



# United Hebrew

*The Art of Caring for Generations*

In New Rochelle since 1919

Pandemic Emergency Plan

Created September 2020 Revised May 2022

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## Background

*On June 17, 2020, Governor Andrew M. Cuomo signed into Law Chapter 114 of the Laws of 2020 creating 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.*

*Our plan is divided into 5 key areas- Administration, Communication, Education, Infection Prevention, and Operations. This plan is also included as an annex to our Emergency Preparedness Plan, as required by the CMS Emergency Preparedness Rule.*

*This plan has been written by our interdisciplinary team consisting of the following members; Administrator, Assistant Administrator, Medical Director, Chief Nursing Officer, Infection Control Nurse, Staff Educator, and the Directors of Security, Maintenance, Environmental Services, Food Service and Social Services. This plan will be reviewed annually and as needed.*

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## Administration

Required Item	United Hebrew Response
<p>Review and assure that there is, adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys:</p>	<ul style="list-style-type: none"> <li>• United Hebrew will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19) and report to the DOH;</li> <li>- Any outbreaks or significant increase in nosocomial infections</li> <li>- A single case of reportable communicable disease or any unusual disease</li> <li>- Any outbreaks of increased incidents due to infectious agents</li> <li>- Intra-facility outbreaks of influenza, gastroenteritis, pneumonia and respiratory syncytial virus.</li> <li>- Food borne outbreaks</li> <li>- Infections associated with contaminated medication, replacement fluids or commercial products.</li> <li>- Single cases of healthcare associated infections (Legionella, Measles virus</li> <li>- Single case of active pulmonary or laryngeal tuberculosis in nursing home residents or employees.</li> <li>- Closure of unit due to infections</li> <li>• The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS daily survey reporting. The Administrator or Designee will be responsible for completing these reports.</li> <li>• The facility will maintain review of, and implement procedures provided in NYS DOH 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. The Infection Control Committee will be responsible for the review of these regulations and implementation of same.</li> </ul>

<p>Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP:</p>	<ul style="list-style-type: none"> <li>The facility has established the following plan in accordance with all guidelines and required elements as provided by the NYS DOH.</li> </ul>
<p>Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP:</p>	<ul style="list-style-type: none"> <li>United Hebrew will provide residents, families and staff with information about the pandemic illness at a level which is appropriate to their interest and need for information.</li> <li>Information will be shared through in-services for staff, website and email communication for families, and resident council or one on one meetings for residents.</li> </ul>
<p>The facility will implement the following procedures 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 list facility-specific procedures:</p>	<ul style="list-style-type: none"> <li>Information regarding our response to the disease will be posted on the <a href="http://www.uhgc.org">www.uhgc.org</a> website.</li> <li>Residents will be updated via resident council and on unit huddle meetings, or by a method of their choosing.</li> <li>The staff and family hotline will also be updated daily with pertinent information.</li> </ul>
<p>Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to residents and staff.</p> <p>If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection:</p>	<ul style="list-style-type: none"> <li>All designated representatives will be notified by facility staff via phone call of the no visitor/limited visitor policy.</li> <li>An email will also be sent to all family contacts regarding same.</li> <li>Residents will be notified by the Social Services and Recreation Department of the visitation policy.</li> <li>Exceptions to the visitation regulation will be in accordance with all CDC, CMS or DOH recommendations [whichever is more stringent].</li> <li>If visitation is allowed, all visitors will be screened, and required to complete the screening questionnaire and expectation fact sheet.</li> </ul>
<p>The facility will implement the following process/procedures to assure hospitalized residents will</p>	<ul style="list-style-type: none"> <li>United Hebrew screens all potential admissions/re-admissions for the presence of communicable diseases/ infections and makes</li> </ul>

<p>be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e):</p>	<p>decisions regarding admission based on our ability to provide appropriate medical and nursing care consistent with current infection control guidelines.</p> <ul style="list-style-type: none"> <li>• United Hebrew will make every effort to admit residents to the facility during a pandemic, following all appropriate laws.</li> <li>• United Hebrew has designated an area in the facility for new admissions or readmissions so that they may be observed separate from other residents.</li> <li>• Signage will be placed throughout the unit advising all that there are residents with the infectious disease in that area.</li> </ul>
<p>The facility will implement the following process to preserve a resident's place in a residential health care facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e):</p>	<ul style="list-style-type: none"> <li>• The facility will follow all DOH directives and our own internal policy regarding bed hold.</li> <li>• Social Work will discuss bed hold with the resident or their representative.</li> <li>• If bed hold is elected, the facility will reserve the resident's bed until the resident returns from the hospital. If bed hold is not elected by the resident or their representative, every effort will be made to accept the resident back from the hospital to an appropriate bed.</li> </ul>

