GREEN MEADOWS PANDEMIC EMERGENCY PLAN

Annex E: Infectious Disease/Pandemic Emergency

As the COVID-19 pandemic surged around the world, healthcare policy makers, management and staff have had to recognize a risk that was talked about, but never really prepared for. Complicating the response further was that this pandemic was caused by a new pathogen, (novel virus), and to which there was no natural immunity or vaccination. We are still learning about how this disease is transmitted, which population is the most vulnerable and the best course of treatment. The most terrible aspect of the experience so far is that COVID-19 takes a terrible toll on the elderly and those sick with co-morbidities. As such, Skilled Nursing Facilities congregate care setting were especially at risk during this outbreak. As a result of this, the State and Federal governments have enacted additional requirements for the safe operation of a nursing home. This document lays out the required elements of new legal and regulatory responsibilities during a pandemic.

Preparedness Tasks for all Infectious Disease Events

1. Staff Education on Infectious Diseases (R)

• The Facility Infection Preventionist (IP) in conjunction with Inservice Coordinator/Designee, must provide education on Infection Prevention and Management upon the hiring of new staff, as well as ongoing education on an annual basis and as needed should a facility experience the outbreak of an infectious disease.

• The IP/ Designee will conduct annual competency-based education on hand hygiene and donning/doffing

Personal Protective Equipment (PPE) for all staff.

• The IP in conjunction with the Inservice Coordinator will provide in-service training for all staff on Infection Prevention policies and procedures as needed for event of an infectious outbreak including all CDC and State updates/guidance.

2. Develop/Review/Revise and Enforce Existing Infection Prevention Control, and Reporting Policies (R) The facility will continue to review/revise and enforce existing infection prevention control and reporting policies.

The Facility will update the Infection Control Manual, which is available in a digital and print form for all staff, annually or as may be required during an event. From time to time, the facility management will consult with local Epidemiologist to ensure that any new regulations and/or

areas of concern as related to Infection Prevention and Control are incorporated into the Facilities Infection Control Prevention Plans.

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3. Conduct Routine/Ongoing, Infectious Disease Surveillance

• The Quality Assurance (QA) Committee will review all resident infections as well as the usage of antibiotics, on a scheduled basis so as to identify any tends and areas for improvement.

• At daily Morning Meeting, the IDT team will identify any issues regarding infection control and prevention.

• As needed, the Director of Nursing (DON)/Designee will establish Quality Assurance Performance Projects (QAPI) to identify root cause(s) of infections and update the facility action plans, as appropriate. The results of this analysis will be reported to the QA committee.

• All staff are to receive annual education as to the need to report any change in resident condition to supervisory staff for follow up.

• Staff will identify the rate of infectious diseases and identify any significant increases in infection rates and will be addressed.

• Facility acquired infections will be tracked/reported by the Infection Preventionist.

4. Develop/Review/Revise Plan for Staff Testing/Laboratory Services

• The Facility will conduct staff testing, if indicated, in accordance with NYS regulations and Epidemiology recommendations for a given infectious agent.

• The facility shall have prearranged agreements with laboratory services to accommodate any testing of residents and staff including consultants and agency staff. These arrangements shall be reviewed by administration not less than annually and are subject to renewal, replacement or additions as deemed necessary. All contacts for labs will be updated and maintained in the communication section of the Emergency Preparedness Manual.

• Administrator/ DON/Designee will check daily for staff and resident testing results and take action in accordance with State and federal guidance.

5. Staff Access to Communicable Disease Reporting Tools (R)

• The facility has access to Health Commerce System (HCS), and all roles are assigned and updated as needed for reporting to NYSDOH.

• The following Staff Members have access to the NORA and HERDS surveys: Administrator, Director of Nursing, Infection Preventionist, and Assistant Director of Nursing. Should a change in staffing occur, the replacement staff member will be provided with log in access and Training for the NORA and HERDS Survey

• The IP/designee will enter any data in NHSN as per CMS/CDC guidance

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6. Develop/Review/Revise Internal Policies and Procedures for Stocking Needed Supplies (R)

• The Medical Director, Director of Nursing, Infection Control Practitioner, Safety Officer, and other appropriate personnel will review the Policies for stocking needed supplies.

• The facility has contracted with Pharmacy Vendor to arrange for 4-6 weeks supply of resident medications to be delivered should there be a Pandemic Emergency.

