

Approval and Implementation

This Comprehensive Emergency Management Plan (CEMP) has been approved for implementation by:




Steve Staum
Administrator

9/15/20
Date



Jim Isabelle
Director environmental Services

9-15-2020
Date



Doris Buenviaje
Director of Nursing

9/14/20
Date

PEP PLAN NEEDED POLICIES AND DOCUMENTATION

- Sample policies/Procedures can be accessed on the GNYHCFA website

A) PREPAREDNESS TASKS FOR ALL INFECTIOUS DISEASE EVENTS	
1. Policy and Procedure Infection Prevention Staff Training	
2. Facility Attestation for yearly review of P and P or Paper Copy with signature review sheet	
3. Policy and Procedure Infection Control Surveillance	
4. Vendor List in EPM Policy and Procedure Testing	
5. Refer to HCS roles in Annex K Section Communicable Disease Reporting	
6. Policy and Procedure on PPE Par level Policy and Procedure Environmental Cleaning Refer to Vendor List and Contacts in EPM	
7. Policy on Visitation Guidelines During a Pandemic Policy on Staff and Resident Screening Refer to Contingency Staff Planning in EPM and P/P Safe Staffing	
8. Policy and Procedure Handling of Bio-Hazardous Waste	
9. P/P Subsistence Food and Water EMP Logs for Water and food supply Log for Cleaning Agents Log for Stock Medications	
10. Policy and Procedure Cohorting	
11. Policy and Procedure on Dining Guidelines during a Pandemic Policy and Procedure Recreational Activities during a Pandemic	
12. Policy and Procedure Staff Monitoring during a Pandemic Resident Monitoring during Recovery Phase of Pandemic	
B) ADDITIONAL PREPAREDNESS PLANNING TASKS FOR PANDEMIC EVENTS	
1. Policy and Procedure for Communication During a Pandemic Refer to list of residents and representatives/contact information Refer to Staff Contact List in EMP	
2. Infection Control Policy and Procedures previously attached to include: Cohorting PPE usage Screening and monitoring Communication	
C) RESPONSE TASKS FOR ALL INFECTIOUS DISEASE EVENTS	
1. Refer to attached list of government agencies Web site for downloading signage www.cdc.gov/signage	
2. List of all reportable diseases and Annex K	
3. Web site for downloading signage	
4. Policy and Procedure Cohorting	
5. Policy on Terminal Room Cleaning Policy and Procedure Environmental Cleaning	
6. Policy and Procedure Communication During a Pandemic	
7. Policy and Procedure Vendor Delivery during a Pandemic Policy and Procedure on Telehealth Services	
8. Policy and Procedure on Restriction/Limitation of Services during Pandemic	
9. Policy on Visitation Guidelines During a Pandemic Vendor Contact List	
10. Visitor Restriction Policy during a Pandemic	
D) ADDITIONAL RESPONSE TASKS FOR PANDEMIC EVENTS	
1. Respiratory Protection P and P Infection Control Observation Audit	

PEP PLAN NEEDED POLICIES AND DOCUMENTATION

Policy and Procedure on PPE	
2. Attestation for PEP being available	
CMS guidelines for Change in Resident Condition	
3. Policy and Procedure on Communication During Pandemic	
4. Policy and Procedure Recreational Activities during a Pandemic	
5. Policy and Procedure on Bed Hold During a Pandemic	
6. Policy and Procedure on PPE	
E) RECOVERY OF ALL INFECTIOUS EVENTS	
1. Refer to the Pandemic Tracking Sheet	
2. Policy and Procedure Resident Screening	
Policy and Procedure Staff Screening	
Policy and Procedure Staff Testing during a Pandemic	



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

August 20, 2020

Re: DAL NH 20-09 Required Annual
Pandemic Emergency Plan for All
Nursing Homes

Dear Nursing Home Operators and Administrators:

On June 17, 2020, Governor Andrew M. Cuomo signed into Law Chapter 114 of the Laws of 2020 creating a new subdivision 12 to section 2803 of the Public Health Law. The new subdivision requires that each residential health care facility, by September 15, 2020, prepare and make available to the public on the facility's website, and immediately upon request, a Pandemic Emergency Plan (PEP).

This DAL explains the requirements for the PEP outlined in the statute and provides additional direction and guidance on how to implement its requirements. The Department will be issuing further guidance on a recommended form for the PEP. Generally, the PEP must include:

1. A communication plan that:
 - a. Updates authorized family members and guardians of residents infected with the pandemic infectious disease at least once per day and upon a change in the resident's condition; ✓
 - b. Updates all residents and authorized family members and guardians once per week on the number of infections and deaths at the facility; ✓
 - c. A plan to provide all residents with daily access to free remote videoconferencing, or similar communication methods, with authorized family members and guardians; and
 - d. Required communications must be by electronic means or other method selected by each family member or guardian
2. Infection Protection Plans for staff, residents and families, to include:
 - a. A plan for readmission of residents to the facility after hospitalization for the pandemic infectious disease
 - i. Such plan must comply with all other applicable State and federal laws and regulations, including but not limited to 10 NYCRR 415.19, 415.3(i)(3)(iii) and 415.26(i); and 42 CFR 483.15(e).
 - ii. The facility's plan should also consider how to reduce transmission in the event there are only one or a few residents with the pandemic disease in a facility and corresponding plans for cohorting, including:
 1. 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;
 2. Discontinue any sharing of a bathroom with residents outside the cohort;

3. Proper identification of the area for residents with the pandemic infectious disease, including demarcating reminders for healthcare personnel; and
4. Procedures for preventing other residents from entering the area.
- iii. Additionally, the plan should consider steps for facility administrators and operators to determine cohorting needs and capabilities on a regular basis, including establishing steps to notify regional Department of Health offices and local departments of health if the facility cannot set up cohort areas or can no longer sustain cohorting efforts.
- b. Having personal protective equipment (PPE) in a two-month (60 day) supply at the facility or by a contract arrangement¹.
 - i. Supply needs are based on facility census, not capacity, and should include considerations of space for storage. To determine supply needs during a pandemic episode, facilities should base such need on DOH existing guidance and regulations; in the absence of such guidance, facilities should consult the Center for Disease Control and Prevention (CDC) PPE burn rate calculator.
 - ii. Be cognizant of experience with prior pandemic response and adopt protocols outlined in guidance that are specific to the pathogen and illness circulating at the time of the pandemic, and plan to handle worst case scenarios without implementing shortage or other mitigation efforts.
 - iii. This plan should address all personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents, current guidance on various supplies and strategies from the CDC. Supplies to be maintained include, but are not limited to:
 1. N95 respirators
 2. Face shield,
 3. Eye protection
 4. Gowns/isolation gowns,
 5. gloves,
 6. masks, and
 7. Sanitizer and disinfectants in accordance with current EPA Guidance.:
3. Plan for preserving a resident's place at the facility when the resident is hospitalized.
 - a. 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).
4. Compliance with the PEP
 - a. Failure to comply is a violation of § 2803(12), which may subject the facility to penalties pursuant to PHL § 12 and § 12-b and other enforcement remedies.
5. Format for PEP
 - a. The Department suggests that in developing the PEP document, the facility follow the format for the Emergency Preparedness plan you developed for the CMS Emergency Preparedness Rule. We suggest that the PEP be included as

¹ Please also keep in mind that nursing home operators and administrators must also comply with emergency regulations effective July XX, 2020, setting forth PPE stockpile requirements.

an annex to that plan. A format of an annex will be provided to you. It will be modeled after the templates distributed as part of the 2019 DOH Comprehensive Emergency Management Plan (CEMP) training to nursing homes on developing a PEP. Attached is information for taking an online version of the CEMP training as a refresher; or if you were unable to attend last year's live training sessions.

We will be using the CEMP for purposes of complying with the requirement and a webinar will be scheduled to explain how to incorporate the pandemic emergency plan in the CEMP. Any questions regarding this correspondence should be forwarded to nursinghomeinfo@health.ny.gov.

Thank you for your attention to this important issue affecting residents of nursing homes in New York State.

Sincerely,

Sheila McGarvey
Director
Division of Nursing Homes and ICF/IID
Surveillance
Center for Health Care Quality and
Surveillance

Attachments (3) as follows:
OHEP.CEMPONLINE
CEMP and PEP Template
PEP Tool Kit Annex K – Infectious Disease

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 home. This document lays out the required elements of new legal and regulatory responsibilities during a pandemic.

(R) = Required Element

* NYSDOH regulation indicates both required and recommended elements need to be addressed in PEP

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.

Refer to Policy and Procedure: Infection Prevention Staff Training

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.

Refer to Facility Assessment for Attestation of Yearly Review or Paper Copy with Signature Review Sheet

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 monthly basis so as to identify any trends 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.

Refer to Policy and Procedure: Infection Control Surveillance

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.

Refer to Vendor List in Emergency Management Plan (EMP)

Refer to P/P Testing

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

Refer to Annex K Section 1 Communicable Disease Reporting

Refer to Facility Assessment

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.

Refer to Policy and Procedure on Personal Protective Equipment: Par Level, Storage and Calculating Burn Rate

Refer to Policy and Procedure on Environmental Cleaning Agents

Refer to Vendor list and Contracts in EMP (Emergency Management Plan)

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.

Refer to Policy and Procedure: Visitation Guidelines during Pandemic

Refer to Policy and Procedure Staff Screening and Monitoring During a Pandemic.

Refer to contingency staffing plan in EMP

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.

Refer to Policy and Procedure on Handling of Biohazardous Waste Material

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.

Refer to the following

P/P Subsistence Food and Water EMP

Facility Logs: Water and Food: Food Service Director

Stock Medications: Director of Nursing

Sanitizing/Cleaning Agents: Director of Environmental Services

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.

Refer to Policy and Procedure on Cohorting

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.

Refer Policy and Procedure Cohorting Guidelines during a Pandemic

Refer Policy and Procedure Transferring Residents with Infection Diseases.

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

Refer to Policy and procedure: Dining Guidelines during a Pandemic

Refer to Policy and procedure: Recreation Needs During a Pandemic

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 e.g., 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.

Refer to Policy and Procedure Staff Monitoring during a Pandemic Emergency

Refer to Policy and Procedure Resident Monitoring during the Recovery phase of a Pandemic Emergency

Additional Preparedness Planning Tasks for Pandemic Events

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.

Refer to Section of PEP Additional Response Communication and Notifying Families/ Guardians and Weekly Update page 8

Refer to Policy and Procedure Communication with Residents and Families During Pandemic

Refer to list of Resident representatives/contact information

Refer to Staff Contact List located in EMP

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

- Education of staff, residents, and representatives
- Screening of residents
- Screening of staff
- Visitor Restriction as indicated and in accordance with NYSDOH and CDC
- Proper use of PPE
- Cohorting of Residents and Staff

Refer to Infection Prevention and Control Policy and Procedures

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.

*Refer to the attached listing of government agencies and contact numbers
Refer to the CDC website for Signage download*

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.

Refer to Annex K CEMP for reportable diseases

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.

Refer Policy and Procedure Cohorting Guidelines during a Pandemic

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.

Refer to Policy and Procedure on Cohorting

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.

Refer to Environmental Cleaning /Disinfection P/P

Refer to the attached Policy and Procedure on Terminal Room Cleaning

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.

Refer to the attached Policy and Procedure on Communication During a Pandemic

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.

Refer to Memo regarding vendor delivery during a Pandemic

Refer to P/P Telehealth Services

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

Refer to Policy and Procedure on Visitation during a Pandemic

Refer to Policy and Procedure on Limited Services During a Pandemic

Refer to Vendor Contact List in EPM

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.

Refer to Policy and Procedure on Visitation during a Pandemic

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

Refer to Policy and Procedure on Respiratory Protection Program

Refer to Infection Control Surveillance Audit

Refer to P/P on PPE

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 a designated area (INSERT)

Refer to attestation that PEP will be readily available

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.

Refer to Policy and Procedure Communication with Residents and Families During Pandemic
Refer to CMS guidelines regarding a change in condition

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

Refer to Policy and Procedure Communication with Residents and Families During Pandemic
Refer to P and P on Recreational Needs of Residents during a Pandemic

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.

