

The Osborn Pavilion
PANDEMIC EMERGENCY PLAN

Policy Statement:

It is the policy of The Osborn Pavilion that advanced preparation and planning is undertaken to prepare for any emergency and that updates are made as new guidance from the town, state, and branches of the federal government become available, in an effort to mitigate the effects of the emergency.

To every effort possible, we will minimize exposure to SARS-CoV-2, the virus that causes COVID-19 and to treat and provide the best quality of care to our patients and residents.

This plan is a component of the The Osborn Pavilion's overall emergency and disaster-planning manual which is available immediately upon request.

The Communication Plan:

The Pavilion will strive to communicate available facts in a timely and responsible manner, providing updates as circumstances change, to patients, residents, family members, & emergency contacts. In the event of an emergency, The Pavilion will strive to maintain integrity and urgency when responding to the emergency and reducing any adverse impact. The facility will prioritize accuracy, avoiding speculation over unknown details.

In the event of an outbreak of illness, as defined by CMS as “each time a single confirmed infection of COVID-19 is identified, or whenever three or more residents and staff with new-onset of respiratory symptoms occur within 72 hours of each other.”

- An automated phone call will be initiated by 5pm the next calendar day to the resident's responsible party
- Weekly communications to authorized family members/guardians and residents will be utilized with updates throughout the outbreak. Updates will include the number of infections and deaths at the facility.
- Authorized family members and guardians of residents infected with the pandemic infectious disease will be called at least once per day and upon a change in the resident's condition.
- Communication is by electronic means or other method selected by the authorized resident representative.

In the case where in person visitation is curtailed due to an outbreak of illness:

- Residents will continue to be able to receive phone calls via phones located in the resident room as well as any personal cell phones they may use to communicate with family members and other people who are not able to visit.
- Window visits when applicable are offered to any family who wishes to visualize their loved one while talking to them on the phone. Windows must remain closed during these visits.
- Our Life Enrichment and/or Social Work department can schedule daily FaceTime and Zoom calls with residents and their loved one. Life Enrichment and/or Social Work staff can be available to assist during these calls as needed.
- Emotional and psychological support will be provided for residents during visitation restrictions in collaboration with their authorized family members/guardians.
- Telehealth visits are available for medical and psychiatric services
- Weekly conference calls offered by the facility management to update residents, family members and resident representatives of operating status of the building, activities, menus etc. so they have the opportunity to be updated and to ask questions or offer suggestions.

Emergency Communication

In the event of an emergency the facility can be reached 914-925-8000, or via a direct message to our Facebook page.

Infection Protection Plans for Staff, Residents and Families:

For staff, the protocol addresses observed and reported symptoms that would warrant a staff member staying home or being sent home, and parameters to be met for return to work. It includes the method to be used for the daily/shift monitoring of staff, and the designation of the person or positions that will be conducting this staff surveillance. Surveillance includes not only those at work, but the reasons for call-outs of staff in order to have a clear picture of the numbers of people impacted.

Active Health Screening and Surveillance:

1. The facility will perform active health screening and surveillance on all staff (regardless of whether they are providing direct patient care), permitted visitors (hospice, discharge education, compassionate care) and providers of services to the facility through strict monitoring of any of the following:

- Signs and symptoms consistent with COVID-19 (fever, chronic cough, shortness of Breath, sore throat, lack of smell and taste).
 - Has had contact with someone under investigation (PUI) for COVID-19 or “presumed positive”
2. Active health screening including temperature and employee attestation that the symptoms of COVID-19 are not evident will be done at the beginning of each shift and upon entrance to the facility for any other purpose.
3. An Employee screening form is used for data collection:
- Facility staff performing health checks will:
 - Wear face masks and use hand sanitizer before and after contact with each individual
 - Perform hand hygiene when hands are visibly soiled
 - Actively takes the temperature of all employees and will check off that temperature has been taken on sheet
 - An employee with symptoms or with a temperature > 100.4 upon entry into the facility will be sent home for appropriate medical evaluation.
 - The employee’s name will be added to the surveillance line list by the Infection Preventionist or designee
4. An Employee who develops symptoms of fever consistent with COVID-19 while on duty:
- Must immediately stop working and report to their supervisor, who will notify the Infection Preventionist/facility leadership who will:
 - Ascertain what residents, staff, equipment, and locations within the facility that may have exposed from the employee and notify nursing and administrative leadership. The facility will seek guidance of the Regional Epidemiologist at the NYSDOH as needed.
 - Instruct the employee to self-isolate at home (as recommended by the NYSDOH) and to notify their primary care physician for further guidance).

Containment of Virus:

Containment strategies can include any and all of the following actions:

- Staff, and resident education programs on respiratory hygiene practices such as wearing of a mask and proper hand washing techniques.

- All employees (in all departments) must wear a facemask while in the facility.
- Active monitoring and enforcement of staff sick-leave when ill
- Monitoring of residents & staff for viral-like symptoms
- Individual or room isolation, quarantine for residents with confirmed or suspected viral infections on a unit or section of a unit.
- Closure of an individual resident wing/unit or the facility to visitors and/or group activities. Areas with infectious patients are clearly demarcated with signs at the entrance to the area.
- Transmission Based Precautions will be implemented and signage instructing the appropriate use of PPE's will be posted outside the resident's door.
- The door will be kept closed as appropriate.
- Widespread directed use of personal protective equipment & 6 feet of social distancing is enforced.
- Enhanced, or increased frequency of cleaning routines with specialized products.
- Restriction of new admissions or re-admissions to prospective patients that test negative for the virus. Patients will be quarantined for 14 days in a distinct area of the facility. Sharing of bathrooms with residents outside the cohort is prohibited.
- Residents who are re-admitted to the facility after hospitalization, will have their usual room preserved for them once their quarantine period has been satisfied.
- Temporary room changes are made in order to cohort similarly contagious residents.
- Other residents not in the cohort are prevented from entering the area due to closed fire doors between the units and staff re-direction of residents when appropriate.
- Communal dining and all group activities are suspended, such as internal and external group activities.
- Medication administration per physician orders
- Nasal swabs, chest x-ray or other testing protocols for confirmation of viral type
- The facility will contact the local and regional Health Departments if cohorting of residents cannot be sustained.

Resident information is monitored and submitted to the NYSDOH HERDS daily.

Personal Protective Equipment (PPE)

The facility will arrange to have a two-month (60 day) supply of N95 and surgical masks, gowns, face shields, gloves, sanitizer and disinfectants in accordance with current EPA Guidance at the facility. The amounts are based on DOH existing guidance and regulations and/or the Center for Disease Control and Prevention (CDC) PPE burn rate calculator.

Plan updates

This plan will be reviewed annually and updated with any changes. This plan will be available on our website on the Emergency Management section.