

Groton Community Health Care Center (GCHCC)

Pandemic Plan for Long-Term Care

1. Purpose and Scope

This Pandemic Plan ("Plan") establishes the organization-wide approach to prepare for, respond to, and recover from infectious disease emergencies that rise to the level of a pandemic. It is an annex to and fully integrated with GCHCC's Emergency Preparedness and Response Plan (EPRP) and our Infection Prevention and Control Program (IPCP). It applies to all residents, staff, contractors, volunteers, and visitors on campus.

2. Legal and Regulatory Basis

This Plan implements federal emergency preparedness requirements for long-term care facilities (42 CFR §483.73) and infection prevention and control requirements (42 CFR §483.80) and incorporates New York State Pandemic Emergency Plan (PEP) requirements under Public Health Law §2803(12) and related NYSDOH guidance, including PPE stockpile requirements under 10 NYCRR 415.19, as applicable. It reflects current CMS guidance regarding pandemic response/testing and CDC nationally accepted standards.

3. Integration with EPRP and Command Structure

The Plan operates under the facility's Incident Command System (ICS) within the EPRP. The Administrator (Incident Commander) delegates pandemic operations to the Infection Preventionist (IP) as Operations/Technical Specialist. Section crosswalks: Risk Assessment (EPRP §2), Communications (EPRP §4), Logistics/Supply Chain (EPRP §6), Staffing/COOP (EPRP §7), and Recovery/Debrief (EPRP §9).

4. Risk Assessment and Triggers

Using an all-hazards risk assessment, the facility identifies pathogens with pandemic potential and defines activation levels:

Level 1 (Monitoring): External alerts; reinforce surveillance and hygiene.

Level 2 (Containment): Confirmed case in county or facility; initiate transmission-based precautions, cohort planning, PPE burn-rate monitoring.

Level 3 (Mitigation): Sustained community or facility transmission; activate full pandemic staffing, surge capacity, and crisis standards as authorized.

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5. Infection Prevention and Control (IPCP) Measures

The facility maintains written standards for surveillance, reporting, standard and transmission-based precautions, isolation use, work restrictions for ill staff, and hand hygiene. The antibiotic stewardship program continues during pandemics. The IP maintains logs of infections and corrective actions.

6. Testing, Screening, and Surveillance

Testing follows nationally accepted standards (e.g., CDC) and CMS guidance in effect at the time. Routine testing of asymptomatic staff may be performed at facility discretion; symptomatic residents/staff are tested promptly and managed with transmission-based precautions. The facility maintains entry screening and symptom monitoring according to the current pathogen guidance.

7. Resident Placement, Cohorting, and Readmission

The facility will reduce transmission by cohorting residents (e.g., dedicated rooms, wings, or floors) with separate staff and no shared bathrooms across cohorts when feasible. Procedures prevent non-cohorted residents from entering cohort areas. The facility maintains a readmission plan for residents hospitalized during a pandemic, consistent with State and federal requirements.

8. Personal Protective Equipment (PPE) Stockpile and Conservation

GCHCC maintains a two-month (60-day) PPE supply calculated on facility census for required items (e.g., gloves, gowns, masks/respirators, eye protection) on-site or via compliant in-state off-site storage with defined triggers to replenish on-hand supplies. Conservation strategies (e.g., extended use, reuse as permitted) follow CDC guidance when applicable.

9. Staffing, Surge Capacity, and COOP

The COOP details essential functions, delegations of authority, and succession. Strategies include cross-training, use of agency staff, family engagement to support non-clinical tasks where permitted, and adjustments to non-essential services. Work restrictions apply to exposed or infected staff per CDC and occupational health guidance.

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10. Environmental Controls and Engineering

Environmental services implement enhanced cleaning/disinfection, ventilation optimization, and waste management protocols for the specific pathogen. Dining, group activities, and therapy are modified to minimize transmission risks while maintaining residents' rights and psychosocial well-being.

11. Vaccination, Prophylaxis, and Therapeutics

The Medical Director and IP coordinate vaccination campaigns, antiviral/antimicrobial prophylaxis, and access to therapeutics under federal/state allocation programs. Consent, documentation, and adverse event monitoring processes are defined.

12. Communications Plan (Internal and External)

The facility will: (a) update authorized family/guardians of residents infected with the pandemic disease at least once daily and upon any change in condition; (b) provide weekly updates to all residents and authorized family/guardians on the number of infections and deaths; (c) ensure daily access for all residents to free remote videoconferencing or similar methods with authorized family/guardians; and (d) maintain redundant channels (phone, email, text, website postings). Media and public messaging are coordinated through the PIO.

13. Data Reporting and Regulatory Notifications

The facility reports to NHSN/CDC and State/local public health as required, and to NYSDOH regional office/local health department for cohorting limitations or resource shortfalls. Serious reportable incidents follow F609 and State reporting rules. Records are retained per policy.

14. Visitation, Resident Rights, and Psychosocial Supports

Visitation practices align with current CMS/CDC guidance, including masking or source control recommendations, screening where indicated, and accommodations for compassionate care. Activities, dining, and social supports are adapted to maintain quality of life.

15. Supply Chain and Logistics

Supply chain mapping identifies primary, secondary, and emergency vendors for PPE, testing supplies, therapeutics, oxygen, and durable medical equipment. Burn-rate calculators are used to forecast needs, with reorder triggers and delivery contingencies documented.

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16. Education, Training, and Exercises

Orientation and periodic in-services cover pathogen transmission, PPE use, hand hygiene, cohorting, cleaning, and communication protocols. The facility conducts exercises (tabletop or functional) at least annually, incorporating lessons into after-action reports and improvement plans.

17. Recovery and After-Action Review

Demobilization checklists, backlog restoration, staff support (EAP), inventory replenishment, and financial documentation are executed. An After-Action Report/Improvement Plan (AAR/IP) is completed within 60 days of demobilization with QAPI oversight.

18. Publication and Accessibility

This Plan (or a public-facing summary) will be posted on the facility website and made available upon request. Large-print and alternate language versions are available upon request.

19. Document Control

Owner: Infection Preventionist; Co-owners: Administrator, Director of Nursing, Medical Director. Review/Approval: QAA/QAPI Committee, Governing Body. Version history maintained in Document Control Log.

Appendices

Appendix A: Roles & Responsibilities (ICS Org Chart)

- Incident Commander (Administrator)
- Public Information Officer
- Safety Officer
- Liaison Officer
- Operations (Infection Preventionist)
- Planning (HR/Staffing)
- Logistics (Materials Management)
- Finance/Administration (CFO)

Appendix B: PPE Stockpile Calculator & Reorder Triggers

- 60-day supply by census; off-site storage (if used) must be within NYS; define on-site par levels and trigger points accounting for retrieval/delivery time; maintain vendor contracts and access terms.

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Appendix C: Cohorting Setup Checklist

- Identify dedicated rooms/wing; signage and barriers; bathroom separation; staffing assignments; dedicated equipment; cleaning schedules; entry controls.

Appendix D: Family Communication Scripts & Website Template

- Daily condition update script
- Weekly facility status update template
- Visitation and video call instructions
- Media statement template.

Appendix E: Staff Education & Competency Checklists

- Donning/doffing
- Hand hygiene
- Specimen collection
- Cleaning/disinfection
- Fit testing coordination (if required).

Appendix F: Reporting Matrix

- NHSN modules in use
- NYSDOH regional office contacts
- Local health department contacts
- 24/7 notification process.

Appendix G: After-Action Report/Improvement Plan Template

- Event overview
- Analysis of core capabilities
- Strengths
- Areas for improvement
- Corrective actions with owners and due dates.