Refer to Policy and Procedure for Bed Hold During a Pandemic

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).

Refer to Policy and Procedure for Bed Hold During a Pandemic

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:
 - N95 respirators
 - Face shield
 - Eye protection

- Isolation gowns
- Gloves
- Masks
- Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)
- Facility will calculate daily usage/burn rate to ensure adequate PPE

Refer to Policy and Procedure on Securing PPE

Refer to Vendor Contract List including information for Local and State OEM in EPM

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.

Refer to Pandemic Tracking Sheet

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.

Refer to Policy and Procedure: Staff Testing during Pandemic

Friedwald Center
Staff Education

EDUCATION

Staff has been instructed and in-serviced on proper hand-hygiene techniques and proper cough etiquette. Staff instructed if hands are visibly soiled, use soap and water to cleanse hands.

Staff has been re-educated and in-serviced on donning and doffing of PPE. Staff educated that personal glasses and contact lenses are not considered adequate PPE.

Friedwald Center has created a specialized video presentation for all staff about the pandemic infection, including handwashing and cough etiquette, CDC videos of donning and doffing PPE, explanation of transmission based precautions, explanation of signage in the building and NYS DOH return to work policy.

Staff has been in-serviced about appropriate extended use policies of PPE.

All staff and residents have been educated and in-serviced about signs and symptoms of the pandemic infection. A "cheat sheet" explaining and reminding staff about various signage was distributed and explained in detail.

Staff has been instructed to stay home if they have a fever or any signs/symptoms of infection. Friedwald will provide residents with education about the pandemic infection and how to keep themselves safe, as well as the steps the facility is taking.

Staff has been educated and in-serviced about NYS DOH return to work policy, as outline above.

Residents still have the right to access the Ombudsman Program. If in-person access is not available, we will facilitate resident communication by phone or other format.

Staff has been directed to DOH and other outlets for mental health services related to this pandemic. Staff may call The NYS Emotional Health Support Hotline 1-844-863-9314 for mental health counseling.

Approval and Implementation

This Comprehensive Emergency Management Plan (CEMP) has been approved for implementation by:

Steve Staum
Administrator

Date

Jim Isabelle
Director environmental Services

Date

Doris Buenviaje
Director of Nursing

Date

FRIEDWALD CENTER FOR REHABILITATION AND NURSING PANDEMIC POLICIES AND PROCEDURES

Policy: It is the policy of Friedwald Center and Nursing to develop a written Preparedness and Management Plan to outline the specific directives to follow relative to the declaration of a Pandemic Outbreak. The plan will be monitored and followed by the DON, Administrator and the Infection Preventionist as well as communicated to the Medical Director for input regarding clinical care needs of residents.

Purpose: The purpose of this policy is to create and update Friedwald Center for Rehabilitation and Nursing's response to a pandemic by creating and updating protocols including specific infection control standards, environmental response, screening protocols, enhanced communication, mitigation measures, education of staff as indicated and follow daily all DOH/CDC/CMS requirements as notified and respond with revisions to our plans accordingly.

Policies and Procedures:

Create a written Management Plan that reflects updates and changes in response to the pandemic.

- The Management Plan will be in serviced to all members of the QA Pandemic Committee as well as to all nursing staff.
- A copy of the Management Plan will be available on each unit and to all department heads for reference and implementation

Created an interdisciplinary team to oversee and implement COVID-19 planning strategy.

Including:

Medical director: Dr. Lisa Ferrara

Facility Consultant: Howard Mermelstein

Nursing Staff: Doris Beunviaje, DON; Joerlene Drames, ADON; Miriam Freud, RN

Infection Preventionist: Bashie Ullman, RN, IP, Elana Klein, PA-C, Infection Preventionist

Administrator: Steve Staum,

Housekeeping and Environmental Services: Jim Isabel

All members of this team will work together to monitor and keep up to date on public health advisories from the federal, state and local levels.

Team will notify NYS DOH via HERDS survey as indicated.

Extra staff including nurses, medical assistants, medical staff and other personnel have been hired to cover anticipatory staffing shortages due to COVID-19. In addition, current staff will be optimized to fill-in for positions that require extra assistance. Please see staffing contingency plan.

Attempt was made to discharge any patients that can be discharged safely at this time to make room available for possible influx of patients.

SCREENING

Policy: Screen Staff and residents for signs of infection

1. All people entering the facility will be screened to determine if they are a Friedwald employee or contracted to work here, with work ID badge. Staff will be screened upon entering the building for fever over 100° cough, SOB, sore throat, dyspnea, chills, muscle aches, headache, new loss of taste or smell. etc. If anyone meets above criteria, they will be told to go home and seek medical attention. Signs will be posted to remind staff about cough etiquette and hand hygiene.
2. Necessary visitors such as EMS, funeral home staff, x-ray and lab technicians will be screened for symptoms above or temperature over 100' and reason for visit documented at the front desk.
3. Every resident in the facility will be screened for temperature, hypoxia, SOB, sore throat, dyspnea, chills, muscle aches, headache, new loss of taste or smell on a daily basis. As long-term care residents with COVID-19 may not show typical symptoms, such as fever or respiratory symptoms, staff will also screen patients for atypical symptoms that may include new or worsening malaise, altered mental status, new dizziness or diarrhea.

<p>Identification of these symptoms should prompt isolation as soon as a room becomes available. Curtain will be drawn between resident and roommate as a physical barrier until patient can be moved. A COVID nasal swab will be taken.</p> <p>4. If a patient has a temp >100, or any of the above symptoms c/w COVID, staff member should immediately place a surgical mask ON THE RESIDENT for source control (as tolerated) and contact the supervising MD/PA. Infection + patients will have vital signs taken Q-shift. Supervising MD/PA will be informed for elevated temperature, hypoxia or above symptoms. Nurses will monitor and inform MD/PA if patient is not eating or drinking sufficiently for consideration of IVF and antibiotics. Please see clinical care protocols for further details.</p> <p>3. Swabbing</p> <p>It is the policy of Friedwald Center for Rehabilitation and Nursing to have a pro-active approach towards swabbing as a screening tool and to decrease spread of the virus. To this end, we will perform the following:</p> <ul style="list-style-type: none"> - Patients with temperature over 100', will have a swab to detect the infection - Patients with symptoms of hypoxia, SOB, sore throat, dyspnea, chills, muscle aches, headache, new loss of taste or smell , or worsening malaise, altered mental status, new dizziness or diarrhea; will have a swab to detect the infection - Patients who are the roommates of, or have been in close contact with someone who has tested positive for the infection, will have a swab to detect the infection - Patients who are newly admitted from the hospital, for a diagnosis other than the pandemic infection, will have a swab to detect such. - Patients who have had at least two negative swabs in 4 weeks after having fever and symptoms, and have been negative twice, have NO NEW symptoms and have had NO NEW exposure, will not be swabbed a third time, unless clinically indicated. This is as per our infectious disease consultant, Dr. Afzar Chak. - Staff will be swabbed according to DOH regulations. - Specimen collection: Staff will wear full PPE, including face shield and N95 Mask during collection of nasal swab. Swabs will be refrigerated (if recommended by the lab) until picked up by Lab. <p>* This policy is reliant on the availability of swabs and testing capabilities. Swabs will be either Nasopharyngeal swabs, nasal swabs or pharyngeal swabs as they are available.</p>	
COMMUNICATION	RESPONSIBLE PARTIES
<p>1. Staff will facilitate Facetime/Skype use with laptops/iPads often, so residents can see/communicate with their families. This is to help with the isolation many residents will feel, and be a vital part of resident's well-being.</p>	

<p>2.. Recreational staff will come up with creative ideas to keep residents active and prevent depression.</p> <p>3. Staff have been assigned to be ambassadors to different patients. This person will act as a resident liaison. Family may contact the ambassador for updates.</p> <p>4. Staff will address advance directives upon patient admission and whenever clinically indicated.</p> <p>5. A hotline was set up to update patients and their families about the status of the pandemic in the facility. Staff has informed each family individually and residents about this hotline via phone calls or printed material. Families and patients may call in on a daily basis for update on current active + patients in the building, number of patients who have recovered from the pandemic infection, deaths from the infection in the last 24 hours, as well as updates on numbers of staff member infected, and how many have returned to work. This will be updated daily.</p> <p>6.Friedwald Center will notify the Department of Health if a resident or staff member is confirmed with the pandemic infection, or if a patient expires due to confirmed or presumed pandemic infection.</p>		
ENVIRONMENT		
<p>Our policy is to normally use hands-free ABHR dispensers filled with 60-95% alcohol which will be placed in patient rooms, hallways and nursing stations. However, during this pandemic, while we have limited supply, we will also be using touch activated sanitizers. These will be filled at regular intervals by environmental staff.</p> <p>Outside vendors will be asked to leave items with front desk personnel, but will not have access to patient floors. Family members who wish to deliver food, laundry or packages will leave it at a designated area at the entrance to the facility. Staff will pick it up, disinfect it or remove outside packaging if possible, and give it to the patients.</p> <p>Extra staff was hired to clean and disinfect high touch surfaces such as: knobs, elevator buttons, stairwell handrails, shared bathroom facilities and all commonly touched areas multiple times a day. They will also disinfect "clean" staff areas, such as nursing stations, central dining rooms on each floor, and all non-patient areas including the main floor.</p> <p>Friedwald has hired an outside cleaning company to further assist in complete and comprehensive cleaning and disinfecting of the facility.</p> <p>Nurses and staff will clean all non-disposable medical equipment including, but not limited to: blood pressure cuff and tubing, pulse oximeter, finger probe</p>		

etc. prior to patient use. Pandemic infection+ units will have separate dedicated non-disposable medical equipment.		
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Trash receptacles will be placed in patients room, near the door, so staff can doff PPE prior to exiting room.

Housekeeping will disinfect all units and common areas with EPA approved disinfectants and provide Terminal Room cleaning whenever there is a transfer or death. Please see cleaning protocol for further information.

Environmental personnel will wear a gown and gloves when performing terminal cleaning. Eye protection should be added if splashes or sprays during cleaning and disinfecting are anticipated.

Please see Laundry and Food contingency plans for information on such policies.

MITIGATION

1. All communal meals, group rehab and activities are hereby suspended.
2. Non-urgent doctors and consultants appointments are suspended.
3. Rehab services (OT/PT/ST) will be done in the resident's room. The exception will be for ambulation purposes, where resident will be walked with the therapist, in the hallway. Separate and distinct therapist will be assigned to infection+ units and those who are (-). PUI may be seen by different therapists, but proper PPE and proper hand hygiene will be done prior to seeing each patient.
4. All non-essential personnel such as dentists, podiatrist and optometry will come in on an as needed basis for emergencies only. Psychiatrist, psychologist will see patient as needed or via telemedicine. Telemedicine visits with outside medical staff will be provided if needed. Social workers and recreation staff will continue in-person visits with appropriate PPE.
5. Some staff members who are considered non-essential and are able work from home will be assigned to do so. Staff meetings larger than 10 people will be conducted via zoom. Daily morning report will be conducted via zoom. If larger groups are needed for in-services, they will be conducted in larger spaces, where social distancing can be maintained, and all staff will wear masks during in-service presentations.
6. Attempts will be made to make use of new Telehealth laws, will try and develop relationships with various specialists, as residents are not going out for consultations, or procedures, unless urgent.
7. No visitors are allowed in the building. NH will only make exceptions in the case of compassionate care eg: end of life. The visitor will only be allowed in after being screened (and found to have temp below 100' and are asymptomatic) and wears appropriate PPE. Number of visitors, length of visit,

timing of visit will be made on a case-by-case basis. For those permitted entry, they are instructed to frequently perform hand hygiene, limit their interactions with others in the facility, avoid touching surfaces: restrict their visit to the resident's room or other location designated by the facility. Visitors should monitor for signs and symptoms and call their doctor at the onset of signs or symptoms.

8. Manage personnel at higher risk (older staff or those with certain medical conditions) by assigning to work with lower risk patients.

9. Physical barriers such as sneeze guards will be placed by front desk and wherever applicable.

10. Staff should use social distancing at all times whenever possible. Staff will wear surgical masks at all times while inside the facility.

