Wyoming County Community Health System SKILLED NURSING FACILITY Emergency Operations Plan

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SCOPE

The scope of this plan extends to any event that disrupts, or has the potential to significantly disrupt, the provision of normal standards of care and/or continuity of operations, regardless of the cause of the incident (i.e. man-made or natural disaster).

The plan provides the facility with a framework for the facility's emergency preparedness program ad utilizes an all-hazards approach to develop facility capabilities and capacities to address anticipated events.

SITUATION

Risk Assessment

The facility conducts an annual risk assessment to identify which natural and man-made hazards pose the greatest risk to the facility (i.e. human and economic losses based on the vulnerability of people, buildings, and infrastructure).

The facility conducted a facility-specific risk assessment and determined the following hazards may affect the facility's ability to maintain operations before, during, and after an incident:

- Inclement Weather
- Utility Failure

This risk information serves as the foundation for the plan – including associated policies, procedures, and preparedness activities.

Mitigation Overview

The primary focus of the facility's pre-disaster mitigation efforts is to identify the facility's level of vulnerability to various hazards and mitigate those vulnerabilities to ensure continuity of service delivery and business operations despite potential or actual hazardous conditions.

To minimize impacts to service delivery and business operations during an emergency, the facility has completed the following mitigation activities:

- Development and maintenance of an Emergency Management Plan;
- Procurement of emergency supplies and resources;
- Establishment and maintenance of mutual aid and vendor agreements to provide supplementary emergency assistance;
- Regular instruction to staff on plans, policies, and procedures; and
- Validation of plans, policies, and procedures through exercises.

Planning Assumptions

This plan is guided by the following planning assumptions:

- Emergencies and disasters can occur without notice, any day, and on any shift;
- Emergencies and disasters may be facility-specific, local, regional, or state-wide;
- Local and/or state authorities may declare an emergency;
- The facility may receive requests from other facilities for resource support (supplies, equipment, staffing, or to serve as a receiving facility);
- Facility security may be compromised during an emergency;
- The emergency may exceed the facility's capabilities and external emergency resources may be unavailable. The facility is expected to be able to function without an influx of outside supplies or assistance for 72 hours;
- Power systems (including emergency generators) could fail;
- During an emergency, it may be difficult for some staff to get to the facility, or alternately, the may need to stay in the facility for a prolonged period of time;

CONCEPT OF OPERATIONS

Incident Recognition – Staff Notification of an Incident

- The person receiving the first notification that an emergency incident has taken place will quickly obtain as much information as possible on the situation.

- The person receiving notification shall immediately contact the switchboard operator (Dial **4911**); using the term, **"Emergency Plan Activation."**
- The switchboard operator shall immediately notify the Senior Administrator on Call (Nursing Supervisor if unable to reach Administrator on Call) and the Safety Officer/Emergency Preparedness Coordinator.
- The Senior Administrator on Call/Nursing Supervisor will ascertain the facts, assess the situation, and make the decision to assume command and activate the Emergency Operations Plan.
  - In making the activation assessment, the Senior Administrator on Call/Nursing Supervisor will be guided by two clear policy directions.
    1. First, an early but unnecessary plan activation is better than a needed but delayed activation; i.e., if an incident appears to present an actual or potential impact on the organization, **activate the plan**.
    2. Second, the best training tool for familiarizing staff and leadership with emergency procedures is through experiencing actual plan activation, even if at a low level.
       - Therefore, the organization benefits from low-level emergency plan activation as a training experience for more significant events. ***When in doubt, the plan should be activated and command established.***

<u>Incident Recognition – External Notification of an Incident</u>

- Depending on the type and severity of the incident, the facility may also notify external parties (e.g. local office of emergency management, resource vendors, relatives and responsible parties) utilizing local notification procedures to request assistance (e.g. guidance, information, resources) or to provide situational awareness.
- The New York State Department of Health Regional Office is a mandatory notification recipient regardless of hazard type, while other notifications may be hazard-specific.

Activation/Response Levels

The Emergency Operations Plan will be activated at one of the following activation levels. Note that activation can occur at any level and does not require a stepwise sequence of activation. For example, the plan can be activated at Partial Activation for a situation having a moderate impact on the facility.

Activation Level	Definition / Parameters	Authority to Activate
Normal Operations	Day-to-day operations are not impacted. Emergency Preparedness Coordinator monitoring operations and coordinating with Department Managers and outside agencies	• Nursing Supervisor • Administrator on Call • Safety Officer

<table>
<tr><th>Activation Level</th><th>Definition / Parameters</th><th>Authority to Activate</th><th>Anticipated HICS Activation</th><th>Notifications</th></tr>
<tr>
<td>Monitoring & Assessment

Monitoring situation and coordinating with necessary staffing and agencies</td>
<td>
<table>
<tr><td colspan="2">Typically a monitoring and assessment phase where a specific threat, unusual event, or situation, is actively monitored by the hospital</td></tr>
<tr><td colspan="2">Emergency Department and Clinical Factors</td></tr>
<tr><td>Patients from a single event</td><td>5 actual patients or expected patients</td></tr>
<tr><td>ED waiting time</td><td>Greater than or expected to be 2 hours</td></tr>
<tr><td colspan="2">Logistical Factors</td></tr>
<tr><td>HCC</td><td>Unlikely to activate</td></tr>
<tr><td>Facilities</td><td>Physical plant or utility impact that is limited, contained, and /or has minor impact or potential for impact on operations (ex: partial utility failure, water main break)</td></tr>
<tr><td>Staff</td><td>5% of staff unable to report to work (Ill, Weather, etc)</td></tr>
<tr><td>Supplies / Materials</td><td>Actual or projected supply shortage of non-critical items</td></tr>
<tr><td>Internal Capacity</td><td>Real or expected community event that results in need for additional staffing</td></tr>
<tr><td>Weather</td><td>Forecasted weather event with potential significant impacts</td></tr>
</table>
</td>
<td>• Nursing Supervisor
• Administrator on Call
• Safety Officer</td>
<td>• Generally handled by Emergency Preparedness Coordinator and staff as necessary

