

Batavia

Pandemic Emergency Plan (PEP)

Communication Plan

- Unless otherwise instructed by resident, nurse will notify representative when:
 - Change in resident condition
 - Suspected COVID-19 infection
 - DOH will also be notified of suspected COVID-19 Symptoms
 - Except in medical emergencies, notifications will be made within 24 hours

Communication

- The facility must inform all residents, their representatives and families by 5pm the next calendar day of
 - A single confirmed COVID-19 infection
 - 3 or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other
- The information must include mitigating actions taken by the facility to prevent or reduce risk of transmission
- The facility must report weekly to the CDC on all the data elements required in NHSN COVID 19 Module

Communication

- Facility will send out daily ROBOCALLS to families to inform of case status of new resident/staff cases on a daily basis in event new cases arise. Facility will also send out weekly update letters by Administrator or designee to inform of status of infections
- Facility will provide opportunity for Video conferencing and telephone conferencing via “virtual visits”. The facility will facilitate, when appropriate, virtual family visits to address the social well being of the residents.
 - Facility will make every attempt to schedule virtual visits at any time and will confirm identity of representative with whom the visit is scheduled prior to visit to ensure appropriate authorization

Infection Control

- All residents must test negative prior to admission to the facility
- Upon admission, all new admissions will be assessed for respiratory symptoms
 - All new admissions and readmissions will be placed on 14 day obs with transmission precautions in place

Reduction in Transmission

- Residents will be screened
- Residents with symptoms of suspected COVID-19 or other respiratory infections will be cohorted (notifications will be made)
- Respiratory hygiene will be implemented (masks to be worn by resident) and isolation
- Provide face masks , hand sanitizer, tissues, no touch trash receptacles
- Staff wear PPE (gloves, mask, gowns, eye protection) to minimize risk of transmission
- Use single use patient care equipment
- Hand Hygiene
- Discontinuation of sharing of bathrooms of residents who are outside their cohort

Reduction in Transmission

- Suspension of Communal Dining
- Suspension of Group Programming
- Facility has dedicated group of rooms that will be used to cohort residents with, suspected, or exposure to COVID-19

Facility Identification of Cohorting Needs

- Facility will identify changes of status and admissions/readmissions and outside appointments on a daily basis to ensure residents are in the appropriate cohort.
- Facility will discuss cohorts to verify updates on isolation status resulting in room changes.

Cohorting- Signs on Doors

- WHITE- New Admissions, go to dialysis- Exposed
- GREEN- Residents who are Positive
- PINK- Residents who are Suspected
- YELLOW Residents who are unknown, may have been exposed

Supplies

- Facility will store all 60 day emergency stock PPE locked room in basement.
- Facility will update PPE on daily HERDS submitted to DOH.

Pandemic Response

- Facility will follow organization policies and procedures
- Facility will work with vendors, OEM and Mutual Aid partners to obtain supplies as needed.
- Facility is member of Western NY Mutual Aid Plan

Preservation of Bed Status

- Facility will maintain practices for bed hold
 - Social worker will ask family if they would like a bed hold
 - Facility will readmit resident in which the facility can accommodate their clinical and safety needs as beds are available.
 - Facility will follow F 622 related to transfer status