ROOM ASSIGNMENTS AND COHORTING (See policy on cohorting)

14.

Protocols for Exposures, Transfers and Staff Illness:

1.. Protocol for staff exposed to PUI or a confirmed case of pandemic infection, staff member will be monitored closely for symptoms and temperature taken Q12'. Staff member must wear face mask at all times while in the building. If staff member develops fever, SOB, GI symptoms, cough, sore throat etc.. they will be given a mask and sent home immediately.

2. ADON and Human Resources Director will keep a documented log of all staff who have symptoms consistent with pandemic infection, or fever. They will document and log all staff who have tested positive and the dates of testing.

2. Protocol for residents exposed to confirmed case of pandemic infection and PUIs will be placed in quarantine; patients will be placed on contact plus droplet precaution, with appropriate signage on doors:

- Garbage will be handled appropriately
- Door must be closed whenever possible.
- Food will be delivered, cleared or resident fed in appropriate manner.
- All staff including nursing, housekeeping, doctors, etc. will use appropriate donning and doffing of full PPE including eye protection if available with any resident contact.
- Patients will be encouraged to wear a mask when HCP is in the room with them, if tolerated. If masks are not available, patient will be asked to cover their mouth with a tissue or cloth.

3. Staff will be designated to work on one unit, to the extent possible. We will consistently assign staff to the same units to limit numbers of staff interacting with different patients. All staff should work on the same floor from the time they start their shift, until they finish their shift.

<p>4. Staff members that must see patients on different floors (MDs, PAs, Dieticians, social workers etc..) will be recommended to see healthy, non-infected patients first, and (+) patients afterwards, to the extent possible. However, sick patients or those who need immediate attention will be seen as indicated, regardless of infectious status.</p> <p>5. Residents who leave the facility or have to go to dialysis should wear a facemask. Dialysis will be informed if patient becomes symptomatic or is pandemic infection+</p> <p>Transfers</p> <p>1. If a resident is coming <u>from</u> the hospital and has confirmed pandemic infection, EMS team transferring the patient from the hospital will place a surgical mask on the patient prior to entering the facility if tolerated.</p> <p>2. When transferring residents <u>to</u> hospital with suspected or confirmed pandemic infection, the nurse will call both the ambulance company and the hospital ER to alert them that a PUI or (+) patient is being transferred. Patient will have a face mask in place, if tolerated.</p> <p>Staff illness:</p> <p>All staff has been instructed to stay home if sick, has a fever or any symptoms consistent with pandemic infection and inform Friedwald Center for Rehabilitation and all of their other employers if they are sick. They should consult with their own medical professional.</p> <p>4. + Staff may return to work if 14 days have passed since they tested Positive and they have been asymptomatic and without fever (without temperature reducing medication) for a minimum of 72 hours, and have a negative swab prior to return to work.</p>	
INFECTION CONTROL	
<p><u>Utilization of PPE:</u></p> <p><u>Eye Protection</u></p> <ol style="list-style-type: none"> 1. Implement extended use of eye protection. Staff may wear the same eye protection for multiple residents. Clean when soiled or change if damaged. 2. Use non-disposable, re-usable goggles or face shields. Using CDC or NYSDOH accepted protocols, clean and disinfect the goggle or face shields between uses. 3. Use non-medical or medical safety glasses (trauma glasses) that cover the sides of the eyes 4. Reprocess disposable eye protection for re-use. If there are no manufacturer's instruction, use instructions suggested by the CDC: <ul style="list-style-type: none"> • While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles, using a clean cloth saturated with neutral detergent solution or cleaner wipe. 	<p>4.</p>

- Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
- Wipe outside of face shield or goggles with clean water or alcohol to remove residue.
- Fully dry (air dry or use absorbent towels)
- Remove gloves and perform hand hygiene.

Gowns

1. May use gowns and coveralls approved in other countries.
2. May use cloth isolation gowns that can be laundered, when available.
3. May use other items of clothing, such as disposable lab coats, cloth resident gowns, disposable aprons, or a combination thereof.
4. Gowns should be prioritized for the following activities: During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures.
5. During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.
6. *Utilization of Gowns, Implementation of Extended Use:*
Implement extended use of gowns or coveralls for cohorted residents with pandemic infection. Similarly, implement extended use of gowns or coveralls for residents without symptoms of pandemic infection. Change gowns or coveralls when soiled, wet, or visibly torn. Staff must discard gown before leaving the room of a resident under transmission based precautions for isolation. (eg. C. diff, MRSA, candida auris). Staff will change gown before going on a break or leaving the floor regardless if extended gown use was necessary, and should remove and discard gown prior to exiting the patients room. Staff will be given a new gown upon returning to work.
7. Re-use gowns with no visible soiling for care of residents with pandemic infection.
8. Gowns may not be reused when going from PUI to PUI. Designate a gown to be used for each PUI resident. Gowns may not be re-used for more than one PUI.
9. If any staff member feels that one gown does not adequately cover them, they may wear two gowns.
10. Staff will be allowed to wear one gown as part of their uniform. The second gown, as a second layer, will be considered PPE and must be changed and discarded according to above guidelines. Ie: the outer layer gown is considered the PPE. The color of the gown is not meaningful, as we continue to source PPE from different vendors, and more equipment become available, delivery of different brands and colors are expected.

Facemasks

1. Implement use of extended use of facemasks. Wear the same facemask for multiple patients with confirmed pandemic infection without removing in between patients. Change only when soiled, wet or damaged. Do not touch facemask.
2. May use expired facemasks.

3. Prioritize facemasks for HCP rather than as source control for patients if supplies become limited. Patients may use a tissues or similar barriers to cover their mouth and nose.
4. Implement re-use of facemasks. Do not touch outer surface of facemask. Fold so outer surface is inward, assign to a single HCP and store in a breathable container in between uses. Always perform hand-hygiene immediately after touching facemask.
5. Prioritize facemasks for aerosol- generating procedures or similar procedures with potential for uncontrolled respiratory secretions.
6. Use of cloth masks or other homemade masks (bandanas or scarves) for HCP with direct patient contact is not recommended. If used, they should be used with a face shield covering the entire front and sides of the face.

N95 Masks or KN95 mask

1. Throughout this document, the terms N95 mask and K95 mask will be used interchangeably , as either mask will be used depending on current availability.
2. Implement use of extended use of N95 masks. Wear the same N95mask for multiple patients with confirmed pandemic infection without removing in between patients. Change when soiled, wet or damaged. Do not touch N95mask.
3. May use expired N95 masks.
4. Assign N95 mask to a single HCP and store in a breathable container in between uses. Always perform hand-hygiene immediately after touching N95 mask.
5. May use respirators approved in other countries.
6. N95/KN95 respirator masks will be used during procedures such as nasal swabbing, suctioning a patient with confirmed COVID-19 or during cardiopulmonary resuscitation (or any other aerosol generating procedure). Other procedures such as intubating are not performed in this setting.
7. N-95 masks will also be used when staff is in contact with confirmed, or highly suspected cases of pandemic infection if available, otherwise a surgical mask will be used.
8. Staff may wear a surgical mask or face shield OVER their N95 to decrease bulk contamination of the N95 mask, especially if splashes or sprays are anticipated.

Dispensation of PPE

Surgical masks will be supplied to each staff member daily at the reception desk at the beginning of shift. N95 or equivalent masks will be distributed as supply allows.

Gowns will be dispensed daily. They will be available from the unit clerk on each floor, on carts outside patient rooms or from the staff members supervisor (eg, rehabilitation director or environmental director). Additional gowns can be obtained from the front desk, the unit clerk or by calling director of supplies at any time.

Staff will be dispended a face shield and goggles, which may be re-used, and will be cleaned with disinfectant whenever removing. Face shield or surgical masks may be worn on top of N95/KN95 masks to prevent bulk contamination.

Gowns and shoe covers may only be worn in designated patient care areas. However, housekeepers and front-desk personnel may wear gowns on the main floor if they desire, if they have had no patient contact.

Staff may contact the nursing supervisor on call if additional PPE are needed at any time.

*This policy is subject to change as PPE supplies are variable.

Additional Infection Control Equipment:

A UV lamp to be used for HVAC equipment that can protect from bacteria, viruses and mold has been purchased. These will be installed on the 3 rooftops HVAC units. In addition, other equipment, for the purpose of enhanced disinfecting, such as de-foggers and HEPA filters have been purchased by the facility. The process of using them effectively is still under investigation.

General Infection Control:

1. All staff must adhere strictly to hand hygiene. Wash hands and/or use ABHR as per protocol, both for a minimum of 20 seconds. This must be repeated before becoming in contact with any patient and before and after donning and doffing PPE.
2. Staff should wear masks at all times while in the facility. (unless eating or in a private room, alone, with the door closed).
3. Gloves should always be changed between each resident, after meal service, and if hands are soiled, and hand hygiene performed. Masks can be worn from resident to resident as long as not visibly soiled or torn
4. Staff will practice appropriate cough etiquette at all times.
5. Staff will practice social distancing, to the best of their ability.
6. Staff will wear appropriate PPE when showering resident, and housekeepers must clean shower room with EPA approved disinfectant in between residents.
 7. When doing an aerosol-generating procedure, as detailed above, if resident is COVID +, staff will wear full PPE, including N95 mask or equivalent, mask, gown and gloves. Door will be closed during procedure. Will limit staff exposure, by only having absolutely necessary staff in the room while performing aerosol-generating procedure.
8. Nebulizers will no longer be used, as it is an aerosol-generating procedure. MDI +/- aero-chambers will be used if applicable to the extent possible. Bipap/CPAPs will not be used in infected patients, if tolerated.
 9. Non-infected, asymptomatic patients will be kept in their rooms as much as possible with their door open.

<p>10. PPE and hand hygiene supplies will be at regular intervals in patient care areas.</p> <p>11. All rooms will have appropriate special signage on doors as indicated to alert all staff and ancillary staff such as lab techs, x-ray techs to be aware of contact precautions when entering the room, and which PPE should be donned prior to entering the room.</p> <p>12. Special signs will be placed showing how to don and doff PPE appropriately</p> <p>13. All staff members and patients will be strongly encouraged to get the flu vaccine.</p> <p>14. All patients will receive the pneumonia vaccine upon admission regardless of their vaccine history.</p> <p>DONNING and DOFFING SEQUENCE AND TECHNIQUE:</p> <p>Donning:</p> <ol style="list-style-type: none"> 1. Perform hand hygiene 2. Don Gown 3. Apply mask. If an N95 mask (without ear loops), place one strap/tie at neck and one strap/tie in the middle of head. 4. Don Eye protection (goggles or face shield if indicated) <ul style="list-style-type: none"> • During this pandemic, staff may choose to don and doff mask and eye protection before or after donning gown, as many staff will have mask on already, and choose to wear eye protection at their own discretion. 5. Don gloves <p>Doffing:</p> <ol style="list-style-type: none"> 1. Remove gloves: Using a gloved hand, grasp palm area of opposite hand and peel off 1st glove. Slide fingers of clean hand under other glove at wrist and peel off. Discard gloves in patient room. 2. Remove face shield or goggles. 3. Remove gown: unfasten gown ties, pull gown away from neck and shoulders by pulling on cuffs. Touch inside of gown only. Reuse gown only when going from infected patient to another infected patient. If a (+) patient has a secondary infection, eg, c dif, use a separate gown for this patient. Wear a separate gown for each PUI, as the source for infection is not yet known and discard gown. 4. Use appropriate EPA approved disinfectant to clean eye protection, if possible so that it may be re-used. 5. Use hand hygiene with either ABHR or soap and water for a minimum of 20 seconds. 		
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6. May remove N95 mask and switch to regular surgical face mask if desired and perform hand hygiene.

Discontinuation of Transmission based precautions: will be made using a test- based strategy or a non-test- based strategy. Patients who are immunocompromised will undergo test- based strategy prior to discontinuation of transmission - based precautions.