• Incident Commander, if needed</td>
<td>As relevant to the incident:
• County Emergency Management
• County Health
• State Health
• Board of Managers
• Board of Supervisors
• Mutual Aid Plans</td>
</tr>
</table>

<table>
<tr><th>Activation Level</th><th colspan="2">Definition / Parameters</th><th>Authority to Activate</th><th>Anticipated HICS Activation</th><th>Notifications</th></tr>
<tr><td rowspan="13">Partial Activation

Situation in which impacts could affect the Environment of Care, and / or additional resources may be necessary. Can be handled with limited staffing</td><td colspan="2">Typically limited hospital activation</td><td rowspan="13">• Nursing Supervisor
• Administrator on Call
• Safety Officer</td><td rowspan="13">• Incident Commander
• Operations Section Chief
• Planning Section Chief
• Other positions as needed</td><td rowspan="13">• Senior Administration
• Department Managers, as needed (ED Director, Nursing Managers, Maintenance, Environmental Services)

As relevant to the incident:
• County Emergency Management
• County Health
• State Health
• Board of Managers
• Board of Supervisors
• Mutual Aid Plans</td></tr>
<tr><td colspan="2">Emergency Department and Clinical Factors</td></tr>
<tr><td>Patients from a single event</td><td>5+ actual patients or expected patients from single event</td></tr>
<tr><td>ED waiting time</td><td>Greater than 2 hours</td></tr>
<tr><td>Increase in ED patient census</td><td>Greater than 50% above normal census over for extended period of time</td></tr>
<tr><td>Increase in in-patient census (surge)</td><td>60% patients admitted above staffed bed count</td></tr>
<tr><td colspan="2">Logistical Factors</td></tr>
<tr><td>Hospital Command Center</td><td>Open, potentially virtually</td></tr>
<tr><td>Facilities</td><td>Physical plant or utility disruption affecting a mission-critical area or system</td></tr>
<tr><td>Staff</td><td>Greater than 5% of staff not available for duty</td></tr>
<tr><td>Supplies / Materials</td><td>Actual or projected supply shortage of critical items</td></tr>
<tr><td>Internal Capacity</td><td>Real or expected community event that results in need for additional staffing</td></tr>
<tr><td>Event duration</td><td>Long lasting event with impacts on facility</td></tr>
</table>

<table>
<tr><th>Activation Level</th><th>Definition / Parameters</th><th>Authority to Activate</th><th>Anticipated HICS Activation</th><th>Notifications</th></tr>
<tr>
<td>Full Activation

Event impacting facility that will be longer duration with multiple staff needed to operate HCC and handle situation</td>
<td>
<table>
<tr><td colspan="2">An actual incident with a major or unusual impact on hospital operations</td></tr>
<tr><td colspan="2">Emergency Department and Clinical Factors</td></tr>
<tr><td>Patients from a single event</td><td>10+ actual patients</td></tr>
<tr><td>ED waiting time</td><td>Greater than 2 hours</td></tr>
<tr><td>Increase in ED patient census</td><td>Greater than 50% above normal census over 2 hours</td></tr>
<tr><td>Increase in in-patient census (surge)</td><td>Greater than 60% patients admitted above staffed bed count</td></tr>
<tr><td colspan="2">Logistical Factors</td></tr>
<tr><td>Hospital Command Center</td><td>Open</td></tr>
<tr><td>Facilities</td><td>Physical plant or utility disruption affecting a major mission-critical area or system</td></tr>
<tr><td>Staff</td><td>Greater than 5% of staff not available for duty</td></tr>
<tr><td>Supplies / Materials</td><td>Actual or projected supply shortage of critical items</td></tr>
<tr><td>Internal Capacity</td><td>Ongoing event resulting in need for additional staffing (MCI, Pandemic, etc)</td></tr>
<tr><td>Event duration</td><td>Long lasting event with major impacts on facility</td></tr>
</table>
</td>
<td>• Nursing Supervisor
• Administrator on Call
• Safety Officer</td>
<td>• Incident Commander
• Command Positions (Finance, Safety, PIO, Liaison)
• Operations Section Chief
• Operations Section positions as needed
• Planning Section Chief
• Planning Section positions as needed
• Logistics Section Chief
• Logistics Section personal as needed
• Finance Section Chief
• Finance Section positions as needed
• Medical/Technical positions as needed</td>
<td>• Senior Administration
• Department Managers
• Board of Managers
• Board of Supervisors
• County Emergency Management
• County Health
• State Health
• Board of Managers
• Board of Supervisors
• Mutual Aid Plans
• Others as needed</td>
</tr>
</table>

Assumption of Command

- Once the plan is activated, the Nursing Supervisor or Administrator on Call shall assume command, and be designated as the Wyoming County Community Hospital Incident Commander (IC) for that incident.
  - The IC may appoint another staff member, Emergency Preparedness Coordinator, Maintenance Supervisor, other staff to assume IC role or as Deputy IC.
- Immediately activate the Hospital Command Center, either virtually (phone, radio) or by proceeding to the actual HCC location.
  - HCC will be established in the Letchworth Suite or, if not available, Thomson Hall conference room. Evacuation or relocation of the HCC shall only be at the direction of the Incident Commander.
  - Virtual HCC via conference call can be activated by:
    - Turning on the conference room in the Maintenance Office and dial 1010 to open the line
    - Advise Switchboard conference call line is open
    - Advise participants to call Switchboard and ask to be placed into the conference call

Assignment of Incident Command Functions

- Activate additional HICS roles as needed for the event. Refer to **Attachment 4 – Hospital Incident Command Systems** for Command charts, contact lists, forms and Job Action Sheets.