### Communication

<b>Required Item</b>	<b>United Hebrew Response</b>
<p>The facility will follow the following 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 available immediately upon request:</p>	<ul style="list-style-type: none"> <li>• This plan will be posted on the <a href="http://www.uhgc.org">www.uhgc.org</a> website and can be located by clicking on "Our Response To Covid".</li> <li>• A hard copy will also be kept at the Front Desk and available upon request to all staff, residents, families, and other NYS and DOH officials.</li> </ul>
<p>The facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition:</p>	<ul style="list-style-type: none"> <li>• The Administrator or Designee will update the staff and family hotline daily with information on how many new pandemic cases in residents or staff there were in the past 24 hours, and/ or how many resident deaths there were in the past 24 hours.</li> <li>• Any resident representatives whose loved one are affected by the specified pandemic illness will be updated at least once daily via phone call</li> </ul>

	by a member of our team, and upon change in condition.
The facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection:	<ul style="list-style-type: none"> <li>• The facility has developed a communication plan to assist residents, staff and authorized family members and representatives:</li> <li>• Residents will be updated weekly through resident council, or the unit bulletin boards, or by their designated social worker.</li> <li>• Families and representatives will be encouraged to call the family hotline which is updated daily with the specific number of infections and deaths at the facility, if any.</li> <li>• Designated Representatives will be updated through our 'Adopt A Resident' Program. Staff 'adopt' several residents and call their family weekly with an update on the pandemic situation at the facility. These calls are documented in the EMR system.</li> </ul>
The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders:	<ul style="list-style-type: none"> <li>• All plans regarding facility visitor restriction, reopening or return to normal operation will be communicated to families via email.</li> <li>• Designated representatives will also be advised via phone call with a member of our team.</li> <li>• The website and hotline will also announce this information as necessary and appropriate.</li> </ul>
The facility will implement the following mechanisms to provide all residents with no cost daily access to remote video conference or equivalent communication methods with family members and guardians:	<ul style="list-style-type: none"> <li>• Each unit has a designated iPad where residents can Facetime or video conference their loved ones. The Recreation Department coordinates these calls. This service is provided free of charge to the resident.</li> </ul>

**Education**

<b>Required Item</b>	<b>United Hebrew Response</b>
Provide staff education on infectious diseases:	<ul style="list-style-type: none"> <li>• Staff education will be provided by the Infection Preventionist and Staff Educator during orientation, annually and as needed to all nursing home staff.</li> <li>• Education sessions will include: Pandemic Emergency Plan, General Infection control practices such as: transmission-based</li> </ul>

	<p>precautions, donning and doffing, hand hygiene, cough etiquette, and vaccination.</p> <ul style="list-style-type: none"> <li>• Department Heads will be conducting weekly in-services on infection control, use of masks, PPE and social distancing. Sign in sheets will be kept by the Administrator.</li> <li>• Education relative to the pandemic illness during the specific time period will be developed as necessary.</li> </ul>
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**Infection Prevention**

<b>Required Item</b>	<b>United Hebrew Response</b>
<p>Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies:</p>	<ul style="list-style-type: none"> <li>• Administrator, Assistant Administrator, Chief Nursing Officer and Infection Control Preventionist have access to HCS for NORA and HERDS reporting of any required information related to pandemic infections.</li> <li>• Infection Control Preventionist is responsible in reporting to NORA any reportable infections disease based on the DOH and CDC guidelines.</li> <li>• Administrator or Designee is responsible in reporting to HERDS any information required related to pandemic infections.</li> </ul> <p><b>Surveillance and Reporting</b></p> <p>The facility-wide surveillance program is a continuous process of systematic collection, consolidation, investigation, and analysis of data concerning the distribution and determinates of infection within an identified population. The information is disseminated to those who can reduce incidence and improve outcomes. The program includes but not limited to:</p> <ul style="list-style-type: none"> <li>• List of reportable diseases and methods used to report.</li> <li>• Identification and outbreak reporting and health department support for investigation. External reporting of reportable communicable diseases occurs as mandated by New York State Department of Health and Epidemiology Center for Disease Control.</li> <li>• Contact information for the state/local health department documented.</li> </ul>