1. For a test -based strategy for those who were pandemic infection (+):
 - Resolution of fever without the use of fever-reducing medications AND
 - Improvement in respiratory symptoms (cough, SOB) AND
 - Negative results of nasal swab from at least two consecutive nasopharyngeal swabs specimens collected greater than or equal to 24 hours apart , for a total of two negative specimens.
2. For a non-test based strategy
 - At least 72 hours have passed since recovery defined as:
 - Resolution of fever without the use of fever-reducing medications
 - AND Improvement in respiratory symptoms (cough, SOB)
 - AND at least 14 days have passed since symptoms first appeared.

The ADON will maintain a daily line list of all residents with positive or suspect viral illness. Same will include all information for reporting to NYSDOH and other Federal Agencies as mandated.

EDUCATION

Staff has been instructed and in-serviced on proper hand-hygiene techniques and proper cough etiquette. Staff instructed if hands are visibly soiled, use soap and water to cleanse hands.

Staff has been re-educated and in-serviced on donning and doffing of PPE. Staff educated that personal glasses and contact lenses are not considered adequate PPE.

Friedwald Center has created a specialized video presentation for all staff about the pandemic infection, including handwashing and cough etiquette, CDC videos of donning and doffing PPE, explanation of transmission based precautions, explanation of signage in the building and NYS DOH return to work policy.

Staff has been in-serviced about appropriate extended use policies of PPE.

All staff and residents have been educated and in-serviced about signs and symptoms of the pandemic infection. A "cheat sheet" explaining and reminding staff about various signage was distributed and explained in detail.

Staff has been instructed to stay home if they have a fever or any signs/symptoms of infection. Friedwald will provide residents with education about the pandemic infection and how to keep themselves safe, as well as the steps the facility is taking.

Staff has been educated and in-serviced about NYS DOH return to work policy, as outline above.

Residents still have the right to access the Ombudsman Program. If in-person access is not available, we will facilitate resident communication by phone or other format.

Staff has been directed to DOH and other outlets for mental health services related to this pandemic. Staff may call The NYS Emotional Health Support Hotline 1-844-863-9314 for mental health counseling.

Addendums

1. *addendum to above policies 5/20/20

As the number of cases in the facility have continued to decline, the facility will now allow residents who meet certain criteria to leave their room:

- resident must be afebrile and asymptomatic (as described in this policy)
- if resident once was +, they must be swabbed negative, with a minimum of 14 days from their initial + swab, and have been asymptomatic for the last 3 days of the 14 days.
- resident must wear a mask as source control when in the hallways, elevators, and public areas, if tolerated
- residents must maintain a distance of a minimum of 6 feet from another resident
- At this time, residents may be taken outside, weather permitting, for their mental health and well-being
- residents may go down to the rehabilitation gym, as long as they can tolerate wearing a mask and a minimum of 6 feet social distance can be maintained at all times and meet above criteria
- facility will appropriately wash any equipment used by resident with EPA approved disinfectant prior to another resident be brought down

2. 6/21/20 As NYS goes through its reopening phases, consultants such as podiatrists, ophthalmologists, dentists etc.. may see residents for routine evaluations, as long as they are screened with both swabbings as dictated by NYS governmental guidelines and screened upon admission to the facility for temperature over 100' and symptoms as detailed above.

3. "Breakfast Club" will be reintroduced,, where the breakfast preparation will take place in dining rooms, however, residents will still dine in their rooms. Communal meals will not be reintroduced at this time.

4. Staff who test positive, will not be able to return to work until 14 days have passed since initial positive swab, they have been asymptomatic for the last 3 days of those 14 days AND have had a negative swab as dictated by governmental guidelines.
5. Nebulizers will be reintroduced in the facility as clinically appropriate , as the number of positive patients have diminished considerably.

Friedwald Center

Emergency Preparedness

Table of Contents – Section A

Overview & Physical Plant (2 pages)

Hazard Vulnerability Assessment (5 pages)

Facility Risk Assessment Narrative (5 pages)

Emergency Planning Miscellaneous Narrative (3 pages)

Updated Emergency Outside Vendors List (4 pages)

Summary of E-Tags & Regulations (3 pages)

Key Phone Numbers (1 page)

Staff Training Roll Out Plan (1 page)

Facility Survey – Rockland County (1 page)

Family Notification

E-Finds

Emergency Preparedness Overview (1 page)

Emergency Preparedness Test

Indian Point Guide (Pamphlet) – (Found in Book Pocket)

Internal & External Drills

08/08/17 Tabletop Active Shooter

04/30/18 Infectious Disease (Rockland County)

12/18/18 Water Main Break

11/18 – 09/19 Measles Outbreak

08/16/19 Pandemic Influenza (Rockland County)

09/09/19 Smoke Event

ROCKLAND COUNTY EMERGENCY RESPONDER BOOK

Located in: Administrator's Office, Office of DON, Maintenance Office

(Revised October 2019)

Friedwald Center

Table of Contents

Rockland County Emergency Responder Guide Book

The Guide Book from the Rockland County EMS Office contains the following critical information:

1. Incident Command Structure
2. Extensive List of Emergency Response Resource Numbers
3. Procedures for:
 - a. Bloodborne Pathogens
 - b. Radiation and Exposure Control Information
 - c. EMS Agencies/Active Shooter
 - d. Law Enforcement
 - e. Landing Zone Preparation
 - f. Bomb Threats
 - g. CPR & AED/Disaster and MCI Protocols
 - h. START Adult/JUMPSTART Pediatric MCI Triage
 - i. Fire
 - j. Severe Weather
 - k. Hazmat and Decontamination
 - l. Interoperability Communications/Tactical Command Worksheet

Policy: This facility has taken measures to protect our resident, staff and visitors by developing policies and procedures for preparing and responding to a Declaration of a “**Pandemic Virus**” event including but not limited to outbreak of viral illness: MERS, SARS, Ebola, Zika , Influenza and newly identified Covid-19 Virus. The Facility will utilize the CDC Guidelines for Long Term Care preparedness and incorporate same into this policy.

Definitions for Education and Understanding:

> **All Viruses** constantly change and mutate. The type of Virus that can spread quickly and cause Pandemic infection is called a “**Novel Virus**”, or indicative of a New Strain

> **Novel** and variant **influenza A viruses** can infect and cause severe respiratory illness, as well as multiple symptoms in humans.

> These **influenza viruses** are different from currently circulating human Influenza A Virus subtypes and include **Influenza viruses** from predominantly **Avian and Swine origin**.

> Human infections with a “**Novel Virus**” are viruses that can be transmitted from person to person, and may signal the beginning of a **pandemic event**.

> **Ebola:**

Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

Ebola is caused by infection with a virus of the family *Filoviridae*, genus *Ebolavirus*. There are five identified Ebola virus species, four of which are known to cause disease in humans. Ebola viruses are found in several African countries, but may become Pandemic

> **Zika:**

Zika virus is spread to people through mosquito bites. Outbreaks of Zika have occurred in areas of Africa, Southeast Asia, the Pacific Islands, and the Americas. Because the Aedes species mosquitoes that spread Zika virus are found throughout the world, it is likely that outbreaks will spread to new countries. In December 2015, Puerto Rico reported its first confirmed Zika virus case. In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil. The outbreak in Brazil led to reports of Guillain-Barre syndrome and pregnant women giving birth to babies with birth defects and poor pregnancy outcomes.

> **Coronaviruses** are enveloped RNA viruses that cause respiratory illnesses of varying severity from the common cold to fatal pneumonia.

*Coronaviruses cause much more severe, and sometimes fatal, respiratory infections in humans than other coronaviruses and have caused major outbreaks of deadly pneumonia in the 21st century:

***SARS COVID-2** is a novel coronavirus identified as the cause of coronavirus disease 2019 (**COVID-19**) that began in Wuhan, China in late 2019 and spread worldwide.

***MERS-CoV** was identified in 2012 as the cause of Middle East respiratory syndrome (MERS).

***SARS-CoV** was identified in 2002 as the cause of an outbreak of severe acute respiratory syndrome (SARS). These coronaviruses that cause severe respiratory infections are zoonotic pathogens, which begin in infected animals and are transmitted from animals to people. In view of Viral mutations, these viruses may be the cause of a Pandemic Outbreak.

Quality Assurance Committee

1. The Facility has developed a Special Review Infection Control and Prevention QA Committee to implement our Disaster Plan when a Pandemic is expected or declared. Members of the Committee will

be responsible for the coordinating and implementing the Disaster Plan. The following Departments will be named to the Disaster Plan QA Committee:

Medical Director

Administrator

DNS and ADNS

Infection Preventionist

Director of Housekeeping and Maintenance

Director of Staff Education

The Administrator and/or the DNS will identify the staff member responsible to be the "Response Coordinator" who will assist the Committee in all Infection Prevention and Control Disaster Plans.

2. Written Management Plan:

(see attached applicable Management Plans)

1. The Facility will develop a written Preparedness and Management plan to outline the specific directives to follow relative to the declaration of a Pandemic Outbreak. The Plan will be monitored and followed by the DNS, Administrator and the Infection Preventionist as well as communicated to the Medical Director for input regarding clinical care needs of Residents.
2. The Management Plan will be in serviced to all members of the QA Pandemic Committee as well as to all Nursing Staff
3. The Management Plan will follow all DOH, CDC, CMS and FDA Guidelines relative to the Pandemic
4. The Management Plan will have communication and contact with all our Transferring Hospitals, Dialysis Centers, Clinics etc. to ensure safe and appropriate care needs of our Residents
5. The Management Plan will be reviewed and revised as Pandemic Guidelines are presented.

Facility Communications:

1. The Pandemic Response Coordinator is responsible for communications with the public health authorities during a declared pandemic outbreak.

*Local Health Department contact information:

New York Department of Health

Long Term Care Division

145 Huguenot St. 6th Floor

New Rochelle, NY 10801

914-654-7000

*State Health Department contact information:

New York State Department of Health

175 Green St, Albany, NY 12202

(518) 447-4580

6. Friedwald Center has designated the DON as the "Pandemic Virus Response Coordinator", designee will also be the PDPM Coordinator in the absence of the DON.
7. The Infection Control/designee is responsible for communicating with the staff, residents, and their families regarding the status and impact of the pandemic virus in the facility. One voice speaking for the facility ensures accurate and timely information.
8. Communication includes development and usage of a Staffing Roster to notify staff members of the pandemic outbreak. Efforts must be made, such as phone calls and posted signage to alert visitors, family members, volunteers, vendors, and staff members about the status of the seasonal/pandemic virus in the facility.

9. The DON also maintains communications with the Emergency Management Office, Hospitals as well as other providers regarding the status of a Viral outbreak.

10. Family members and responsible parties are notified prior to an outbreak that visitations may be restricted during an outbreak to protect the safety of their loved ones.

Notification Criteria: Emergency Procedure - Pandemic Viruses:

The following procedure should be utilized in the event of a Pandemic Viral or Influenza outbreak:

1. Inform all employees verbally, phone calls, and through posting a memorandum near the time clock and info will be posted on all nursing units, as well as inform all Department Heads when a novel virus is increasing and sustaining human-to-human spread in the United States, and cases are occurring in the facility's area and state which are declared "prevalent" by the Commission of Health.
2. Notify the Administrator and Director of Nursing if they are not on the premises. Activate the Staffing Roster for staffing needs if warranted as per our directives in the Disaster Plan.
3. Guidelines of Pandemic Plan will be implemented and followed by all staff and will incorporate all requirements relative to Infection Control by CDC, CMS and NYSDOH Guidelines
4. Residents, employees, contract employees, and visitors will be evaluated daily/Q shift for symptoms. Employees should be instructed to self-report symptoms and exposure.
5. Follow Pandemic Plan in regards to managing high-risk employees and for guidelines as to when infected employees can return to work in accordance with CDC and NYSDOH Guidelines
6. Adherence to infection prevention and control policies and procedure is critical. Post signs for Cough etiquette, and Hand Hygiene. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of pandemic virus is a must.
7. Determine when to restrict admissions and visitations. Communicate this to the affected staff, and Family members as well as involved parties. Signage and Posters will be placed at the Front Door as well as throughout the Facility for awareness
8. Contact Medical Director, local and state health departments to discuss the availability of vaccines and antiviral medications, as well as any recommendations for treatments.
9. Ensure adequate supplies of PPE, food, water, and Medical supplies are available to sustain the facility if Pandemic virus occurs at the facility.
10. Cohort residents and employees as necessary to prevent transmission
11. Implement contingency staffing plans as needed.
12. Residents and employees will be screened to identify exposure to Pandemic novel virus. Screens will include monitoring for fever and respiratory symptoms following exposure daily and Q shift.