Further Plan Implementation

- Additional plans may be activated to guide the response. Specific response guides have been developed for identified hazards including:
  - Mass Casualty/Disaster Triage
  - Bed Surge
  - Decompression
  - Pandemic Flu
  - Point of Distribution
  - Alternate Care Site
  - Mass Fatality
  - Ebola
  - Biological
  - Emergency Communications
  - Evacuation
  - Hazardous Materials
  - Extreme Weather

<u>NOTIFICATIONS</u> (EC.02.02.02)

Departmental Notification

- Overhead page of plan activation followed by specific procedures, generally Managers report to Letchworth Suite
- Notification to Administration and Managers via notification systems (Rapid Responder, NY-Alert)

- On duty staff will be notified via Manager/Supervisor
- Off duty staff will be notified via phone tree if assistance is required

External Partners

- Liaison Officer will make notifications to the following as to plan activation, nature of event, impacts, anticipated assistance needed, point of contacts, other relevant information:
  - County Emergency Management: 585-786-8867 or 585-786-2255
  - NYS DOH Regional Office: 716-847-4302
  - County Health Department: 585-786-8890 or on call staff
  - Warsaw Police Department: 585-786-2000
  - Warsaw Fire Department: 585-786-2255 or 585-786-2468
  - NYSDOH (State Warning Point): 1-866-881-2809, Option 1
  - Hospital Mutual Aid Plan: 716-697-0743
  - Long Term Care Mutual Aid Plan: 716-810-7000

Patients / Patient Families

- The Support Care Branch of the Logistics Section will notify in house patients and residents will be briefed on nature of event
- Emergency contacts will be notified of events via text, phone, and/or email, using the Emergency Preparedness emergency notification system.

Media

- Public Information Officer should develop briefings for media as to nature and impacts and provide updates as needed

Vendors and Suppliers

- If additional equipment and supplies are needed, contact with appropriate vendors and supplier should be initiated immediately

RESOURCES AND ASSETS (02.02.03)

Obtaining and Replenishing Medical and Non-medical Supplies, Pharmaceuticals

- Logistics Section is responsible for providing necessary equipment and supplies to meet incident needs. Refer to the **96 hour Sustainability Tool** and **Attachment 5 – Critical Resource Inventory**
- If additional equipment and supplies are needed the following method will be followed (refer to **Policy on Resources and Assets** for detailed information):
  - Request from established vendors/suppliers
  - In conjunction with Finance, establish agreements with vendors/suppliers for those with no established accounts
  - Request from County stockpiles through County Emergency Management or EOC if activated
  - Request through Mutual Aid Plans
  - As last resort, request State or Federal Stockpiles from County Emergency Management or EOC if activated

- If another facility is requesting equipment/supplies, that request must be reviewed by the HCC.
  - Determine if that resource is needed in house
  - Determine if that resource may be needed in house
  - If resource request is granted, track resource to ensure replaced or reimbursed
- Logistics Section must monitor stockpiles and quantities on hand to determine anticipated needs for the event
- If Alternate Care Site is established, Logistics Section will work with ACS and County EOC to establish method to transport necessary resources. All resources leaving the facility must be tracked.

SAFETY AND SECURITY (02.02.05)

- Maintenance staff will coordinate with the HCC to determine security needs, i.e.: lockdown, controlled ingress, traffic control, staging sites, visitor IDs
  - Refer to EOC policy **SS-EC.02.01.01EO10b – Security Emergency Response Guide**
- Request immediate assistance from law enforcement if security assistance is needed
- If law enforcement is unavailable, request assistance through Mutual Aid plans
- Monitor and communicate as needed with law enforcement through portable radios
- Based on the type of lockdown, public access to the facility will be handled by internal Maintenance staff, or staff assigned to control access points.
  - All public access will be at the Emergency Department entrance only
  - If directed by the Incident Commander, a log of visitors may be maintained
  - Patients coming for emergency services will be directed to the Emergency Department, patients reporting for other medical services may be directed to a holding area or directed that procedures are cancelled at the present time. This direction will be provided by the Incident Commander.
  - Staff may be assigned to monitor other doors in the facility to ensure no public access or direct to the correct door to enter
  - Internally, public access may also need to be diverted away from certain areas. Staff from the Labor Pool will be assigned to main control points in the facility (hallways, stairwells, etc) as directed by the Incident Commander to ensure restricted areas are not occupied and direct public.
- Traffic Control Plan – refer to the policy on **Traffic Control During an Emergency**

HAZARDOUS MATERIALS AND WASTE (02.02.05EP4)

- Refer to EOC policies EC.02.02.01

UTILITY MANAGEMENT (02.02.09)

- Maintenance primary function will be to maintain heating, cooling, ventilation and water to the facility. If interruptions in service should occur, follow established procedures in EC.02.05.01 policies.

