be limited or not available at all during certain phases of a pandemic as manufacturing and transportation of supplies is affected by the pandemic.
- Federal Strategic National Stockpile (SNS) and NYSDOH Medical Emergency Response Cache (MERC) may not be able to support added PPE supply needs during a Pandemic as was originally planned.

C. Plan Maintenance, Implementation, and Responsibility

This plan is reviewed annually, in accordance with the CEMP review cycle as outlined in the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule. More frequent updating of the *Residential Healthcare Facility Pandemic Plan* may be necessary to ensure that the plan reflects current recommendations, guidelines, or regulations which tend to be dynamic based on evolving information during a Pandemic, especially if it is a Pandemic of a previously unknown contagion.

In addition, following exercise and actual incident activations, changes may be made based on experiences or evaluations. Additional updates throughout the course of the annual cycle may be issued as conditions warrant.

D. Use of this Appendix

This Pandemic Appendix coordinates with and refers to Clifton Springs Hospital and Clinic emergency plans and annexes that provide operational details for the actions described. The Comprehensive Emergency Management Plan provides the facility's all-hazards approach to incident management, including the implementation of the Hospital Incident Command System. Procedural detail for this Pandemic Emergency Plan may also be found in the CSHC Biological Response Plan.

III. Readiness

1. Communications Plan

In addition to the Attachment 1, the Communication Plan of the CSHC CEMP, which describes how we will communicate during a disaster, during a Pandemic Emergency, Clifton Springs Hospital & Clinic Extended Care facility will follow this plan for communicating with families of CSHC-EC residents

Authorized family members and/or guardians of CSHC-EC residents who are infected with a pandemic infectious disease, will receive frequent updates about resident and upon a change in the residents condition.

During a pandemic, authorized family members and/or guardians of all CSHC-EC residents will receive an update on the number of infections (if any) and any deaths that have occurred in the facility.

CSHC-EC has a plan to provide all residents with daily access to free remote videoconferencing, or similar communication methods, with authorized family members and/or guardians.

All of these communications shall be electronic in nature, or by a method selected by the authorized family member and/or guardian.

2. Infection Prevention

In addition to established infection prevention policies and procedures, a plan for readmission of residents to the facility after hospitalization for a pandemic infectious disease has been established.

All residents who require hospitalization due to a Pandemic Disease Illness, will be readmitted to the CSHC-EC facility when the resident has been determined ready to return to CSHC-EC by the attending physician. This readmission will occur following

all current guidelines and recommendations of CDC, NYSDOH and Local Health Department (LHD).

During a Pandemic and whenever possible, in addition to following the pandemic and facility specific infection prevention guideline, CSHC-EC will attempt to reduce the transmission of the pandemic disease to residents by ensuring infected individuals are put on proper isolation or quarantine precautions and will review the necessity for cohorting.

During a Pandemic and whenever possible, in addition to following the pandemic and facility specific infection prevention guideline, CSHC-EC will attempt to reduce the transmission of the pandemic disease to residents by assuring that proper signage and/or physical barriers and reminders designate areas where pandemic disease infected residents are being cared for or reside. CSHC-EC will implement procedures and/or physical barriers to prevent non-pandemic disease infected residents from entering these pandemic disease infected resident and treatment areas.

These safe cohorting of pandemic disease infected resident capabilities are reviewed on an annual basis during the review of the CEMP as well as any time there is a pandemic declaration or any time there are physical changes being made to the facility that may impact the ability to cohort pandemic disease infected residents. If at any time, CSHC-EC cannot maintain the cohorting of pandemic disease infected residents or during a pandemic cannot establish cohort areas, if the hospital has activated its CEMP and Opened and Staffed it Hospital Command Center (HCC) the Incident Commander (IC) will direct the Liaison Officer to contact NYSDOH representatives or the Command Center and the LDH representative or Command Center, as outlined in the CEMP Communication Plan (CEMP Attachment 1) and make them aware of this fact. If the CEMP is not activated, it will be the responsibility of the CSHC-EC Administrator to contact the NYSDOH and LHD making them fully aware of the situation and inability to meet this resident need.