	<ul style="list-style-type: none"> <li>• Reporting occurs at the time of onset of signs and symptoms of reportable diseases.</li> </ul> <p>The Infection Preventionist maintain records of all infection control activities and reports as appropriate. A log containing information about outbreaks, investigation, and disease reporting is also maintained.</p> <p><b>Infection Control Risk Assessment</b></p> <p>The Infection Control Risk Assessment (ICRA) is reviewed annually. Risk assessments are also conducted through environment of care rounds to identify the risk for transmission and acquisition of infectious agents in the facility.</p> <p><b>Infection Control Plan</b></p> <p>The plan is comprised of program goals and objectives developed from the prioritized infection control risk assessment. It includes but is not limited to:</p> <ul style="list-style-type: none"> <li>- Hand hygiene and glove use</li> <li>- Isolation and personal protective equipment (PPE)</li> <li>- Surveillance priorities, definition, methods, analysis, and report</li> <li>- Seasonal influenza immunization program</li> <li>- Pneumococcal immunization program</li> <li>- Public Reporting as required</li> <li>- Laboratory utilization and reporting</li> <li>- Cleaning, disinfection of the environment</li> <li>- Environmental monitoring methods</li> </ul>
<p>Develop/Review/Revise facility plan to ensure that residents are isolated/cohorted and or transferred based on their infection status in accordance with applicable NYS DOH and Centers for Disease Control and Prevention (CDC) guidance:</p>	<ul style="list-style-type: none"> <li>• United Hebrew has developed procedures to cohort symptomatic residents or groups using one or more of the following strategies: <ul style="list-style-type: none"> <li>- Area for Residents with the pandemic infectious disease <ul style="list-style-type: none"> <li>○ Red zone – tested positive</li> <li>○ Orange zone – suspected</li> <li>○ Yellow zone – unknown</li> <li>○ Green – negative</li> </ul> </li> <li>- Confining symptomatic residents and their exposed roommates to their room.</li> <li>- Placing symptomatic residents together in one area of the facility.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Closing units where symptomatic and asymptomatic residents reside, i.e., restricting all residents to an affected unit, regardless of symptoms.</li> <li>- Closing units or the entire facility to new admissions during a pandemic infectious outbreak consistent with public health guidelines.</li> <li>• The facility will assign dedicated staff to work only on the area with residents with pandemic infectious disease. The staff will have a restroom, breakroom and work area that are separate from staff working in other areas of the facility.</li> <li>• Signage will be placed at the entrance of the area/unit reminding staff.</li> </ul>
<p>Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave). Recommended:</p>	<ul style="list-style-type: none"> <li>• A written protocol has been developed for monitoring of illnesses in staff and residents; information from the monitoring system is utilized to implement prevention and mitigation interventions.</li> <li>• Specific protocols have been developed for the evaluation and diagnosis of residents and/or staff for possible pandemic infection in accordance with operational guidelines from public health authorities.</li> <li>• Employees, contract workers, volunteers and vendors are instructed to self-report symptoms and exposure and that they should not report for work if experiencing symptoms of the illness.</li> <li>• Additional screening measures are developed in accordance with public health guidelines as needed.</li> <li>• Additional restrictions on at-risk or ill employees occur in accordance with applicable public health guidelines.</li> <li>• The VP of Human Resources monitors overall staff absences related to pandemic infections.</li> <li>• If necessary, Human Resources will work with each Department Head to plan and prepare for mitigating staffing shortages.</li> </ul>



	<ul style="list-style-type: none"> <li>• Practices are in place that addresses the needs of symptomatic staff and facility staffing needs, including: <ul style="list-style-type: none"> <li>- Handling staff members who develop symptoms while at work.</li> <li>- Determining when staff members who are symptomatic, but well enough to work, are permitted to continue working.</li> <li>- Determining when staff may return to work after being ill.</li> </ul> </li> <li>• High-risk employees (pregnant or immuno-compromised) will be monitored and managed by placing them on administrative leave or altering their work assignments, following all applicable laws.</li> <li>• Visitors [if permitted] are encouraged to refrain from visiting if they are ill in accordance with usual guidelines; additional screening measures take place in accordance with regulations</li> <li>• The Infection Control Committee and/or Pandemic Planning Committee determines when to restrict admissions and visitations and/or implements such restrictions as are mandated by DOH, or CDC authorities.</li> </ul>
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**Operations**