PATIENT MANAGEMENT (02.02.11)

- Operations and Logistics Sections are responsible for ensuring patient needs are met regardless of the event. Specific information can be located for the follow patient management needs:

Patient Management Need	Actions or Procedures to Implement	Policy or Reference Document
Decompression	Systematic identification of suitable patients who still need care to be moved to other health providers, Nursing Facilities or home in an effort to free available beds for a surge event	Decompression Response Guide
Discharge	A Discharge Leader will be established as needed as part of the Operations Branch of the Hospital Command Center to coordinate the release of all patients during the emergency plan activation	Discharge Job Action Sheets – Operations Section – Discharge Unit Leader
HIPAA and Patient Information	Patient information may be given out for certain circumstances: Identification and notification, and shared to provide patient care. Details on information that may be given out, as well as the circumstances under releasing information can be found in the referenced policies.	Health Information Management: HIM/MR ROI policy
Mortuary Services	Mass fatality plan activation for 4+ deaths from a single event	Mass Fatality Emergency Response Guide
Mental Health	Mental Health staff is available for stress management / counseling	Emergency Management policy #00028 Disaster Mental Health

<table>
<tr>
<td>Patient Hygiene and Sanitation</td>
<td>

Alternative means to personal hygiene:

baby wipes, personal wipes, or alcohol base rubs.
Family can also be used to clean the patient during emergencies.

The alternative means to sanitation, if toilets are inoperable or loss of water, is kitty litter, bags in toilet, or bucket brigade. Dumping excrements would be into 55 gallon drums stationed throughout the areas once bagged, if using kitty litter method. The Environmental Services staff will pick up these drums for dumping.
Limit changes of bed linen to those patients who have gross soiling
Environmental Services use of water will be curtailed to the extent of one change of water per day for mopping except in surgery, delivery rooms and isolation areas.

</td>
<td>Coordinate efforts between Purchasing, Dietary and Environmental Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</table>

Patient Tracking	• Evacuation – Patients tracked through eFINDS or by Attachment 1 - Patient Evacuation Tracking Form for individual patients and the Attachment 3 - HICS 255 Master Patient Evacuation Tracking Form. • Influx – Paper based tracking through HICS 254- Disaster Victim Tracking Form. • All departments will be responsible for tracking the patients from the disaster separately that enter their area. • All patients must be entered into the electronic systems unless the system is down. Use downtime procedures as the backup system. • The HICS 254 Form will be faxed every 30 minutes or every 3 patients to the Patient Tracking Manager in the Planning Section or hand carried if system is down.	Emergency Management policy #00016 Policy on Tracking On-Duty Staff and Sheltered Patients

Patient Tracking	• The Patient Tracking Manager will gather all information on patient tracking during the disaster. That information should be made available to the (Patient) Family Care Leader. • A brief report should be periodically given to the Planning Chief to update the Incident Commander on status of the patients.	Emergency Management policy #00016 Policy on Tracking On-Duty Staff and Sheltered Patients
Reunification	HCC should work with Law Enforcement and Social Services staff for reunification efforts	• FEMA Post Disaster Reunification of Children - A Nationwide Approach • Los Angeles County Family Information Center Planning Guide for Healthcare
Transfer	• Follow existing policies • Additional transportation assistance available through County Office of Emergency Management	• Rochester Regional Healthcare Association Community-wide Transfer Agreement • Kaleida (Buffalo Childrens Hospital) Transfer Agreement • University of Rochester Burn Patient Transfer Agreement

Vulnerable Populations - may include but are not limited to:
• Infants/children
• Disabled
• Elderly
• Substance abuse
		• Vulnerable Populations - may include but are not limited to:
		  ○ Infants/children
		  ○ Disabled
		  ○ Elderly
		  ○ Substance abuse
		• Emergency Management policy #00025 Emergency Planning for At Risk Patients

DISASTER PRIVILAGES (02.02.13, 02.02.15)

- In the event of a mass casualty event, additional practitioners may be needed to supplement on hand physicians. (Refer to the **Medical Staff By-Laws** for detailed procedures on disaster privileges, **Policy on Volunteer Licensed Independent Practitioners in an Emergency, Policy on Volunteers in an Emergency**)
  - Practitioners under the facilities control (employed or contracted) should be contacted first to report to the hospital.
    - Practitioners will be report to the Medical Care Branch upon arrival
  - Volunteer or spontaneous practitioners may come seeking to assist. These individuals will be referred to Human Resources who will perform necessary credentialing prior to being utilized. If granted privileges, they will report to the Medical Care Branch for assignment. They should also be issued temporary id badges stating volunteer and their certifications, with a picture ID if able.

STAFF MANAGEMENT (02.02.07)

- Emergency Staff Shifts
  - Staff shifts may be changed to maximize staffing. Shifts will be developed as needed to meet the incident objectives. Examples include:
    - Temporarily increase nurse-to-patient ratios on floors
    - Hold current staff on overtime after shift
    - Change from three 8-hour shifts to two 12-hour shifts
    - Call back off-duty staff from earlier shift
    - Contract additional agency nurses
    - Cancel staff days off (first one per week, then both)
    - Cancel holidays and vacation leaves

- Additional Staffing – If additional staffing is needed the following procedure will be followed:
  - Coordinate through the County Department of Health for registered volunteers
  - Request assistance through Mutual Aid plans

- Staffing Support and Needs **(see Emergency Management policy: #00010 Policy on Staff Management During an Emergency Plan Activation, #00014 Policy on Volunteers in an Emergency)**
  - Logistics Section is responsible for ensuring adequate:
    - staff break and rest areas (refer to **Attachment 4.6 – Incident Designated Areas**
    - access to staff only bathrooms and shower facilities
    - Food, water other hygiene needs
    - emergency transportation to work
    - psychological / bereavement counseling
    - staff and family prophylaxis or immunizations
    - staff tracking
  - Dependent care may be established for staff to bring dependents to facility in order to allow them to work

  - Refer to **Attachment 4.6 – Incident Designated Facilities**

DEPARTMENT RESPONSIBILTIES

Staffs responsibility during an emergency plan activation is to report to their supervisor for further instructions. Managers/Supervisors will be briefed by HICS or Administrative staff as to the nature and extent of the plan activation.