• The facility has established par Levels for Environmental Protection Agency (EPA) approved

environmental cleaning agents based on pandemic usage.

• The facility has established par Levels for PPE.

7. Develop/Review/Revise Administrative Controls with regards to Visitation and Staff Wellness

• All sick calls will be monitored by Department Heads to identify any staff pattern or cluster of symptoms associated with infectious agent. Each Dept will keep a line list of sick calls and report any issues to IP/DON during Morning Meeting. All staff members are screened on entrance to the facility to include symptom check and thermal screening.

• Visitors will be informed of any visiting restriction related to an Infection Pandemic and visitation restriction will be enforced/lifted as allowed by NYSDOH.

• A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional DOH planning and CMS to address widespread healthcare staffing shortages during a crisis.

8. Develop/Review/Revise Environmental Controls related to Contaminated Waste (R)

• Areas for contaminated waste are clearly identified as per NYSDOH guidelines

• The facility environmental coordinator shall follow all Department of Environmental Conservation (DEC) and DOH rules for the handling of contaminated waste. The onsite storage of waste shall be labeled and in accordance with all regulations. The handling policies are available in the Environmental Services Manual. Any staff involved in handling of contaminated product shall be trained in procedures prior to performing tasks and shall be given proper PPE.

• The facility will amend the Policy and Procedure on Biohazardous wastes as needed related to any new infective agents.

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9. Develop/Review/Revise Vendor Supply Plan for food, water, and medication (R)

• The facility currently has a 3-4 days' supply of food and water available. This is monitored on a quarterly basis to ensure that it is intact and safely stored.

• The facility has adequate supply of stock medications for 4-6 weeks.

• The facility has access to a minimum of 2 weeks supply of needed cleaning/sanitizing agents in accordance with storage and NFPA/Local guidance. The supply will be checked each quarter and weekly as needed during a Pandemic. A log will be kept by the Department head responsible for monitoring the supply and reporting to Administrator any specific needs and shortages.

10. Develop Plans to Ensure Residents are Cohorted based on their Infectious Status (R)

• Residents are isolated/cohorted based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control guidance.

• The facility Administration maintains communication with Local Epidemiologist, NYS DOH, and CDC to ensure that all new guidelines and updates are being adhered to with respect to Infection Prevention.

• The Cohort will be divided into three groups: Unknown, Negative, and Positive as it relates to the infectious agent.

• The resident will have a comprehensive care plan developed indicating their Cohort Group and specific interventions needed.

11. Develop a Plan for Cohorting residents using a part of a unit, dedicated floor or wing, or group of rooms

• The Facility will dedicate a wing or group of rooms at the end of a unit in order to Cohort residents. This area will be clearly demarcated as isolation area.

• Appropriate transmission-based precautions will be adhered to for each of the Cohort Groups as stipulated by NYS DOH

• Staff will be educated on the specific requirements for each Cohort Group.

• Residents that require transfer to another Health Care Provider will have their Cohort status

communicated to provider and transporter and clearly documented on the transfer paper work.

• All attempts will be made to have dedicated caregivers assigned to each Cohort group and to minimize the number of different caregivers assigned.

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12. Develop/Review/Revise a Plan to Ensure Social Distancing Measures

• The facility will review/ revise the Policy on Communal Dining Guidelines and Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidance.

• The facility will review/revise the Policy on Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidelines. Recreation Activities will be individualized for each resident.

• The facility will ensure staff break rooms and locker rooms allow for social distancing of staff

• All staff will be re-educated on these updates as needed

13. Develop/Review/Revise a Plan to Recover/Return to Normal Operations

• The facility will adhere to directives as specified by, State and CDC guidance at the time of each specific infectious disease or pandemic event eg. regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.

• The facility will maintain communication with the local NYS DOH and CMS and follow guidelines for returning to normal operations. The decision for outside consultants will be made on a case by case basis taking into account medical necessity and infection levels in the community. During the recovery period residents and staff will continue to be monitored daily in order to identify any symptoms that could be related to the infectious agent.

Additional Preparedness Planning Tasks for Pandemic Events

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1. Develop/Review/Revise a Pandemic Communication Plan (R)

• The Administrator in conjunction with the Social Service Director will ensure that there is an accurate list

of each resident's Representative, and preference for type of communication.

• Communication of a pandemic includes utilizing established Staff Contact List to notify all staff members in all departments.

• The Facility will update website on the identification of any infectious disease outbreak of potential pandemic.