As a part of the CSHC and CSHC-EC infection prevention plan, a sixty (60) day stockpile of personal protective equipment (PPE) is maintained by the Rochester Regional Health System supply chain for use at CSHC-EC. In this stockpile are:

1. N95 respirators
2. Face shield,
3. Eye protection
4. Gowns/isolation gowns,
5. Gloves,
6. Masks, and
7. Sanitizer and disinfectants in accordance with current EPA Guidance.

The amount of PPE being maintained in stockpile for CSHC-EC is based as prescribed in Hospital Regulation. The amount calculation takes into account PPE usage by staff and residents.

IV. Response

A. Plan Activation

Facility administration will initiate the response section of this Residential Healthcare Facility Pandemic Emergency Plan when conditions as reported by the Local Department of Health (LDH), the NYSDOH, and/or the CDC, indicate the impending or actual outbreak or declaration of a pandemic. The Infection Prevention Department will confer with hospital and Residential Healthcare facility administration. Administration and senior leadership will be guided in selecting a course of action by the recommendation of Infection Prevention, the Emergency Management Committee/Safety Committee, and the facility's CEMP.

**Unlike other emergency events, a pandemic will likely allow the hospital and CSHC-EC ample time to gear up and prepare for a response. Even in the event that the novel strain is initially found in the U.S., there will likely be adequate time to prepare the hospital for response.*

B. Command and Control

As with all emergency events, the National Incident Management System (NIMS) will be utilized. Clifton Springs Hospital and Clinic will activate the Nursing Home Incident Command System, and expand command and general staff areas as needed throughout the event. In addition, CSHC-EC may ask Clifton Springs Hospital & Clinic to activate its Hospital Incident Command System to help support the CSHC-EC Response to the pandemic.

Hospital, facility, LTC and Incident Command staff will meet virtually or in-person, daily or as needed to review current information including CDC and NYSDOH alerts. Any necessary changes will be made to this Residential Healthcare Facility Pandemic Emergency Plan based on this information. Appropriate information will then be distributed internally.

C. Visitor Guidance

During a Pandemic, Residential Healthcare Facilities my receive guidance from Hospital Incident Command, LHD, NYSDOH or CDC about facility visitation. Where possible, and in accordance with facility policy, these guidelines will be followed. The most up-to-date visitor policy and restrictions will be posted in near-real-time, on the CSHC-EC website for easy viewing.

V. RECOVERY

A pandemic event will not appear and disappear suddenly. There will be a slow beginning, a long response, and a slow end as healthcare and responder organizations wind down in their response. A pandemic will also likely have waves which will make it seem like the event is over only to have a reemergence.

During the post-pandemic period it will be important to review local, state and federal guidelines and implement any new guidance.

Recovery Process

As the level of pandemic disease cases, triage, and admissions diminishes, all departments and units will revert to their usual mode of operation and staffing levels. If there are large quantities of supplies on hand they will be returned to the stockpile from which it came or vendors, if possible. Lessons learned will be shared with departments as necessary to improve the process relative to surge and pandemic planning.

Residential Healthcare Facilities actions during the recovery phase may include, but are not limited to, the following:

- Demobilize any additional screening, triage, and treatment areas that may have been used.
- Provide post pandemic risk communications to staff (i.e., importance of infection prevention measures, how to report illness).
- Acquire replacement supplies and replenish stockpiles.
- As appropriate, inventory and manage anti-virals/vaccine as directed by LDH and/or NYSDOH.
- Gather electronic data to report:
  - how many residents were treated for the disease
  - how many employees were treated for the disease
  - all mortality cases from the disease and/or complications of the disease
  - hospitalized admissions for the disease
- Participate in internal and external debriefings with stakeholders.
- Conduct an internal evaluation of how the plan worked and document findings in an after-action report/improvement plan.
- Modify this Pandemic Emergency Plan and other plans, as needed.