Accounting / Finance

- Report to HCC
- Ensure incident documentation for all expenses
- Track incident related expenses, including:
  - Equipment and Supplies
  - Compensation and Claims
  - Overtime and time worked
- Determine need to implement emergency spending limits
- Follow directions from HCC

Admitting

- Only if directed, prepare to cancel non-incident-related admissions upon notification of EOP activation
- Coordinate with Case Management regarding patients to be discharged
- Coordinate with Medical Care Director to determine those non-incident-related admissions that are most critical and not related to emergency
- Assist with identification of incident patients
- Collect and identify patient valuables
- Maintain record of all incident-related admissions
- Maintain record of all transfers within Hospital
- Initiate medical records for incident patients in conjunction with Medical Records
- Provide information from available records and casualty lists
- Follow directions from HCC

Dietary

- For Mass Casualty Event, determine additional food/beverages/supplies that may be needed for influx of patients
- For loss of power, water, etc, determine additional equipment/supplies needed to deliver food to residents, patients and staff
- Determine available staff for Labor Pool
- Follow directions from HCC

Discharge Planning / Case Management

- Case Management will evaluate patients identified as able to be discharged home to determine what type, if any, post-hospitalization services are required
- For patients requiring equipment and/or supplies at home, Case Manager will arrange for equipment to be delivered to home or Hospital
- For patients requiring privately arranged para-professional services, Case Management will provide patients and families with list of agencies and assist in securing arrangements

- For patients requiring transportation home, Case Management will contact ambulance/ambulette company and arrange for pick up, in conjunction with HCC
- Follow directions from HCC

Environmental Services
- For hazardous materials event, prepare decontamination room and area
- For internal spill, respond with necessary spill containment equipment
- For Mass Casualty Incident, assist nursing with establishing surge areas with proper waste receptacles and acceptable distancing between patients
- For other event, determine available staff for Labor Pool
- Follow directions from HCC

Laboratory
- Provide service to incident-related/affected units and continue normal service to Hospital to extent possible
- Provide technical staff assistance to ED for phlebotomy
- Perform other necessary examinations for incident patients and provide results on STAT basis

Maintenance
- For infrastructure emergency, determine extent of situation and report to HCC
- For external event:
  - lockdown the follow if directed by HCC
  - patrol parking lot and/or direct traffic, establishing ambulance staging areas as needed
- Provide Security to Emergency Department, monitor entrances or other security related tasks as directed by HCC
- If facility sustained damage, perform damage assessments (refer to Assessment and Recovery Response Guide)

Medical Records
- In conjunction with Registration staff prepare patient medical records
- Assist with patient tracking
- Follow directions from HCC

Pharmacy
- For Mass Casualty, Infectious or Communicable disease event, determine the need to request local, state and federal stockpiles, including but not limited to the New York State Department of Health Medical Emergency Response Cache, and Strategic National Stockpile
- Follow directions from HCC

Physical Therapy
- Determine available staffing for Labor Pool
- Follow directions from HCC

Physicians

- Determine need to request additional physicians to report to hospital
- Determine need to implement disaster credentialing privileges
- Follow directions from HCC

Purchasing

- Issue and deliver emergency medical supplies and other equipment to incident-related/affected units and other locations as required
- Follow directions from HCC

Skilled Nursing Facility

- For Mass Casualty Event, determine available beds, wheelchairs and chairs that can be utilized in surge areas
- Determine available staff for Labor Pool
- Follow directions from HCC

<u>DEMOBILIZATION</u>

As the incident resolves, procedures are in place to facilitate the orderly return to normal operations.

- The Incident Commander, the Section Chiefs, and other HICS general staff members will analyze data and decide when to institute the de-escalation process. The Planning Section is responsible for creating a demobilization plan consistent with the needs of the incident.
- Before returning to normal, a completion of a facility wide assessment will be conducted to determine:
  - Life safety compliance
  - Equipment status
  - Proper waste removal and sanitary conditions
  - Proper heating, cooling, ventilation (air flows, temperatures, etc)
  - Any additional deficiencies which should be resolved
  - Refer to the **Annex 7 – Assessment and Recovery Response Guide** for additional information and steps for completing the assessment.
- Recovery actions are broken down into short-term and long-term objectives.
  - **Short-Term Objectives -** Short term activities are those that will occur and be completed within days to several weeks following an incident or event. These include:
    - Demobilization of equipment and personal
    - Returning and/or replacing equipment that was utilized during the disaster
    - Restoration of critical infrastructure
    - Restocking of critical supplies
  - **Long-Term Objectives -** Long-term objectives are those that will occur or take weeks to months, or even several years to be completed. These are often dependent of the size and nature of the disaster. Long-term activities may include:
    - Long-term medical monitoring of response personal
    - Cleaning/decontamination of the facility

    - Facility repair and/or restoration
    - Documentation, patient billing, payroll, financial recovery
- Notifications should be made to external partners to advise of the incident completion

Wyoming County Community Health System
SKILLED NURSING FACILITY POLICY

COVID-19 Pandemic Visiting Guidelines

1.0 POLICY:

Visitation guidelines for outside visitation, and limited indoor visitation and activities during COVID-19 Pandemic.

2.0 PURPOSE:

This policy is a safety plan outlining how the facility will mitigate the risk of resurgence of COVID-19.