2. Develop/Review/Revise Plans for Protection of Staff, Residents, and Families Against Infection (R)

• Education of staff, residents, and representatives

• Screening of residents

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• Screening of staff

• Visitor Restriction as indicated and in accordance with NYSDOH and CDC

• Proper use of PPE

• Cohorting of Residents and Staff

Response Tasks for All Infectious Disease Events

1. Guidance, Signage, Advisories

• The facility will obtain and maintain current guidance, signage advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions.

• The Infection Preventionist/Designee will ensure that appropriate signage is visible in designated areas for newly emergent infectious agents

• The Infection Control Practitioner will be responsible to ensure that there are clearly posted signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas.

• The Infection Preventionist/Designee will ensure that appropriate signage is visible in designated areas to heighten awareness on cough etiquette, hand hygiene and other hygiene measures in high visible areas.

2. Reporting Requirements (R)

• The facility 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 (see Annex K of the CEMP toolkit for reporting requirements).

• The DON/Infection Preventionist will be responsible to report communicable diseases via the NORA reporting system on the HCS

• The DON/Infection Preventionist will be responsible to report communicable diseases on NHSN as directed by CMS.

3. Signage (Refer to Guidance, Signage, Advisories)

4. Limit Exposure

• The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies.

• Facility will Cohort residents according to their infection status

• Facility will monitor all residents to identify symptoms associated with infectious agent.

• Units will be quarantined in accordance with NYSDOH and CDC guidance and every effort will be made to cohort staff.

• Facility will follow all guidance from NYSDOH regarding visitation, communal dining, and activities and update policy and procedure and educate all staff.

• Facility will centralize and limit entryways to ensure all persons entering the building are screened and authorized.

• Hand sanitizer will be available on entrance to facility, exit from elevators, and according to NYSDOH and CDC guidance

• Daily Housekeeping staff will ensure adequate hand sanitizer and refill as needed.

5. Separate Staffing

• The facility will implement procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.

6. Conduct Cleaning/Decontamination

• The facility will conduct cleaning/decontamination in response to the infectious disease utilizing cleaning and disinfection product/agent specific to infectious disease/organism in accordance with any applicable NYSDOH, EPA, and CDC guidance.

7. Educate Residents, Relatives, and Friends About the Disease and the Facility's Response (R)

• The facility will implement 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.

• All residents will receive updated information on the infective agent, mode of transmission, requirements to minimize transmission, and all changes that will affect their daily routines.

8. Policy and Procedures for Minimizing Exposure Risk (Refer to section 4)

• The facility will contact all staff including Agencies, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents and staff.

• Consultants that service the residents in the facility will be notified and arrangements made for telehealth, remote chart review, or evaluating medically necessary services until the recovery phase according to State and CDC guidelines.

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9. Advise Vendors, Staff, and other stakeholders on facility policies to minimize exposure risks to residents (R)

• Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors and vendors to limit/discontinue visits to reduce exposure risk to residents and staff.

• Emergency staff including EMS will be informed of required PPE to enter facility

• Vendors will be directed to drop off needed supplies and deliveries in a designated area to avoid entering the building.

• The facility will implement closing the facility to new admissions in accordance with any NYSDOH directives relating to disease transmission.

10. Limiting and Restriction of Visitation (R)

• The facility will limit and or restrict visitors as per the guidelines from the NYSDOH

• Residents and Representatives will be notified as to visitation restrictions and/or limitations as regulatory changes are made.

Additional Response Tasks for Pandemic Events

1. Ensure Staff Are Using PPE Properly

• The facility has an implemented Respiratory Protection Plan

• Appropriate signage shall be posted at all entry points, and on each residents', door indicating the type of transmission-based precautions that are needed.

• Staff members will receive re-education and have competency done on the donning and doffing of PPE.

• Infection Control rounds will be made by the DON, IP, and designee to monitor for compliance with proper use of PPE

• The facility has a designated person to ensure adequate and available PPE is accessible on all shifts and staff are educated to report any PPE issues to their immediate Supervisor

2. Post a Copy of the Facility's PEP (R)

• The facility will 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.

• The PEP plan will be available for review and kept in the emergency binder

3. The Facility Will Update Family Members and Guardians (R)

• The facility will communicate with Residents, Representatives as per their preference i.e. Email, text messaging, calls/robocalls and document all communication preference in the CCP/medical record.

• During a pandemic Representatives of residents that are infected will be notified daily by Nursing staff as to the resident's status.