Pandemic Virus Management Plan /Surveillance and Detection

1. The Pandemic Virus Response Coordinator is responsible for monitoring public health advisories (federal and state) and updating the Pandemic Virus Committee, particularly when pandemic virus has been reported and is nearing the specific geographic location. www.cdc.gov will be utilized daily as a resource and recommendations will be followed in conjunction with CMS and DOH requirements.

2. A protocol has been developed specifically to monitor the seasonal influenza-like illnesses in residents and staff during the influenza season, as well as any other Viral illness outbreak which tracks illness in residents and staff.

>The Admission policy includes that residents admitted during periods of seasonal influenza should be assessed for symptoms of seasonal influenza, and receive a flu vaccine.

- >A system is implemented to daily monitor residents and staff for symptoms of seasonal influenza, as well as confirmed cases of influenza and other viral illnesses that have been emergent.
- >Information from the monitoring systems is utilized to implement prevention interventions, such as isolation precautions or cohorting as well as notification procedures
- * **Note: The above procedures are the same for all pandemic Viral outbreaks.**

Staff Training and Education:

1. All staff members will be trained on the facility Pandemic Management Plan and related policies and procedures for Infection Control and transmission precautions as part of Disaster Planning, and staff awareness. Same will be on Orientation, as well as if outbreak is suspected or as identified by CDC, CMS or NYSDOH
2. Staff will be educated on Infection Control Plan following CDC Guidelines as well as education on signs/symptoms of the diseases and care protocols
3. Education and Communication will also be sent to Family members and significant others regarding our Management Plans and new directives for care; as well as notification of change regarding their loved one
4. The Facility's Designated In-Service RN is responsible for coordinating education and training on seasonal and Pandemic Viruses. NYSDOH, CMS and hospital-sponsored resources are researched, as well as usage of web-based training programs. The website www.cdc.gov is considered as a resource and the Facility will download applicable information for education
5. Education and training of staff members regarding infection prevention and control precautions, standard and droplet precautions, as well as respiratory hygiene/cough etiquette should be ongoing to prevent the spread of infections, but particularly at the first point of contact with a potentially infected person with seasonal/pandemic virus. Facility will follow NYSDOH and CDC Guidelines.
6. Education and training should include the usage of language and reading-level appropriate, informational materials, such as brochures, posters, as well as relevant policies. Such materials should be developed or obtained from www.cdc.gov.
7. Informational materials should be disseminated during before and during seasonal/pandemic outbreaks, and as conditions change

Infection Prevention and Control

1. Cleaning and disinfection for transmission prevention during pandemic virus follows the general principles used daily in health care settings (1:10 solution of bleach in water), or other EPA approved sanitizers.
2. Infection prevention and control policies require staff to use Contact and Droplet Precautions (i.e., gowns, mask and (eye shield as suggested) for close contact with symptomatic residents).
3. Respiratory hygiene/cough etiquette, and Hand Hygiene will be practiced at all times by all staff
4. The IP shall develop procedures to cohort symptomatic residents or groups using one of more of the following strategies:
 - a. Confining symptomatic residents and their exposed roommates to their room.
 - b. Placing symptomatic residents together in one area of the facility.
 - c. Closing units where symptomatic and asymptomatic residents reside, i.e., restricting all residents to an affected unit, regardless of symptoms.
5. Ensure Visitor Restrictions are enforced per policy

5. The Infection Control Person will maintain a daily line list per unit of all residents with positive or suspect viral illness. Same will include all needed information for reporting to NYSDOH and other Federal Agencies as mandated.

Occupational Health

1. Practices are in place that addresses the needs of symptomatic staff and facility staffing needs, including:
 - a. Handling staff members who develop symptoms while at work.
 - b. When staff members who are symptomatic, but well enough to work, will be permitted to continue working and will wear a Mask
 - c. Determining when staff may return to work after having Pandemic viral illness
2. 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.
3. Staff are educated to self-assess and report symptoms of pandemic virus/ influenza before reporting to duty.
4. Mental health services or faith-based resources will be available to provide counseling to staff during a pandemic as needed and available
5. Influenza vaccinations of staff are encouraged and monitored for influenza outbreaks.
6. High-risk employees (pregnant or immuno-compromised) will be monitored and managed by placing them on administrative leave or altering their work assignments in accordance with Pandemic Management Plan

Vaccinations and Antiviral Usage

1. The Centers for Disease Control (CDC) and the Health Department will be contacted to obtain the most current recommendations and guidance for the usage, availability, access, and distribution of vaccines and other antiviral medications during a pandemic.
2. Guidance from the State Health Department will be sought to estimate the number of staff and residents who are targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. A plan is in place to expedite delivery of vaccine or antiviral prophylaxis.

Preparedness of Supplies and Surge Capacity

A member of the QA Committee has been assigned to assess the need and availability of all PPE during a Pandemic. The Administrator and /or the DNS will ensure that all needed supplies are available and kept in a secure location.

1. Quantities of essential PPE, food, materials, medical supplies, and equipment have been determined to sustain the facility for a 72-hour pandemic. A predetermined amount of supplies is stored at the facility or satellite location, and the Pandemic Coordinator will be responsible for ensuring availability.

* Housekeeping will be responsible for ensuring Hand Hygiene equipment is available daily throughout the Facility.

* Housekeeping will also be responsible for disinfection of units in conjunction with all Infection Prevention Policies, including terminal cleaning of rooms where positive residents were transferred or expired.

2. Plans for Surge Capacity will include strategies to help increase hospital bed capacity in the community.

* Agreements have been established with area hospitals for admission to the facility of patients to facilitate utilization of acute care resources for more seriously ill patients.

* Facility space has been identified that could be adapted for use as expanded inpatient beds and information has been provided to local DOH for implementation and awareness.

3. Capacity and need will be determined for deceased residents as needed, including a space to serve as a temporary morgue.

KEY POINTS

*** The Facility will follow daily all DOH/CDC /CMS requirements as notified and respond with revisions to our plans accordingly**

*** Clinical Care Protocols developed will be attached to this Disaster Emergency Plan for inclusion and Validation i.e. COVID-19 Plan**

FRIEDWALD CENTER
INFECTION PREVENTION AND CONTROL - SURVEILLANCE

POLICY:

The infection Preventionist (IP) will conduct ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventive interventions.

INTERPRETATION AND IMPLEMENTATION

1. The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and HAIs, to guide appropriate interventions, and to prevent further infections.
2. Infections that will be included in routine surveillance include those with:
 - a. Evidence of transmissibility in a healthcare environment;
 - b. Available processes and procedures that prevent or reduce the spread of infection;
 - c. Clinically significant morbidity or mortality associated with infections (e.g. PNA, UTIs, *C. difficile*);
 - d. Pathogens associated with serious outbreaks (e.g. acute viral hepatitis, norovirus, influenza, COVID-19, other novel pandemic infections).
3. Nursing staff will monitor residents for signs and symptoms that may suggest infection (e.g. fever, chills and sweats, change in cough or new cough, sore throat, shortness of breath, nasal congestion, burning or pain with urination, redness/soreness/swelling in any area, vomiting, diarrhea, new onset of pain) and will document and report suspected infections to the RN Supervisor and/or Medical Doctor as soon as possible.
4. If a communicable disease outbreak is suspected, this information will be communicated to the RN Supervisor and/or IP as soon as possible.
 - a. Staff at all levels and in all departments will be provided with education if an outbreak or novel pandemic infection is suspected. Education will include, but not be limited to risk factors, signs/symptoms and preventive measures associated with infection.
5. When infection or colonization with epidemiologically important organisms is suspected, cultures may be sent, if appropriate, to a contracted laboratory for identification or confirmation. Cultures will be further screened for sensitivity to antimicrobial medications to help determine treatment measures.
6. The Unit nurse will notify the medical doctor and the IP of suspected infections. Same will be discussed with interdisciplinary team (IDT).
 - a. A determination will be made whether transmission-based precautions are necessary
 - b. Treatment of plan will be determined by the medical doctor and the IDT.
 - c. Report infection, if necessary via the HCS NORA reporting and/or NHSN.
7. If transmission-based precautions or other preventive measures are implemented to slow or stop the spread of infection, the IP will collect data to help determine the effectiveness of such measures.
8. When transmission of HAIs continues despite documented efforts to implement infection control and preventive measures, the appropriate State agency and/or specialist in infection control and epidemiology will be consulted for further instructions.
9. When deemed necessary, the DON/Designee will establish Quality Assurance Performance Improvement (QAPI) projects and Performance Improvement Personnel (PIP) teams will be

FRIEDWALD CENTER
INFECTION PREVENTION AND CONTROL - SURVEILLANCE

designated to identify root cause(s) and develop action plans. PIPs will report findings/results to the Quality Assurance (QA) Committee.

Gathering Surveillance Data

1. The IP or RN designee is responsible for gathering and interpreting surveillance data.
2. The surveillance should include a review of any or all of the following information to help identify possible indicators of infections:
 - a. Laboratory records;
 - b. Skin care sheets;
 - c. Infection control rounds or interviews;
 - d. Verbal reports from staff;
 - e. Infection documentation records;
 - f. Temperature logs;
 - g. Pharmacy records;
 - h. Antibiotic review; and
 - i. Transfer log/summaries.
3. If laboratory reports are used to identify relevant information, the following findings merit further evaluation:
 - a. Positive blood cultures;
 - b. Positive wound cultures that do not just represent surface colonization;
 - c. Positive urine cultures (bacteriuria) with corresponding signs and symptoms that suggest infection;
 - d. Other positive cultures (e.g. stool, sputum); and
 - e. All cultures positive for Group A Streptococcus.
4. Prioritize reports as follows:
 - a. Signs/symptoms associated with novel pandemic infections
 - b. Multi-drug resistant reports:
 - i. All multidrug-resistant reports require immediate attention
 - ii. Ensure appropriate precautions, if needed, are in place
 - iii. If this is a new or unexpected report, notify the DNS and medical director.
 - c. Blood cultures
 - d. Positive wound cultures if there are corresponding signs and symptoms that indicate infection
 - e. Positive sputum cultures
 - f. Bacteriuria with corresponding signs and symptoms of UTI;
 - g. Other positive cultures

Data Collection and Recording

1. For residents with infections that meet the criteria for definition of infection surveillance, collect the following data as appropriate:
 - a. Identifying information (e.g. resident's name, unit, room #, attending physician);
 - b. Diagnoses;
 - c. Date of onset of infection (may list onset of symptoms, if known, or date of positive diagnostic test);
 - d. Infection site (be as specific as possible, e.g. PNA, right upper lobe)
 - e. Pathogen(s)

FRIEDWALD CENTER
INFECTION PREVENTION AND CONTROL - SURVEILLANCE

- f. Invasive procedures or risk factors (e.g. surgery, indwelling tubes, Foley, fractured hip, malnutrition, altered mental status, etc);
 - g. Pertinent remarks (e.g. temperatures, WBC, etc). Also, record if the resident is admitted to the hospital or expires.
 - h. Treatment measures and precautions (interventions and steps taken that may reduce risk).
- 2. Using the current suggested criteria for HAIs, determine if the resident has a HAI.
- 3. DAILY: record signs and symptoms of infection on infection tracking form.
- 4. MONTHLY: collect information from individual resident infection reports and create line listing of infections by resident for the entire month.
- 5. MONTHLY: summarize monthly data
- 6. QUARTERLY: Compare incidence of current infections to previous data to identify trends and patterns. Use an average infection rate over a previous time period (e.g. over the past 12 months) as a baseline. Compare subsequent rates to the average rate to identify possible increases in infection rates.

Calculating Infection Rates:

- 1. Calculate the month's total resident days.
 - a. Total resident days = daily census of each day in the designated time period added together.
- 2. To determine the incidence of infection per 1000 resident days, divide the # of new HAIs for the month by the total resident days for the month X 1000.