Wyoming County Community Hospital Skilled Nursing Facility (WCCHSNF) is in a Phase 3 or above region, and is in full compliance with all state and federal requirements, state Executive Orders and guidance. WCCHSNF has had all residents tested by the New York State Department of Health (NYSDOH) May 2020, and all staff are tested weekly. It has been greater than twenty-eight (28) days from the last positive COVID-19 case within the facility. All surveys including the daily HERDS survey, weekly staff testing survey and information for the National Healthcare Safety Network (NHSN) are up to date and submitted.

As part of the facility COVID-19 policy, residents will be cohorted if COVID-19 positive and staff will be dedicated to the extent possible to minimize any further exposures. In-person visits would cease if one (1) staff or one (1) resident tests positive for COVID-19. The nursing facility will not provide in person visits if staffing numbers are not sufficient to maintain quality care for all residents. Visits will additionally cease if there are not adequate testing supplies to meet the current regulations. WCCHSNF maintains adequate testing through the Wyoming County Community Hospital lab. An agreement also exists with Erie County Medical Center for any additional testing support.

3.0 PROCEDURES:

Wyoming County Community Hospital Skilled Nursing Facility screens all staff who enter with a temperature check and series of questions to prevent potential exposure to any other staff member or resident. WCCHSNF also monitors residents for signs or symptoms including temperature and pulse oximetry at minimum daily.

Following is the plan to provide in-person visits with family as long as all of the above areas are in compliance:

3.1 Families will be notified in writing and via the facility website and Facebook page that we will allow visits by appointment only. Hours that appointments can be made will be provided on the websites, Facebook, and in the letter provided to families/residents. Visits will only occur outside or in a large room on the ground floor of the facility. No friends/families will be allowed on the units of the nursing facility to maintain safety of all residents. Visitors must also provide their first and last name, physical street address, day and evening phone numbers and email address if available (information is required to aid in contact tracing if a positive case was determined).

3.2 Visitors will receive a screening check of temperature and a series of questions prior to allowing the visit. Each visitor will receive visiting guidelines. (See attached)

3.3 Visitors will be required to use hand sanitizer and wear a mask throughout the visit. Personal Protective Equipment (PPE) such as a mask and hand sanitizer will be provided to anyone that needs it. Any visitor that has a temperature or does not meet the screening criteria will have to leave the facility immediately.

3.3.1 All visitors doing face-to-face visits will require a negative Covid test current within 7 days.

3.4 Visits will be limited to 30 minutes maximum to ensure all residents who have visitors will be able to participate.

3.5 All hard surfaces such as chairs and tables will be cleaned between each visit with appropriate approved cleaning wipes. Sufficient dry time will be allowed based on manufactures recommendations and facility policy.

3.6 Only five (5) residents will be brought down for visits at a time. Only two (2) visitors per resident will be allowed.

3.7 A minimum of two staff will provide transportation and monitoring of all visits. One staff member must remain with the residents at all times to ensure their safety.

3.8 No visitors under the age of 18 will be allowed without an accompanying adult.

3.9 Areas used for visits will include:

3.9.1 The front patio of the facility. Areas will be marked off to ensure residents and family maintain 6 feet of distance between them. No physical contact will be allowed. Staff will monitor for compliance.

3.9.2 Alternate area for inclement weather will include the currently vacant Adult Day Health Care (ADHC) space and front lobby if necessary to maintain safe distancing. At no time will we exceed five (5) residents visiting at a time. Five is well below the maximum 10% allowed by the guidance provided. Areas inside will also be marked to ensure adequate distancing is maintained. If visits are inside a maximum of one (1) visitor per resident will be allowed as to not exceed the maximum of ten (10) persons indoors.

3.10 Social Distancing Plan for family visitation in (unused) day care and outside SNF

3.10.1 Inside visitation one family member only

3.10.2 Outside visitation 2 family members only

3.10.3 We will use the ADHC large area and adjoining room to set up five (5) resident/family areas. We will use the folding wall to divide the large room off. We will have a total of three (3) sections and three (3) doors for entry. Each area of the two large sections will have one table and chair at the north end of the section and the same at the south end of the section (total 4 areas). The smaller room will have one table and one chair (total 1 area). Five (5) visiting areas in total. All will be color-coded. The same process will take place outside; one area on each side of entry door to the SNF (total 2), one area by the tree and two areas under the tarp awning in corner. We will use four (4) benches and a small table in each area and one area will have two chairs and a small table. These areas will be color coded as well. We will also place the social distancing signs on the concrete to signify the six (6) feet distancing so visitors can adhere to the regulations.

3.10.4 Process for visitors:

They will come in the SNF doors, check in at the window at the front desk. Staff member will temperature scan each visitor and get the information required. Staff will then give visitors a card with a color and the family will follow the 6 feet social distancing signs to the outside or inside visiting area (weather dependent) and look for their color code and go to that sitting area. We will also place signs to notify visitors and staff where the colors are located. The family will be instructed to give the color card back to staff at front desk for check out. This way we know they have left the building. When checking in staff will write on the sign in sheet what color card the family received. This again is for tracking the area each visitor was in. After each visit staff are to clean the table and chairs where the visitor sat inside and on the outside clean the bench, table and chairs. Anything a visitor touches must be wiped down with an approved disinfectant.

Wyoming County Community Health System
SKILLED NURSING FACILITY POLICY

COVID-19 Pandemic

1.0 POLICY:

It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and Epidemiologic Risk for the COVID-19 and to adhere to Transmission Based Precautions; including the use of eye protection. Residents care will be ordered by primary care physician and further instructions will be directed by local and state health department authorities.

NOTE: This policy starts at the beginning of the pandemic and evolves. Guidance and the policy changed throughout.