• Representatives will be notified when a resident experience a change in condition

• Representatives will be notified weekly on the status of the pandemic at the facility including the number of pandemic infections.

• The Hotline message will be updated within 24 hours indicating any newly confirmed cases and/or deaths related to the infectious agent.

• Residents will be notified with regards to the number of cases and deaths in the facility unless they verbalize that they do not wish to be notified. This will be documented in the medical record/CCP

• All residents will be provided with daily access to communicate with their representatives. The type of communication will be as per the resident's preference i.e. video conferencing/telephone calls, and/or email.

4. The Facility Will Update Families and Guardians Once a Week (R) – (See Section 3 Above)

5. Implement Mechanisms for Videoconferencing (R)

• The facility will provide residents with no cost, daily access to remote videoconference or equivalent communication methods with Representatives

• The Director of Recreation/Designee will arrange for the time for all videoconferencing

6. Implement Process/Procedures for Hospitalized Residents (R)

• The facility will implement the following process/procedures to assure hospitalized residents will 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(i); and 42 CFR 483.15(e).

• Prior to Admission/readmission the DON/designee will review hospital records to determine resident needs and facility's ability to provide care including cohorting and treatment needs.

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7. Preserving a Resident's Place (R)

• The facility will implement processes 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).

8. The Facility's Plan to Maintain at least a two-month supply of Personal Protective Equipment (PPE) (R)

• The facility has implemented procedures to maintain at least a two-month (60 day) supply of PPE (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.

• This includes, but is not limited to:

o N95 respirators

o Face shield

o Eye protection

o Isolation gowns

o Gloves

o Masks

o Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)

• Facility will calculate daily usage/burn rate to ensure adequate PPE

Recovery of all Infectious Disease Events

1. Activities/Procedures/Restrictions to be Eliminated or Restored (R)

• The facility will maintain review of, and implement procedures provided in NYSDOH 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.

2. Recovery/Return to Normal Operations (R)

• The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.

• The facility will ensure that during the recovery phase all residents and staff will be monitored and tested to identify any developing symptoms related to the infectious agent in accordance with State and CDC guidance.

• The facility will screen and test outside consultants that re-enter the facility, as per the NYS DOH guidelines during the recovery phase.

Hazard Annex K: Infectious Disease

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality.

The facility follows effective strategies for preventing infectious diseases. Each county Local Health Department-(LHD) has prevention agenda priorities compiled from community health assessments that can be reviewed and utilized by the facility in fully developing your CEMP Annex E, planning and response checklist for infectious disease and pandemic situations.

The information within this Annex includes the identified priorities and focus areas.

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Under the Pandemic Emergency Plan (PEP) requirements of Chapter 114 of the Laws of 2020, special focus is required for pandemics. Please use the template's Appendix E and this Hazard Annex, with prompts for the PEP requirements, to ensure that the plans developed meet all requirements.

Chapter 114 of the Laws of 2020 (full text):

Section 2803 of the public health law is amended by adding a new subdivision 12 to read as follows:

12. (a) each residential health care facility shall, no later than Ninety days after the effective date of this subdivision and annually thereafter, or more frequently as may be directed by the commissioner, prepare and make available to the public on the facility's website, and immediately upon request, in a form acceptable to the commissioner, a pandemic emergency plan which shall include but not be limited to:

(i) a communication plan:

(a) to update authorized family members and guardians of infected residents at least once per day and upon a change in a resident's condition and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility, by electronic or such other means as may be selected by each authorized family member or guardian; and

(b) that includes a method to provide all residents with daily access,

At no cost, to remote videoconference or equivalent communication methods with family members and guardians; and

(ii) protection plans against infection for staff, residents and families, including:

(a) a plan for hospitalized residents to be readmitted to such residential health care facility after treatment, in accordance with all applicable laws and regulations; and

(b) a plan for such residential health care facility to maintain or contract to have at least a two-month supply of personal protective equipment; and

(iii) a plan for preserving a resident's place in a residential healthcare facility if such resident is hospitalized, in accordance with all applicable laws and regulations.

(b) the residential health care facility shall prepare and comply with the pandemic emergency plan. Failure to do so shall be a violation of this subdivision and may be subject to civil penalties pursuant to section twelve and twelve-b of this chapter.

The commissioner shall review each residential healthcare facility for compliance with its plan and the applicable regulations in accordance with paragraphs (a) and (b) of subdivision one of this section.