Interpreting Surveillance Data

- 1. Analyze the data to identify trends
 - a. Compare the rates to previous months in the current year and to the same month in previous years to identify seasonal trends.
- 2. Surveillance data will be provided to the Infection Control Committee and Quality Assurance Performance Improvement Committee regularly.

References:

Infection Control Policy and Procedure Manual. July 2016.

Patterson Bursdall, D. & Schweon, S.J. (2019). Surveillance, Epidemiology and Reporting. Association for Professionals in Infection Control and Epidemiology (2nd Ed.)

FRIEDWALD CENTER
INFECTION CONTROL POLICY

POLICY STATEMENT

1. The infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement (QAPI) program.
2. The elements of the infection prevention and control program consist of co-ordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, employee education, and employee health and safety.

POLICY INTERPRETATION AND IMPLEMENTATION

1. Coordination and Oversight

- a. The infection prevention and control (IPC) program is coordinated and overseen by an infection preventionist (IP).
- b. The qualifications and job responsibilities of the IP are outlined in the *Infection Preventionist Job Description*.
- c. The IPC committee is responsible for reviewing and providing feedback on the overall program. Surveillance data and reporting information is used to inform the committee of potential issues and trends. Some examples of committee reviews may include:
 - i. Whether physician management of infections is optimal
 - ii. Whether antibiotic usage patterns need to be changed because of the development of resistant strains
 - iii. Whether there is appropriate follow up of acute infections
- d. The committee meets regularly to review and revise any guidelines or policies

2. Policies and Procedures

- a. Policies and procedures are utilized as the standards of the IPC program.
- b. The IPC committee (medical Director, DNS and IP) and other key clinical and administrative staff will review the infection control policies at least annually. The review will include:
 - i. Updating or supplementing policies and procedures as needed;
 - ii. Assessment of staff compliance with existing policies and regulations; and
 - iii. Any trends or significant problems since the last review.

3. Surveillance

- a. Surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics, monitoring employee infections, and detecting unusual pathogens with infection control implications.

FRIEDWALD CENTER
INFECTION CONTROL POLICY

- b.* Standard criteria are used to distinguish community-acquired from facility-acquired infections.

4. Antibiotic Stewardship

- a.* Culture reports, sensitivity data, and antibiotic usage reviews are included in surveillance activities.
- b.* Medical criteria and standardized definitions of infections are used to help recognize and manage infections.
- c.* Antibiotic usage is evaluated and practitioners are provided feedback on reviews.

5. Data Analysis

- a.* Data gathered during surveillance is used to oversee infections and spot trends.
- b.* One method of data analysis is by manually calculating number of infections per 1000 resident days.

6. Outbreak /Epidemic/Pandemic Management

- a.* Outbreak management is a process that consists of:
 - i. Determining the presence of an outbreak
 - ii. Managing the affected residents
 - iii. Preventing the spread to other residents
 - iv. Documenting information about the outbreak
 - v. Reporting the information to appropriate public health authorities
 - vi. Educating the staff, residents and healthcare representatives
 - vii. Monitoring for recurrences
 - viii. Reviewing the care after the outbreak has subsided
 - ix. Recommending new or revised policies to handle similar events in the future

7. Prevention of Infection

- a.* Important facets of infection prevention include:
 - i. Identifying possible infections or potential complications of existing infections
 - ii. Instituting measures to avoid complications
 - iii. Educating staff and ensuring that they adhere to proper techniques and procedures
 - iv. Enhancing screening for possible significant pathogens
 - v. Immunizing residents and staff to try to prevent illness
 - vi. Implementing appropriate isolation precautions when necessary, and
 - vii. Following established general and disease-specific guidelines such as those of the CDC.

8. Immunization

- a.* Immunization is a form of primary prevention

FRIEDWALD CENTER
INFECTION CONTROL POLICY

- b. Widespread use of influenza vaccine in this nursing facility is strongly encouraged
- c. Policies and procedures for immunization include the following:
 - i. The process for administering vaccines;
 - ii. Who should be vaccinated;
 - iii. Contraindications to vaccinations;
 - iv. Obtaining consent;
 - v. Monitoring for side effects of vaccination, and
 - vi. Availability if the vaccine.

9. Employee Education

- a. Inservice on Orientation, and Annually and as necessary
 - i. The Chain of Infections
 - ii. The Spread of infections
 - iii. Transmission based Precautions
 - iv. Hand Hygiene
 - v. Glove usage
 - vi. Respiratory Protection Program
 - vii. Pandemic Emergency Plan
- b. Competencies done on orientation and annually and as necessary
 - i. Hand Hygiene
 - ii. Use of PPE
- c. Inservice any new recommendations made by the CDC and/or WHO

10. Monitoring Employee Health and Safety

- a. The facility has established policies and procedures regarding infection control among employees, contractors, vendors, and visitors, including:
 - i. Situations where these individuals should report their infections or avoid the facility (e.g. draining skin wounds, active respiratory infections with considerable coughing and sneezing, or frequent diarrheal stools);
 - ii. Pre-employment screening for infections required by law or regulation (such as TB);
 - iii. Any limitations (such as visiting restrictions) when there are infectious outbreaks in the facility; and
 - iv. Precautions to prevent these individuals from contracting infections such as Hepatitis and the HIV virus from residents or others
- b. Those with potential direct exposure to blood or body fluids are trained in and required to use appropriate precautions and personal protective equipment (PPE).
 - i. The facility provides PPE, checks for its proper use, and provides appropriate means for needle disposable.
 - ii. A protocol is in place for managing those who stick themselves with a needle that was possibly or actually in contact with blood or body fluids.

FRIEDWALD CENTER
INFECTION CONTROL POLICY

References:

Infection Control Policy and Procedure Manual. August 2016.

Patterson Bursdall, D. & Marx, J.F. (2019). Infection Prevention in Long Term Care. Association for Professionals in Infection Control and Epidemiology (*2nd Ed.*)

Contracts with Third Party Vendors

Food Services/Dietary Contracts/Suppliers

Paper supplies

Tube feeding/supplements Abbott Industries 1-877-4Abbott

Milk/dairy

Food

Water

Meat and poultry

Bread

Equipment repairs ERI- 845-548-4748

Coffee machines

Drink dispensers

Hood cleaning – Hoodblaster 845-825-2406

Supplies

Repairs

Other All others purchased thru Caretech 718-338-2129

Housekeeping Contracts/Suppliers

Chemicals: Ecolab 800-352-5326

Oxygen: AGL 845-561-5800

Laundry:

Linens: Unitex 914-840-3230

Equipment: HD Supply 856-600-1199

Mattresses: H & R Healthcare, United Mattress, Proactive Medical

Supplies:

Paper supplies:

Waste Removal: Marangi 845-721-0542

Medical Waste:

Shredding Company:

Dialysis Outpatient: Rockland Renal Care

Transfer Agreements: Tolstoy, Pine Valley, Spring Valley Rest Home

Electronic Medical Record: Matrix/Sigmacare

Wound Care: VOHRA

X-Ray: Precision Healthcare

Contracts with Third Party Vendors

Zimmet Healthcare Services

Procare Pharmacy 631-843-0500

Long Term Solutions

Med Labs 973-731-2900

Medelite

Hospice

Tom Barnosky

Maintenance Contracts/Suppliers

Boiler: Crossroads 201-384-3063

Call bells/cameras: TeleTech Security 917-623-6138

Electricity: Moti Electric 914-403-6470

Elevator: Standard Elevator 973-340-8448

Fire Alarm: DTM 845-429-7100

Generator: National Standby 914-734-1400

Grease Trap cleaner: David Zuidema 800-274-6279

Heating oil/ generator diesel: S.O.S. fuel 845-351-4700

HVAC: Yukos Mechanical 845-300-6653

Lawn Care: Knapp 845-222-4189

Lifts: Arjo 800-323-1245

Medical gas: AGL = 845-561-5800

Medical parts:

Plumbing: Crossroads 201-384-3063

Scales: Belleville

Snow Removal: Knapp 845-222-4189

Sprinklers(fire alarm): Interstate 914-937-6100

Telephone: Birns Telecom 212-807-6040

Wander Guards: Total Care

Water Treatment: Culligan 845-634-5030

Contracts with Third Party Vendors

Transportation:

Rockland Mobile Care
Medway Ambulette

Respiratory Supplies:

CHE: Senior Psychological Services

Medical Contracts/Supplies

FRIEDWALD CENTER
DELIVERY SYSTEMS FOR VENDORS IN A PANDEMIC

POLICY: In the event of a pandemic the Facility will adjust procedures to managing critical outsourced supplier services and deliveries.

The facility will ensure that critical services continue. If an in-person meeting or onsite service is critical (e.g., a vendor needs to come onsite to fix a piece of equipment or provide a service that can be done only in person), then a vendor may come only with prior approval of manager/point of contact.

PROCEDURE:

1. All deliveries shall check in at front desk and wait with vehicle for (facility) staff. The deliveries will be dropped at the loading dock/delivery entrance.
2. Department staff shall sign for and transfer materials to proper storage room.
3. We are screening all patients and staff at all our facilities. All vendors must be actively screened and tested in accordance with NYS and federal guidelines. Any vendor feeling sick must stay home.
4. All suppliers/contracted staff will be provided a face/procedure mask and any additional PPE required in accordance with CDC and NYS guidance.

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.

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

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).

FRIEDWALD CENTER

PROCUREMENT OF PERSONAL PROTECTIVE EQUIPMENT AND SUPPLIES DURING A PANDEMIC

POLICY:

Friedwald will follow CDC and NYS DOH guidelines and recommendations on how to safeguard residents and staff using Personal Protective Equipment/ Medical supplies, including but not limited to surgical masks, face shields, gloves, N95 masks, isolation gowns, hair and shoe covers, etc. It shall develop strategies and identify and extend PPE supplies, so that recommended PPE will be available when needed most and sources to secure same.

During a pandemic, there will be an increase in the need/ use of PPE/ Medical Supplies by not only this facility but throughout the region. A two month (60 day) supply will be available at the facility or by a contract arrangement

PROCEDURE:

Administration, Nursing, Central Supply will secure necessary PPE/ Medical supplies as best as possible. The facility shall secure supplies by, but not limited to, ordering from the regular vendors, ordering from additional vendors, including medical supply companies, on-line sites such as Amazon, etc., requesting supplies from Office of Emergency Management, NYSDOH, vendors suggested by NYS DOH, NYSHFA, ACHA, facilities outside of our region who may be able to share supplies, request or accept donations from businesses, people in the community, religious organizations, etc.

Daily accounting of supplies will be made by Director of Nursing/ designee to ensure availability and ordering as necessary.

- i. Supply needs are based on facility census, not capacity, and should include considerations of space for storage. To determine supply needs during a pandemic episode, facilities should base such need on DOH existing guidance and regulations; in the absence of such guidance, facilities should consult the Center for Disease Control and Prevention (CDC) PPE burn rate calculator.
- ii. Be cognizant of experience with prior pandemic response and adopt protocols outlined in guidance that are specific to the pathogen and illness circulating at the time of the pandemic, and plan to handle worst case scenarios without implementing shortage or other mitigation efforts.
- iii. This plan should address all personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents, current guidance on various supplies and strategies from the CDC. Supplies to be maintained include, but are not limited to:

FRIEDWALD CENTER

**PROCUREMENT OF PERSONAL PROTECTIVE EQUIPMENT AND SUPPLIES DURING A
PANDEMIC**

1. N95 respirators
2. Face shield,
3. Eye protection
4. Gowns/isolation gowns,
5. gloves,
6. masks
7. Sanitizer and disinfectants in
accordance with current EPA
Guidance.:

FRIEDWALD CENTER
ENVIRONMENTAL SERVICES - CLEANING RESIDENT ROOMS

DEFINITIONS

Cleaning: the removal of visible soil from surfaces through physical action of scrubbing with a surfactant or detergent and water.

Low-Level Disinfection: destroys all vegetative bacteria (except tubercle bacilli) and most viruses. Does not kill bacterial spores. Examples: hospital disinfectants registered with the EPA with HBV and HIV label claim (purple top wipes). These are generally appropriate for most **environmental surfaces**.