2.0 ***FOR OUTBREAK- NO CASES CONFIRMED IN WYOMING COUNTY OR ADJACENT COUNTIES: (March 13, 2020 Guidance)***

2.1 **STAFF:**

All staff will be screened for the following criteria:

2.1.1 Any signs or symptoms of respiratory like symptoms including fever, cough, sore throat, or shortness of breath.
2.1.2 Have they traveled internationally within the last 14 days to areas where COVID-19 have been confirmed?
2.1.3 Have they been exposed to anyone that is positive with COVID-19 or suspected positive within the past 14 days?

2.2 Any staff that respond yes to any of the above questions will be sent home immediately and will require clearance from their primary care physician and or workplace health department to return to work.

2.3 If staff develop any symptoms while at work, as listed above, they will immediately notify the supervisor to be evaluated and leave the facility. They must contact their primary care provider (PCP) and remain in their home until instructed further by their PCP.

NOTE: All healthcare personnel will be correctly trained and capable of implementing infection control procedures and adhere to requirements.

2.4 **VISITORS:**

During COVID-19 outbreaks as deemed by the Department of Health, and Centers for Disease Control, those periods without cases in the community or any adjacent communities, it will be the policy of the Skilled Nursing Facility not allow any visitors with the exception of those essential to the resident's well-being such as end of life. Refer to visiting guidelines policy if facility meets criteria for visitation.

All others who still request visitation with a resident will be screened for the following:

2.4.1 Any signs or symptoms or respiratory like symptoms including fever, cough, sore throat, or shortness of breath.
2.4.2 Have they traveled internationally within the last 14 days to areas where COVID-19 have been confirmed?
2.4.3 Have they been exposed to anyone that is positive with COVID-19 or suspected positive within the past 14 days?

2.5 Any "yes" to the above questions and the visitor will NOT be allowed in the nursing facility.

2.6 Those visitors that answer "no" to the above questions and are essential to the residents well-being will be allowed to enter the building after washing their hands and placing a mask on before entering. The visitor will don gowns/gloves and only be allowed in the resident's room that they are here to see and will not be allowed in common gathering areas such as the dining room.

2.7 The facility will offer those wishing to visit resident's alternative methods of communication; telephone, texting, skype, face time, etc.

2.8 **ADMISSIONS:**

All admissions to the facility during a COVID-19 outbreak will be screened first for the following questions:

2.8.1 Any signs or symptoms of respiratory like symptoms including fever, cough, sore throat, or shortness of breath.
2.8.2 Have they traveled internationally within the last 14 days to areas where COVID-19 have been confirmed?
2.8.3 Have they been exposed to anyone that is positive with COVID-19 or suspected positive within the past 14 days?
2.8.4 Any potential admissions that answer yes, will not be admitted to the facility. Any potential admissions that are unable to clearly answer these questions or if administration is unable to confirm the answers the potential admission will not be admitted. Any referrals from facilities with positive COVID-19 in their community or organization will not be allowed admission to the facility.
2.8.5 All admissions will be carefully screened and will be cleared of any actual or potential risks of COVID-19.

2.9 **CURRENT RESIDENTS**:

All residents will be monitored for signs and symptoms of respiratory illness. Any residents developing symptoms of respiratory illness will be confined to their room and staff will begin using appropriate personal protective equipment (PPE) to include: gowns, gloves, masks, and eye protection if COVID-19 is suspected. The residents PCP and family contact will be notified. Staff will await orders from the PCP to determine residents' condition and treatment plan.

If any residents or staff test positive for COVID-19, the local and state department of health will be notified immediately to obtain further instructions.

Any residents that leave the unit must wear a mask (as tolerated).

3.0 ***PROCEDURE TO ADDRESS PANDEMIC COVID-19 OUTBREAK AND/OR CASES IN WYOMING OR ADJACENT COUNTIES: March 23 Guidance***

3.1 STAFF

3.1.1 Staff will be screened by the following:
a. Temperature will be taken and if > 100 the employee will not be able to work.
b. Additional questions that may exclude employee from work are:
1. Cough
2. Short of Breath (SOB)
3. Gastrointestinal Symptoms (diarrhea, vomiting, etc.)
4. Have they been around anyone with symptoms or currently being tested for COVID-19.
5. Have they been out of the country in the past 14 days?

3.1.2 Any "yes" answers will be evaluated and if needed staff will be referred to their PCP and the staff member will be asked to leave the building immediately. The staff member will require PCP clearance and WPHS clearance as well before returning to work.
3.1.3 Any staff that develops symptoms (fever, cough, GI, etc.) will be sent home and require contact with their PCP and WPHS for clearance to return to work,

3.2 VISITORS:

3.2.1 Visitors will not be allowed during a Pandemic Outbreak (with the exception of end of life Residents who are actively dying)

3.2.2 If the visitor is allowed they will be screened by the following:

a. Temperature will be taken and if > 100 the visitor will not be allowed to enter the unit.
b. Additional questions that may exclude visitation are:
  1. Short of Breath (SOB)
  2. Gastrointestinal Symptoms (diarrhea, vomiting, etc.)
  3. Have they been around anyone with symptoms or currently being tested for COVID-19?
  4. Have they been out of the country in the past 14 days.

Any “yes” answers will result in the visitor being asked to leave the building without seeing the resident.

During this time, the facility will be offering other means of communication for residents and family to include face book pictures, videos, face time, skype, etc. Activities Department will focus on assisting residents in maintaining contact with their families during this difficult time.

3.3 ADMISSIONS:
All potential residents will require a negative COVID-19 screen to be considered for admission. Once admitted, all potential residents will be placed on appropriate transmission-based precautions for 7 days. If there are no positive symptoms in 7 days, isolation can be removed.

