OVERVIEW

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.

REPORTING REQUIREMENTS

What must be reported?

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.

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.

− The Facility conducts 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.

− 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 the local health department Jefferson County Public Health (315) 786-320 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.

2.0. PEP Communication Requirements
Placeholder for Administrator's plan
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). 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.

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. The Facility will maintain a 30 day supply of PPE on site in a secure storage area. The facility contracts with Samaritan Medical Center for an additional 30 day supply of PPE for pandemic planning purposes.

And

(2) hospitalized residents will be admitted or readmitted to the Facility or an 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. The Facility will additionally follow any interim guidance from the NYSDOH regarding requirements to admit or not admit residents having been diagnosed with the pandemic illness. Safeguards to be put in place may include, but are not limited to, utilization of isolation precautions, utilization of a containment unit, or inability to admit or readmit a resident diagnosed with pandemic illness due to concern for safety of other residents.

Additional infection control planning and response efforts 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.

As global supply allows, the facility will follow typical PPE use practices. During times of pandemic, the NYSDOH and CDC have identified contingency capacity strategies which will be utilized on an as needed basis.

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
- Facemasks
- sanitizers and disinfectants

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

Standard strategies for control of pandemic will be utilized depending upon the factors including but not limited to: the route of transmission of the pandemic disease, the reservoir(s) of the pandemic disease, the infectiousness of the pandemic disease, the mortality of the pandemic disease.

Such strategies may include but are not limited to: discontinuing use of shared bathroom in co-horted room, isolation of affected resident(s) to his/her room, sectioning off part of a wing or at the end of the unit, or use of a specialized containment unit. Such areas will be easily identified via signage serving as demarcating reminders. During such time, unaffected residents will be restricted from entering the isolation area.