Intermediate-Level Disinfection: kills a wider range of pathogens than a low-level disinfectant. Does not kill bacterial spores. Examples: EPA-registered hospital disinfectants with a tuberculocidal claim (purple top wipes). May be considered for environmental surfaces that are visibly contaminated with blood.

Kill Claim: information about which pathogens the disinfectant kills; found on the product label.

Contact Time: the time a disinfectant should be in direct contact with a surface to ensure that the pathogens specified on the label are killed. In other words, the amount of time a surface has to stay wet after being cleansed/disinfected with the product. Example, purple top wipe, 2 minutes.

PURPOSE

To provide guidelines for cleaning and disinfecting residents' rooms and other environmental surfaces in order to break the chain of infection.

RESPONSIBILITY

Environmental Services (EVS) or Housekeeping staff are primarily responsible for following environmental cleaning and disinfection policies and procedures.

GENERAL GUIDELINES

1. Housekeeping surfaces (e.g. tabletops and floors) will be cleaned daily, when spills occur, and when these surfaces are visibly soiled.
2. All environments/areas (e.g. lobby, hallways, common areas, medication rooms, nurses' stations) and residents' rooms will be disinfected (or cleaned) daily and when surfaces are visibly soiled.
3. When there is an outbreak (e.g. Influenza, Norovirus), residents' rooms and other environmental surfaces (e.g. rails in hallways; elevators, to include keypads; common areas) will be disinfected and/or cleaned more often.
4. When there is a room with a known multi-drug resistant organism (MDRO), room environment will be disinfected and cleaned regularly; mops and cleaning cloths will be dedicated for use in this room only.
5. Utility rooms/porters' closets to be cleaned daily by housekeeping staff as determined by facility's schedule
6. Garbage will be removed at scheduled times per facility protocol.
7. Manufacturers' instructions will be followed for proper use of disinfecting (or detergent) products including:
 - a. Recommended use-dilution
 - b. Material compatibility
 - c. Storage

FRIEDWALD CENTER
ENVIRONMENTAL SERVICES - CLEANING RESIDENT ROOMS

- d. Shelf life, and
- e. Safe use and disposal
- 8. Walls, blinds and window curtains in resident areas will be cleaned at least every 3 months and when these surfaces are visibly contaminated or soiled.
- 9. Disinfecting (or detergent) solutions will be prepared as needed and replaced with fresh solution frequently.
- 10. Floor mopping solution will be replaced every 3 resident rooms, or at least every hour, whichever comes first.
- 11. Personnel should remain alert for evidence of rodent activity (droppings) and report findings to Director of EVS/Housekeeping and log in Pest Control Log Book.
- 12. Clean medical waste containers intended for reuse (e.g. garbage bins/pails) daily or when such receptacles become visibly contaminated with blood, body fluids or other potentially infectious materials.
- 13. Perform hand hygiene (wash hands with alcohol-based hand rub [ABHR] or soap and water for 20 seconds) after removing gloves.
- 14. Common intermediate and low-level disinfectants for smooth, hard surfaces and non-critical items include:
 - a. Ethyl or isopropyl alcohol (70 - 90%)
 - b. Sodium hypochlorite/household bleach (5.25-6.15% diluted 1:500 or per manufacturer's instructions)
 - c. Phenolic germicidal detergent (follow product label for use-dilution)
 - d. Iodophor germicidal detergent (follow product label for use-dilution)
 - e. Quaternary ammonium germicidal detergent for low-level disinfection only (follow product label for use-dilution)

EQUIPMENT and SUPPLIES

- 1. Environmental service cart (do not take in resident's rooms)
- 2. Disinfecting solution
- 3. Cleaning cloths
- 4. Mop
- 5. Bucket
- 6. Personal protective equipment (e.g. gown, mask, gloves, as needed)

PROCEDURE

- 1. Gather supplies as needed
- 2. Prepare disinfectant according to manufacturer's recommendations
- 3. Discard disinfectant/detergent solutions that become soiled or clouded with dirt and grime and prepare fresh solution
- 4. Change mop solution water at least every three (3) rooms, or at least every hour; whichever comes first.
- 5. Change cleaning cloths when they become soiled. Wash cleaning cloths daily and allow cloths to dry before reuse.
- 6. Clean horizontal surfaces (e.g. overbed tables, chairs) daily with a cloth moistened with disinfectant solution. Use appropriate EPA-approved disinfectant for specific pathogens. Do not

FRIEDWALD CENTER
ENVIRONMENTAL SERVICES - CLEANING RESIDENT ROOMS

use feather dusters. In the event of a novel pandemic, refer to the EPA's recommendations for appropriate cleaning/disinfecting agents.

7. Clean personal use items (e.g. lights, phones, call bells, bedrails, bed remote, etc.) with disinfection solution daily.
8. When cleaning rooms of residents on isolation precautions, use personal protective equipment (PPE) as indicated.
9. When possible, isolation rooms should be cleaned last and water discarded after cleaning room.
10. Utilize disinfectant solution based on type of precaution.
11. Clean curtains, window blinds, and walls at least every 3 months or when they are visibly soiled or dusty.
12. Clean spills of blood or body fluids as follows:
 - a. Use personal protective equipment, that is, gloves (heavy duty if available)
 - b. Spray area with bleach
 - c. Wipe spill or splash with a cloth or paper towels
 - d. Discard saturated cloth or paper towels into red "biohazard" bag
 - e. Repeat as necessary until the spill or splash area is dry.
 - f. Spray disinfectant solution onto the discarded cloth or paper towels inside the plastic bag.
 - g. Tie the bag. If the outside of the bag becomes contaminated with blood, body fluids, secretions, or excretions, place the contaminated bag into a clean plastic bag.
 - h. Place the plastic bag into a designated red container for medical waste, located in the soiled utility room on each unit.
 - i. Remove gloves, discard.
 - j. Wash hands with soap and water (at least 20 seconds).
13. Refer to checklist for daily room cleaning.

TERMINAL ROOM CLEANING

1. Terminal room cleaning is done when a resident is transferred, discharged, or expires.
2. Gather cleaning equipment and supplies (gloves, disinfectants, cleaning cloth, plastic trash bag, mop, bucket).
3. Prepare disinfectant according to manufacturers' recommendations
 - a. Use fresh solutions for terminal and thorough cleaning of all rooms
 - b. Discard solution when the procedure has been completed
4. Clean all high-touch furniture items (e.g. overbed tables, bedside tables, chairs, and beds) with disinfectant solution or appropriate wipe
5. Clean all high-touch personal use items (e.g. lights, phones, call bells, bed rails, bed remote, etc.) with disinfectant solution.
6. Discard personal (e.g. toothbrush, toothpaste, mouthwash, lotion, soaps, bodywash, etc.) and single-resident use items (e.g. thermometers)
7. Clean all equipment, if present, in room (ex: nebulizer machine, tube feeding pump, IV poles, concentrator, etc.) and return to designated storage area.
8. Refer to checklist for terminal room cleaning

References:

CDC. Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 at <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/tables/table1.html>

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ENVIRONMENTAL SERVICES - CLEANING RESIDENT ROOMS

CDC. Options for Evaluating Environmental Cleaning

<https://www.cdc.gov/hai/toolkits/evaluating-environmental-cleaning.html>

EPA. Selected EPA-Registered Disinfectants.

<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>

Yale, S.L. and Levenson, S.A. (2016). Infection Control Policy and Procedure Manual. Med-Pass, Inc.

Facility Name:

Adapted from: CDC Environmental Checklist for Monitoring Daily Room Cleaning

Date:	Unit:
Initials of ES staff:	Room Number:

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces	Cleaned	Not Cleaned	Not Present in Room
Bed rails			
Bed remote			
Overbed/Bedside table			
Call button			
Telephone			
Chair(s)			
Room sink			
Room light switches			
Room door knobs (inner/outer)			
Bathroom inner door knob			
Bathroom light switches			
Bathroom handrails by toilet			
Bathroom sink			
Toilet seat			
Toilet flush handle			
Toilet bowl brush			

Evaluate the following additional sites if these equipment are present in the room:
(May be cleaned Weekly)

High-touch Room Surfaces	Cleaned	Not Cleaned	Not Present in Room
IV pole			

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Feeding tube pole			
Feeding tube pump			
Nebulizer machine			
Concentrator			

Mark the monitoring method used:

- ☐ Direct observation
 ☐ Fluorescent gel
 ☐ Swab cultures
 ☐ ATP system
 ☐ Agar slide cultures

Auditor's Name: _____

Date: _____

Facility Name:

Adapted from: CDC Environmental Checklist for Monitoring Terminal Room Cleaning

Date:	Unit:
Initials of ES staff:	Room Number:

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces	Cleaned	Not Cleaned	Not Present in Room
Closet(s) – inside & outside			
Windows, blinds, window sills			
Walls in room			
Bed rails			
Bed/TV remote			
Overbed/Bedside table			
Call button			
TV and Telephone			
Chair(s)			
Room sink			
Room light switches			
Room door knobs (inner/outer)			
Bathroom walls			
Bathroom inner door knob			
Bathroom light switches			
Bathroom handrails by toilet			
Bathroom sink			
Bathroom shower/tub			
Toilet seat			
Toilet flush handle			
Toilet bowl brush			

Evaluate the following additional sites if these equipment are present in the room:

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ENVIRONMENTAL SERVICES - CLEANING RESIDENT ROOMS

High-touch Room Surfaces	Cleaned	Not Cleaned	Not Present in Room
IV pole			
Feeding tube pole & pump			
Nebulizer machine			
Concentrator			

Mark the monitoring method used:

☐ Direct observation

Auditor's Name: _____

Date: _____

FRIEDWALD CENTER
RESIDENT SCREENING

POLICY: In the event of a Pandemic, the facility will implement guidelines to screen Residents and any prospective admission for signs and symptoms associated with the infectious pathogen. Where applicable, the facility will follow guidelines established by the Centers for Disease Control and Prevention (CDC) and/or the New York State Department of Health (NYSDOH).

PROCEDURE:

In-House Residents

1. The facility will develop a screening tool/questionnaire for residents to identify those experiencing symptoms associated with the novel infectious pathogen. The screening tool may include temperature monitoring, symptom check, and other vital signs as stipulated by the NYS DOH/CDC guidelines.
2. The screening tool will be done daily or if indicated with any changes in condition.
3. The following interventions will be taken for Residents that trigger for signs/symptoms associated with the novel infectious pathogen:
 - RNS assessment
 - PMD notification
 - Transmission Based Precautions as indicated
 - Representative notification
 - Lab testing and diagnostic work up as ordered
 - Vital sign monitoring each shift including pulse oximetry as indicated
4. Residents that trigger for signs/symptoms associated with the novel infectious pathogen will be discussed at the Morning QI meeting and placed on the Line List for the novel infectious agent.
5. During the recovery phase all residents will have vital signs monitored daily.

Prospective Admissions/Re-admissions

1. All new and readmissions will be pre-screened by Admission Office for the presence of the novel infectious pathogen
 - The admission office will ascertain from the sending facility if the resident being admitted or re-admitted has been exposed to a confirmed or suspected of the infectious pathogen
 - The admission office will ascertain the type of transmission-based precautions that the resident received during has required airborne precautions while in acute care.
 - The admission department will ascertain if the resident was tested for the novel infectious pathogen in accordance with NYS DOH /CDC criteria.
 - The DNS and Infection Control Preventionist will be notified and review information prior to admission to determine if the facility can provide the needed care for the resident.
 - New /Readmissions will be cohorted based on infectious status and /or placed on quarantined with transmission-based precautions with vital sign monitoring daily and as needed in accordance with CDC and NYSDOH guidance.

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RESIDENT SCREENING

2. Residents that are newly admitted and readmitted will have vital signs monitored each shift in accordance with the number of days the infectious pathogen can incubate.

FRIEDWALD CENTER
VISITATION DURING A PANDEMIC

POLICY:

Visitation for residents, families and resident representatives will be limited or restricted based on guidelines established by the Centers of Disease Control and Prevention (CDC) and/or the New York State Department of Health (NYSDOH). The facility will make every effort to ensure safety and adherence to infection prevention and control strategies in order to minimize any potential spread of infection.

