

**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/lc/clifton-springs>

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>

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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
LHD	Local Health Department
MERC	Medical Emergency Response Cache
NHCC	Nursing Home Command Center
NIMS	National Incident Response System
NHICS	Nursing Home Incident Command 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

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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 may occur, for example personal protective equipment (PPE).

A. Purpose

The Clifton Springs Hospital and Clinic Extended Care (CSHC-EC) residential healthcare 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 Chapter 114 of the Laws of 2020 as described in [*NYS DAL NH 20-09 Required Annual Pandemic Emergency Plan for All Nursing Homes*](#).

The law, signed June 17, 2020 by then Governor Andrew M Cuomo, created a new subdivision 12 to section 2803 of the Public Health Law. The new subdivision requires that each residential health care facility, by September 15, 2020, prepare and make available to the public on the facility's website, and immediately upon request, a Pandemic Emergency Plan (PEP).

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 Health Department (LHD) 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

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This plan is reviewed annually, in accordance with the NYS Public Health Law. 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.

II. Readiness

A. 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 regularly receive updates about the 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 access to free remote videoconferencing, or similar communication methods, with authorized family members and/or guardians during times of visitor restrictions.

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

B. 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.

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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 LDH.

During a Pandemic and whenever possible, in addition to following the pandemic and facility specific infection prevention guideline, CSHC-EC will consider ways to reduce the transmission of the pandemic disease to residents by doing the following:

- Using a part of a unit or a designated location in our facility to house and manage pandemic infected residents

- Discontinuing the use of bathroom by residents who are infected with the pandemic disease that are used by non-pandemic disease infected residents.
- Assuring that proper signage and/or physical barriers and reminders designate areas where pandemic disease infected residents are being cared for or reside.
- Implementing procedures and/or physical barriers to prevent non-pandemic disease infected residents from entering these pandemic disease infected resident and treatment areas.

The 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 its 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 LDH 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 shields
3. Eye protection
4. Gowns
5. Gloves,
6. Masks, and
7. Hand sanitizer and disinfectants in accordance with current EPA Guidance.

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The amount of PPE being maintained in stockpile for CSHC & CSHC-EC as prescribed in [NYCRR VOLUME C \(Title 10\) Chapter V - Medical Facilities Sub Chapter A - Medical Facilities--Minimum Standards Article 2 - Hospitals Part 405 - Hospitals--Minimum Standards Title: Section 405.11 - Infection control](#) **AND** [NYCRR VOLUME C \(Title 10\) Chapter V - Medical Facilities Sub Chapter A - Medical Facilities--Minimum Standards Article 3 - Residential Care Facilities Part 415 - Nursing Homes - Minimum Standards CLINICAL SERVICES Title: Section 415.19 - Infection control](#).

III. 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 LHD, the NYSDOH, and/or the CDC, indicate the impending or actual outbreak or declaration of a pandemic. The Infection Preventionist 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 prepare for a response. Even in the event that the novel strain is initially found in the U.S.*

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 Hospital Incident Command System, and expand command and general staff areas as needed throughout the event. In addition, CSHC-EC will activate a facility Incident Command System along with the Long Term Care (LTC) Division Incident Command System.

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 may receive guidance from Hospital Incident Command, LDH, 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 on the CSHC-EC website for easy viewing.

IV. Recovery

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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 LHD 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 infection prevention measures in accordance with current health agency guidance
- providing reports to federal, state and local government as required/requested

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- surveillance activity in anticipation of a potential second or next-wave pandemic disease outbreak