(c) within thirty days after the residential health care facility's receipt of written notice of noncompliance such residential healthcare facility shall submit a plan of correction in such form and manner as specified by the commissioner for achieving compliance with its plan and with the applicable regulations. The commissioner shall ensure each such residential healthcare facility complies with its plan of correction and the applicable regulations.

(d) the commissioner shall promulgate any rules and regulations necessary to implement the provisions of this subdivision.

§ 2. This act shall take effect immediately.

1. Communicable Disease Reporting:

1.1. Importance of Reporting

NYSDOH is charged with the responsibility of protecting public health and ensuring the safety of health care facilities.

Reporting is required to detect intra-facility outbreaks, geographic trends, and identify emerging infectious diseases.

The collection of outbreak data enables the NYSDOH to inform health care facilities of potential risks and preventive actions.

Reporting facilities can obtain consultation, laboratory support and on-site assistance in outbreak investigations, as needed.

1.2. What must be reported?

NYSDOH Regulated Article 28 nursing homes:

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.1

Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be reported to NYSDOH. This can be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, facilities may fax an Infection Control Nosocomial Report Form (DOH 4018) on the DOH public website. Facilities are expected to conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Healthcare associated infection outbreaks may also be reported to the LHD.

A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) must be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it must also be reported to the NYSDOH. This can be done electronically via the NORA, or, by faxing an Infection Control Nosocomial Report Form (DOH 4018).

Reports must be made to the local health department in the county in which the facility is located (as the resident's place of residence) and need to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.

Categories and examples of reportable healthcare-associated infections include:

An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides

difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.

Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.

Foodborne outbreaks.

Infections associated with contaminated medications, replacement fluids, or commercial products.

Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.

1 A list of diseases and information on properly reporting them can be found below.

A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.

Clusters of tuberculin skin test conversions.

A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.

Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.

Closure of a unit or service due to infections.

Additional information for making a communicable disease report:

Facilities should contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here: https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.

Call your local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.

For facilities in New York City:

o Call 1 (866) NYC-DOH1 (1-866-692-3641) for additional information.

o Use the downloadable Universal Reporting Form (PD-16); those belonging to NYC MED can complete and submit the form online.

2.0. PEP Communication Requirements

As per the requirements of the PEP, a facility must develop external notification procedures directed toward authorized family members and guardians of residents.

To adequately address this requirement, the facility will need to develop a record of all authorized family members and guardians, which should include secondary (back-up) authorized contacts, as applicable.

Under the PEP, facilities must include plans and/or procedures that would enable them to (1)

provide a daily update to authorized family members and guardians and upon a change in a resident's condition; and (2) update all residents and authorized families and guardians at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19).

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Such updates must be provided electronically or by such other means as may be selected by each authorized family member or guardian. This includes a method to provide all residents with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians.

3.0 PEP Infection Control Requirements

In addition to communication-related PEP requirements address above, the facility must develop pandemic infection control plans for staff, residents, and families, including plans for (1) developing supply stores and specific plans to maintain, or contract to maintain, at least a two-month (60 day) supply of personal protective equipment based on facility census, including consideration of space for storage; and (2) hospitalized residents to 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); 42 CFR 483.15(e) and 42 CFR § 483.80. .

Additional infection control planning and response efforts and that should be addressed include: Incorporating lessons learned from previous pandemic responses into planning efforts to assist with the development of policies and procedures related to such elements as the management

of supplies and PPE, as well as implementation of infection control protocols to assist with proper use and conservation of PPE.

All personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents. COVID-specific guidance on optimizing PPE and other supply strategies is available on CDC's website:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. Supplies to be maintained include, but are not limited to: N95 respirators; Face shield; Eye protection; Gowns/isolation gowns; gloves; masks; and sanitizers and disinfectants (EPA Guidance for Cleaning and Disinfecting):

Other considerations to be included in a facility's plans to reduce transmission regard when there are only one or a few residents with the pandemic disease in a facility:

Plans for cohorting, including:

Use of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, such as at the end of a hallway.

Discontinue any sharing of a bathroom with residents outside the cohort Proper identification of the area for residents with COVID-19, including demarcating reminders for healthcare personnel; and Procedures for preventing other residents from entering the area.

4.0 Other PEP Requirements

PEP further requires that facilities include a plan for preserving a resident's place at the facility when the resident is hospitalized. Such plan must comply with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).