

Pandemic Emergency Plan Frequently Asked Questions – September 2020

1. Question: Is the template that was provided on the webinar an option to use rather than the CEMP we did several years ago or alternatively, could we keep that one and add elements such as Hazard Annex K from the one reviewed during the webinar?

Response: Yes. The Department used an existing tool and added the new requirements to the Comprehensive Emergency Management Plan in order to build on an existing resource. Nursing homes can avail themselves to this tool or may use their own template to meet the requirements.

2. Question: How long will medical PPE last in storage? Does the Emergency Plan have to address supply turnover due to expiration?

Response: Since health care facilities receive PPE and other medical equipment from a variety of vendors, please check with your existing vendors for the life cycle of your specific inventory. In addition, please consider rotating out the PPE supply to ensure that you are not using expired inventory.

3. Question: Currently all new COVID-19 positive results and resident expirations are reported to all family and residents within 24 hours. Has this requirement been changed to a weekly update of active cases in the Facility and resident expirations?

Response: The requirement has not changed. The weekly update requirement is for all families of residents to provide them with information on the number of active cases and deaths, and the daily update is for the families of residents with active COVID-19.

4. Question: The DAL from Commissioner Zucker does not include hand sanitizer as part of the 60-day supply requirement. Has this changed?

Response: No. The expectation is that each facility has ample supply of hand sanitizer to handle any potential outbreak or resurgence of COVID-19. Hand sanitizer is not a piece of PPE equipment.

5. Question: How would you count re-usable gowns towards meeting the 60- day supply? Also, it was mentioned face shields and eye protection. Do face shields count as eye protection towards 60-day supply?

Response: PPE consists of mask, gowns, gloves, face shields and eye protection. Providers must prepare to have enough PPE on hand to meet the increased use they would see during a pandemic surge.

Please calculate the burn rate for your required stockpile supply based on daily usage during the pandemic surge, using the actual number of each type of PPE you used during the two-week in April, as specified in the regulation.

Consider reusable PPE such as bed linens--if you can wash them throughout the day, you would have: a quantity in the laundry; a quantity in actual use; and a clean quantity that is not yet needed, but available for use depending on your turnaround time between laundry cycles. The same is true for other PPE burn rates. Even if you do a laundry cycle for each shift, your burn rate would be the number you use, accounting for changes between residents and procedures. In the busiest shift, you'll need twice as many, because one set will be in the laundry (presumably to use for the next shift), and one set will be in use. You would need at least one additional set, much like linens, in case there is a delay in laundering.

6. Question: Are there any suggestions regarding the everyday videoconferencing? Most of our residents cannot maneuver the equipment on their own and we do not have the staff to ensure each resident receives help with this. Might be a common concern. Ideas?

Response: There are a multitude of free websites that provide creative strategies to meet this requirement. Consider engaging with the facility's assigned long-term care ombudsman.

7. Question: On page 48 of the slide deck, page 48 top paragraph that says we should insert timeline to post. What is the timeline to post?

Response: Each nursing home's Pandemic Emergency Plan must be posted by September 15, 2020.

8. Question: Can you provide a copy of the slide deck for this webinar

Response: A copy of the webinar presentation and audio can be found on the home page of the Health Commerce System at <https://commerce.health.state.ny.us/hcs/index.html>

9. Question: Are nursing homes required to submit a copy of the Pandemic Emergency Plan to the Department of Health by September 15, 2020?

Response: Please be reminded that the law states that the commissioner shall review each residential health care facility for compliance with its plan and the applicable regulations, therefore compliance may be assessed during surveillance activities.

10. Question: Is the Pandemic Emergency Plan separate from our disaster plan?

Response: The Pandemic Emergency Plan is a component of the larger Comprehensive Emergency Management Plan (CEMP). Please refer to Dear Administrator Letter DAL NH20-09 Annual Pandemic Emergency Plan for All Nursing Homes posted to the Health Commerce System and the NYS Department of Health's Public Website.

11. Question: Would weekly communication regarding infections and deaths still be required if a facility has no cases?

Response: Yes, weekly communications with residents, authorized families and guardians is required and is critical to maintaining resident family members and loved ones with up-to-date information during this Public Health Emergency.

12. Question: We have learned throughout the Public Health Emergency that contracts with vendors for PPE are only as good as supply chains remain viable. Is the State planning to stockpile PPE as a last resort?

Response: New York State is currently purchasing PPE supplies that could be accessed once a facility has exhausted all their vendor supply options, local mutual aid agreements and local Offices of Emergency Management (OEM). The state is also stockpiling some medical equipment, such as ventilators.

13. Question: Most nursing homes do not have a respiratory program which supports N95 fit testing instead of face masks. What should we do?

Response: If any provider is experiencing difficulty in obtaining fit testing, please contact your respective regional epidemiologist for assistance.

14. Question: Is access to a regular telephone considered acceptable as one option for daily resident contact with family members?

Response: Yes, routine telephone contacts would be acceptable. A telephone log to document such calls should be maintained on file at the nursing home.

15. Question: If supplies are stored off premises, how will the Department validate that a facility has the appropriate PPE and in the prescribed amount?

Response: The Department will not make routine trips to count or evaluate the appropriateness of quantities and types of PPE; however, may request proof of purchase and storage based on the nursing home's individualized PEP. This information must be readily accessible.