As appropriate to the event, continue:

- monitoring personnel for pandemic disease symptoms such as fever and respiratory symptoms
- infection prevention measures in accordance with current health agency guidance
- providing reports to federal, state and local government as required/requested
- surveillance activity in anticipation of a potential second or next-wave pandemic disease outbreak

ROCHESTER
REGIONAL HEALTH

Clifton Springs Hospital and Clinic

COMPREHENSIVE *EMERGENCY MANAGEMENT PLAN*

Annex 12 Biological Response Plan

Appendix 3

Clifton Springs Hospital & Clinic - Extended Care

RESIDENTIAL HEALTHCARE FACILITY PANDEMIC EMERGENCY PLAN (PEP)

Attachment 1

Management of PPE during Stages of Supply Availability: Decision Points & Elements of Protocol

To view this plan, go to:

https://www.rochesterregional.org/services/seniors/ltc/clifton-springs

To view this plan on the hospital network, go to:

H Drive - *\\viahealth.org\departments\CSHC\Hospital\Emergency Management Plans*

To view the plan on the RRH SharePoint Site go to:

Departments / Emergency Management / Clifton Springs Hospital & Clinic

https://intranet.rochesterregional.org/SystemEmergencyManagement/Pages/Home.aspx

Intentionally Left Blank

Management of PPE During Stages of Supply Availability: Decision Points and Elements of Protocol

Decision Points and Elements of Protocol	Conventional	Contingency	Crisis
Definition: Supply Availability	• >60 Days supply on hand *OR* • No supply chain disruptions anticipated	• 15-90 day supply on hand *AND* • Anticipated supply disruptions	• ≤14 day supply on hand *AND* • Anticipated supply disruptions
N95 respirators	• Disposable after each use. • Routine annual fit- testing. • Relatively liberal approach to assigning risk (anyone who may need it in any scenario is considered at risk).	• Restrict annual fit-testing. • Supplement with JIT fit- testing. • Extended use and reuse policies implemented. • Reprocessing in selected high-use areas following established policy.	• Discontinue use of N95 respirators in ambulatory care settings unless setting is specifically designated to care for COVID-19 patients. • Consider use of non FDA approved respirators
Disposable PAPR supplies	• Use per local risk assessment as primary source of Respiratory Protection • Discard after each use	• Reuse of disposable components with same care giver, same patient per shift, using approved method for disinfection and storage • Review manufacturer IFUs for other products	• CDC defined extended use for COVID-19 patients and reuse for all other airborne isolation types if approved method for storage is utilized.
Disposable face shields	• Discard after each use	• Assess each face shield type for ability to decontaminate and create decontamination instructions (determined by IP). • Clean and reuse at caregiver level.	• Assess each face shield type for ability to decontaminate and create decontamination instructions (determined by IP). • Clean and reuse at caregiver level.

Intentionally Left Blank

Management of PPE During Stages of Supply Availability: Decision Points and Elements of Protocol

	Conventional	Contingency	Crisis
Surgical masks	• Make widely available at all points of entry with signage encouraging use for respiratory symptoms • Dispose after each use	• Continue to make available at all points of entry, but place in a location where staff can prevent theft. • Hand out masks as needed. • Encourage medical masks for healthcare workers, alternative masks for visitors, non clinical settings.	• Extended use/reuse policies. • Face covering of any kind
Exam Gloves	• Liberal availability • Unrestricted use for any patient interactions as decided by wearer	• Encourage appropriate glove choice selection: preserve medical gloves for clinical interactions only, vinyl gloves for cleaning (for example).	• Follow CDC guidance for extending use of gloves.
Gowns	• Liberal availability • Unrestricted use for any patient interactions as decided by wearer	• Encourage gown stewardship by using gowns only as needed • Batch care for patients in isolation precautions • Use non-fluid resistant gowns for "dry" activities with no risk of body fluid splashes	• Gowns with long sleeves to be used for all isolation precautions patients requiring gowns. • Patient gowns used for "dry" activities with no risk of body fluid splashes