3.4 **CURRENT RESIDENTS:**

3.4.1 During this time, meals in the dining rooms will be reduced to residents that need to be in the dining room for safety. All residents in the dining room for meals will be at least six feet apart.

3.4.2 No group activities will be held during this time. Individual activities and room visits only, with a focus on family communication.

3.4.3 Staff will make every effort to keep residents six feet apart for safety.

3.4.4 Any residents that develop symptoms of COVID-19 will be placed on appropriate transmission based precautions and the primary care provider will be notified.

4.0 *PROCEDURE TO ADDRESS PANDEMIC COVID-19 OUTBREAK WITHIN THE FACILITY: March 25th Guidance*

4.1 Notify the following:
4.1.1 Physician/Provider
4.1.2 Family
4.1.3 Administrator, Director of Nursing, and Infection Preventionist
4.1.4 Department of Health (Complete NORA report)

4.2 STAFF:

Staff will be screened by the following:

4.2.1 Temperature will be taken prior to the start of their shift and if > 100 the employee will not be able to work

4.2.2 Additional questions that may exclude employee from work:

a. Cough
b. Short of Breath (SOB)
c. Gastrointestinal Symptoms (diarrhea, vomiting, etc.)
d. Have they been around anyone with symptoms or currently being test for COVID-19
e. Have they been out of the country in the past 14 days.

4.2.3 Any "yes" answers will result in the staff member being referred to Workplace Health Services for testing. The staff member will require WPHS clearance and a negative covid test before returning to work.

4.2.4 Any staff that develops symptoms (fever, cough, GI, etc.) will be tested and sent home and require contact with and Workplace Health Services for clearance to return to work.

4.3 NOTIFICATIONS

4.3.1 By 5:00 p.m. on the next calendar day following the occurrence of either a suspected or confirmed case of COVID-19, communicate to the residents, residents' families, loved ones, and guardians that an individual who has been in the facility is suspected of having, or has been diagnosed with, COVID-19. Personal identifying information cannot be disclosed in the communication.

4.3.2 Send an initial letter/e-mail regarding COVID-19 to residents and their families, loved ones, and guardians, outlining infection control policies and procedures. If possible, follow-up with a call to families and speak with residents, in person.

4.3.3 Maintain routine communication with resident's in-person, if possible, and with families, either via e-mail or another electronic platform, regarding the facility's efforts to prevent the spread of COVID-19.

4.4 REPORTING TO NHSN (National health Safety Network):

4.4.1 The facility designee will electronically report no less than weekly to the CDC's NHSN system per federal regulatory requirements related to COVID-19. Information to be reported will include the following:

Suspected and confirmed cases of COVID-19 among both residents and staff including residents that were previously treated for COVID-19.

4.5 VISITORS

Visitors will not be allowed during a COVID-19 outbreak within the facility with the exception of end of life (residents who are actively dying). If family is allowed they will be screened by the same procedure as staff above. If the family member is positive for COVID-19, the family will not be allowed to visit, even in cases of end-of-life.

4.6 ADMISSIONS

All potential residents will be addressed on a case-by-case basis to ensure current resident and potential resident safety.

4.7 CURRENT RESIDENTS

Follow the guidance as directed by the Department of Health after notification including:

4.7.1 Droplet and Contact Precautions to all resident(s) on the affected unit
4.7.2 Airborne precautions to affected resident(s)
4.7.3 Full vital signs (VS), pulse ox, and symptom monitoring on the unit with a positive COVID-19 to monitor for any additional potential cases.
4.7.4 Temperature, pulse ox, and symptoms documented on all other residents on units without a positive COVID-19.
4.7.5 No communal dining or activities continues
4.7.6 All residents remain in their rooms.
4.7.7 All positive residents will be located on one unit in closest proximity possible. Scheduling of staff will keep consistency of staff to the fullest extent possible caring for these residents.

4.8 DISCONTINUATION OF ISOLATION

4.8.1 Non-test based strategy:

a. At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (greater than or equal to 100.0) without the use of fever-reducing medications; **AND**

b. Improvement in respiratory symptoms (e.g. cough, shortness of breath); **AND**

c. At least **14 days** have passed since symptoms attributed to COVID-19 first appeared.

- For residents who were asymptomatic at the time of their first positive test and remain asymptomatic, at least 14 days have passed since the first positive test.

4.8.2 Test-Based Strategy: If testing is available to a facility through in-house or commercial means, the following test-based strategy may also be considered.

a. Lack of fever (greater than and equal to 100.0), without fever-reducing medications; **AND**

b. Improvement in respiratory symptoms (e.g. cough, shortness of breath); **AND**

c. Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA, from at least two consecutive tests conducted on recommended specimens (nasopharyngeal, nasal and oropharyngeal, or nasal and saliva), collected greater than or equal to 24 hours apart.

d. For residents who were asymptomatic at the time of their first positive test and remain asymptomatic, testing for release from isolation may begin a minimum of 7 days from the first positive test.

5.0 TRAVEL

5.1 If you do choose to travel and that state is "hot" you will be required to do the following:

a. Receive a COVID test within 24 hours of returning to New York

b. Self-quarantine for 14 days

c. If you are an essential worker the state says you can return, however this facility is choosing not to have you return until seven (7) days have passed and you have a second negative COVID test.

d. Please be aware when you are off of work due to travel to a "hot" state you will not receive the COVID pay (this directive comes from the governor's executive order)

e. You also may not be eligible to receive any pay based on your available benefits:

* If the SNF Employee knowingly visited a "hot state" after it appeared on the list, they should NOT be paid and also be subject to the Attendance Procedure.

* If the SNF Employee was visiting when the state was added to the "hot list" they should be allowed to access accrued time and NOT be subject to Attendance Procedure.