<b>Required Item</b>	<b>United Hebrew Response</b>
Develop/Review/Revise environmental controls:	<ul style="list-style-type: none"> <li>• The facility will follow all infection control and cleaning requirements as described by the DOH.</li> <li>• All cleaning products will be approved by the CDC.</li> <li>• Biohazard and Contaminated Waste will be stored in the designated Hazardous Waste Rooms on each unit. The waste is transported off the units in a separate red bin with wheels, so as to not comingle regular waste with contaminated waste. The waste is then placed into the bins in our Bio-Hazard storage room in the basement to await pick-up. Staff are instructed to wear proper PPE during this transport.</li> <li>• Approved Storage and Waste arrives onsite to pick up the medical waste and sharp containers.</li> </ul>

	<ul style="list-style-type: none"> <li>• Terminal cleaning of areas, and high touch cleaning and sanitizing will be in accordance with facility policy and all regulations. Staff will wear proper PPE during this process.</li> <li>• All medical equipment is cleaned by Environmental Services and/ or the Nursing staff after each resident use.</li> <li>• The facility has an additional 3-day supply of cleaning products on hand in a designated area. The Director of Environmental Services will ensure all cleaning supplies are available to the facility.</li> <li>• Emergency linen is kept in inventory that is three times the average daily census, and of this one third shall be in use, one third in laundry and one third in reserve.</li> </ul>
<p>Develop/Review/Revise vendor supply plan for re-supply of food &amp; water:</p>	<ul style="list-style-type: none"> <li>• United Hebrew maintains a 4-day emergency food supply.</li> <li>• Our Director of Food Service will be in contact with our suppliers to ensure no interruption in the supply of food to our facility.</li> <li>• If additional food is needed, US Foods will send the prior weeks order as stated in our emergency agreement.</li> <li>• Emergency Water will be supplied by Ace Endico, as needed. United Hebrew maintains 600 gallons of emergency water onsite daily.</li> </ul>
<p>The facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic. As a minimum, all types of PPE found to be necessary in the COVID pandemic should be</p>	<ul style="list-style-type: none"> <li>• United Hebrew maintains a 60-day supply of N95 respirators, face shields, gowns, gloves, masks, and sanitizer in our designated Emergency Supply Room at Soundview Apartments.</li> <li>• The basis for the 60-day supply calculation was determined by the facility reported data to the HERDS survey for the period 4/19/2020 to 4/27/2020.</li> <li>• A smaller, additional emergency stock of the items above and radios, batteries, chair lifts, flashlights, caution tape, extension cords, privacy screens, paper supplies, etc. is stored in the Emergency Supply Room in the Kramer Basement.</li> <li>• The Director of Environmental Services will keep track of the PPE being distributed.</li> </ul>

<p>included in the 60-day stockpile. This includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>- N95 respirators</li> <li>- Face shield</li> <li>- Eye protection</li> <li>- Gowns/isolation gowns</li> <li>- Gloves</li> <li>- Masks</li> <li>- Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)</li> </ul>	<ul style="list-style-type: none"> <li>• The 60-day supply is for emergency and will only be utilized in the event our in-house stock is unable to be replenished timely.</li> <li>• Sanitizer will be stored in accordance with all NFPA regulations.</li> </ul>
<p>Recommended Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated:</p>	<ul style="list-style-type: none"> <li>• Social Distancing posters have been placed throughout the facility to remind staff to adhere to guidelines.</li> <li>• Chairs and furniture have been reduced in common areas to allow for 6-foot distancing.</li> <li>• Staff break times have been limited to reduce the number of staff in the break rooms.</li> <li>• Resident activities will be limited to 5 to 10 residents at a time to practice proper social distancing. Activities will be held in an open space such as courtyard and large conference room.</li> <li>• Resident dining, if allowed by regulations, will be limited to 1 to 2 residents per table only. Meals will be served in residents' room.</li> <li>• Flooring will be marked for 6-foot distance for resident activities, if allowed by regulations.</li> <li>• Facility will maximize spaces on satellite rehab gyms and main floor gyms to ensure proper distancing. There will be a limited number of residents per rehab session as well.</li> <li>• Meetings will be conducted via conference call as much as possible. In person meetings will be held in large rooms practicing social distancing.</li> <li>• Elevator capacity will be reduced to maintain distance, signage will be posted on each elevator door.</li> </ul>
<p>Develop/Review/Revise internal policies and procedures, to stock up on medications:</p>	<ul style="list-style-type: none"> <li>• The facility maintains an Omnicell Supply Management System that stores commonly used medications at the facility.</li> </ul>

	<ul style="list-style-type: none"><li>• The Chief Nursing Officer will contact Pharmscript, the facility pharmacy vendor, to ensure the facility has an adequate supply of medication and that there are no shortages.</li><li>• Any interruptions in service or shortages will be reported to the Medical Director. Interventions will be addressed as appropriate.</li></ul>
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