PURPOSE:

To prevent exposure to and spread of illness among residents.

PROCEDURE:

1. The facility Team may consider temporarily modifying visiting hours or procedures to facilitate monitoring in a situation of community transmission of a pandemic-level infectious pathogen.
2. If applicable, based on guidance from the CDC and NYSDOH, the facility will implement limited or restricted visitation guidelines.
3. The facility will notify residents, families and representatives of any changes or restrictions to visitation and the reason for the limitation/restriction via the facility's website, automated messaging system, postal mail, e-mail, and telephone call.
4. Allowances will be made for short visitation under extenuating circumstances (e.g. end of life situations, compassionate care).
 - a. Visitor(s) must follow all established protocols for visitation to include transmission-based precautions, active screening and use of PPE as indicated.
5. Signage addressing visitation restrictions will be posted at all public entrances to the facility and on the facility's website.

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STAFF SCREENING

POLICY: In the event of a Pandemic, the facility will implement guidelines to screen staff for signs and symptoms associated with the infectious pathogen. Where applicable, the facility will follow guidelines established by the Centers for Disease Control and Prevention (CDC) and/or the New York State Department of Health (NYSDOH).

PROCEDURE:

1. The facility will develop a screening tool/questionnaire for employees to identify those who may be at risk for novel infectious pathogen.
2. The Receptionist will be responsible to ensure that each employee is given a Screening tool, if on paper, when they enter the facility.
 - a. This may be done electronically via Kiosks, if available.
3. The employee will complete questionnaire/screening questions appropriately.
4. If temperature screening is indicated, the employee is responsible to document the temperature reading obtained when thermal screening is done.
5. Any employee who has symptoms associated with the infectious pathogen will not be allowed to enter the building beyond the lobby area.
6. The Department Head or RN supervisor is to be notified when an employee has symptoms associated with the infectious pathogen.
7. Employees who are symptomatic will be sent home or to the nearest emergency department if warranted based on presentation of symptomology.
8. The Department Head/RN Supervisor is responsible to notify the Infection Control Nurse who will contact the employee shortly after.
9. Employees who work more than eight hours are responsible to complete a 2nd Screening Tool.
10. Employees are responsible to give this Screening Tool, if done on paper, to their immediate Supervisor when they come to their assigned unit, office, department area.
11. The Daily Screening Tool, if done on paper, will be kept on file by each Department Head.
12. Sick Call logs will be reviewed daily by each Department Head/Designee and the names of employees who triggers for symptoms associated with the infectious pathogen will be communicated to the Infection Preventionist/Designee.
13. The Infection Preventionist/Designee will maintain a line list of all staff, regardless of department, who presents with symptoms associated with the infectious pathogen.
14. All employees are encouraged to stay home, alert the facility, and contact their primary care physician should they develop symptoms associated with the infectious pathogen.

Friedwald Center

EMERGENCY PREPAREDNESS; OPTIMIZING UTILIZATION OF STAFF DURING PANDEMIC CRISIS

OBJECTIVE:

- 1) To be able to optimize staffing productivity during staffing shortages as a result of a surge capacity.
- 2) To understand the different levels of surge capacity and be able to prioritize what tasks are essential to resident care and what tasks can be suspended or modified.

Staffing Surge Capacity- the ability to manage a sudden, unexpected increase in resident volume or staff shortages that would otherwise be severely challenged or exceed the present capacity of the facility's staffing capability.

Conventional Capacity- Measures consist of providing resident care without any change in daily contemporary practices. The staff allocated should be based on the facility's established needs and assessment.

Contingency Capacity- Measures may change daily standard practices but may not have any significant impact on the care delivered to the residents or safety of the healthcare provider. These practices may be used temporarily during periods of expected staffing shortages.

Crisis Capacity- Measures that are not commensurate with Facility's standards or care. These measures or combination of measures may need to be considered during periods of known staffing shortages.

Vital Care- Care that is required to maintain residents' physical safety and clinical stability.

Nonclinical Services- Services provided by ancillary departments/staff such as Food Service, Housekeeping, Maintenance, Bookkeeping, Admissions, Secretarial Staff, and Security.

Clinical Services- Services provided by both contracted or facility employed staff that directly impact the residents clinical care and wellbeing such as; physicians, physician assistance, nurse practitioners, registered and licensed nurses, certified nursing aids,

physical, occupational and speech therapist, clinical dietitians, social workers and activity leaders,

POLICY: It is the policy of this facility that during emergency situations, that impacts or limit the facility's staffing patterns, the facility may adopt a series of strategies to optimize the utilization of the staffs' time and only provide care and treatments that are vital to the residents' care and wellbeing.

PROCEDURE:

1. When there is an event which results in a surge of utilization of staffing in the facility, the Administrator in conjunction with other designated staff members will meet to determine the following:
 - Identify their staffing needs and the facility's contracted staffing agencies.
 - Identify the current staffing patterns and which facility staff can be cross trained in assisting other departments as indicated.
 - Establish which local healthcare unions, coalitions/associations, federal, state and local public health partners (OEM) will be and have been contacted to find out about additional staffing resources that may be available.
 - Establish a phone/contact list of all key employees and disseminate information to all department heads and place in RNS communication book.
2. The administrator/designee is responsible for maintaining written documentation validating that the above was implemented and ongoing as indicated.
3. The facility will implement all the following changes to optimize the utilization and availability of staffing.
 - Provided employee cross training competencies for specific tasks.
 - Redistribute staffing assignments.
 - Maximizing use of telemedicine.
 - Cohort residents or relocate residents within the facility to maximize utilization of the available staff.
4. Facility staff will be in-serviced regarding the measures being implemented during the emergency event.
- 5) Facility residents will be informed ongoing as to the measures being implemented during the emergency event as indicated.

- 6) Daily, during the ongoing emergency, the facility Nursing and Administrative team will meet to assess the facility's surge capacity and establish strategies on how best to optimize available staff. If indicated, alternative plans may need to be implemented. The following measures or combination of measures may be taken for each surge capacity. The decision will be made by the team, based on the evolving clinical conditions of the residents' and staff availability.

During **conventional capacity**, when there are no expected or known shortages for staffing, the facility will follow the established facility P&Ps for governing the facility and provision of care and services to residents.

During **contingency capacity**, when staffing shortages are expected, the following alternative strategies may be implemented but are not limited to:

A) For Non-Clinical Care/Services

- 1) Contact staffing agencies to requested/secure additional staffing for the expected shortage timeframes.
- 2) Reassign cross trained staff to needed areas.
- 3) Alter/suspend tasks or services that are not going to directly affect care and services of the residents. (Tasks that do not directly impact the care and wellbeing of the residents and staff).
i.e. **Housekeeping staff**- clean resident, visitor and refuse areas.
Dietary -limit cooking/preparation to main entrees and sandwiches as alternative options.
Maintenance- provide repairs to resident care areas and continue to ensure operations of facility infrastructure.
- 4) Revise/stagger employees work schedules to meet facility's needs.
- 5) Revise employees job breakdowns to meet facility's needs.
- 6) Request vital employees, who are out ill or unable come into the facility, to be available via phone to provide guidance as indicated.
- 7) Implement the use of single use, disposable items, as appropriate, to minimize time and staffing constraints.

B) For Clinical Care Services

- 1) Contact staffing agencies to requested/secure additional staffing for the expected shortage timeframes.
- 2) Reassign cross trained staff to needed areas.
- 3) Revise/stagger employees work schedules to meet facility's needs.
- 4) Suspend non-essential care to residents. (care and treatments that will not impact the overall health and safety of the residents)
Examples include but are not limited to:

- a) A reduction in the number of showers/baths from established care plan directives, but personal hygiene care and grooming will continue to be provided.
- b) Discontinuing vitamins, minerals and other non-essential medications.
- c) A review and discontinuation of finger sticks for those residents with history of stable blood glucose levels.
- d) A consolidation of medication distribution times, as applicable.
- e) An alteration in out of and back to bed schedules.
- f) An alteration in the location and times of the provision of rehab services.
- g) An alteration in the location and times of the activity services.
- h) Provision of telemedicine as applicable.

****All revisions and alterations in the plan of care will be done in direct correlation with each individual resident's clinical need and facility's staffing availability. The goal is to continue to meet each individual resident's specific need with the available staff.***

During crisis capacity, when there are known staffing shortages, the following alternative strategies may be implemented but are not limited to:

A) For Non-Clinical Care/Service

- 1) Reassign cross trained staff to needed areas.
- 2) Provide only essential tasks/services. (Tasks that are required to maintain the safety and wellbeing of the residents and staff).
i.e. Housekeeping staff- clean resident areas only.
Dietary- altering menu to meet staffing demands. Ensure that adequate nutrition is provided, but variety and options are not a priority.
Maintenance- maintain the overall plant operation of facility infrastructure. Only conduct repairs to the maintain stability of the facility's infrastructure.
- 3) Revise/stagger employees work schedules to meet facility's needs.
- 4) Revise employees job breakdowns to accommodate facility's needs.
- 5) Request vital employees, who are out ill or unable come into the facility, to be available via phone to provide guidance as indicated.
- 6) Implement the use of single use, disposable items, as appropriate, to minimize time and staffing constraints.

B) For Clinical Care Services

- 1) Reassign cross trained staff to needed areas.

- 2) Revise/stagger employees work schedules to meet facility's needs.
- 3) Revise employees' job breakdowns to meet facility's needs.
- 4) Suspend non-essential care to residents. (care and treatments that will not impact the overall health and safety of the residents)

Examples include but are not limited to:

- a) Discontinue all showers/baths and grooming. Provide bed baths or assistance with bathing on a case by case need. Peri and hygiene care will continue.
- b) Discontinuing vitamins, minerals and other non-essential medications.
- c) Review and discontinue finger sticks for those residents with history of stable blood glucose levels.
- d) Consolidate medication distribution times, as applicable.
- e) Discontinue out of and back to bed schedules. All residents to remain in bed/in their room.
- f) Discontinue weekly weights and reassess needs for monthly weights for those residents that will negatively be impacted by being taken out of bed for weighing.
- g) relocate rehab staff to resident care units to assist with ADL care and ROM as indicated.
- h) Alter the locations and the times of the activity services.
- i) Provide telemedicine as applicable.

****All revisions and alterations in the plan of care will be done in direct correlation with each individual resident's clinical need and facility's staffing availability. The goal is to continue to provide care and services to maintain residents' safety.***

During **Crisis Capacity when there is no staffing available to provide the care and services required**, the following alternative strategies may be implemented but:

- 1) Conduct vertical and/or horizontal cohorting of resident and staff, within the facility, to promote/optimize staff to resident ratio and for easy in deliverance of care.
- 2) Relocate residents to another health care facility that will have the required staffing to meet the residents' healthcare needs and wellbeing as necessary.

POLICY: Biohazard Disposal

Materials contaminated with blood or bodily fluids shall be discarded properly.

PROCEDURES:

1. All wastes heavily soiled with blood or body fluids will be bagged and disposed of in the receptacle in the bio-hazard room.
2. The primary purposes of identifying biohazardous waste are to warn about possible occupational exposure and to prevent accidental injury or illness to hazardous or potentially hazardous materials.
3. Biohazard materials will remain in place until removed or disposed of.
4. A second uncontaminated outer bag will be used if the outside of a bag is contaminated with bodily fluids (e.g., if blood splashes onto the container, if the outside of the container is handled by an employee wearing contaminated gloves, etc.) to prevent exposure.
5. All staff will be informed about the meaning of biohazard precautions.
6. Refrigerators or freezers containing blood or other potentially infectious materials, or other equipment contaminated by such materials, will contain an appropriate warning label or sign.
7. Any container used to store, transport or ship blood or other potentially infectious materials must be properly labeled with a biohazard warning before it is transported within, or removed from, the premises.

Other References: Infection Control Policy and Procedure Manual
© 2001 Med-PASS, Inc. (Revised July 2016)

FRIEDWALD CENTER FOR REHABILITATION & NURSING

BIOHAZARD LABELING

POLICY

Materials contaminated with blood or body fluids shall be labeled and discarded appropriately.

PROCEDURE

1. All wastes containing blood or body fluids will be identified by a red bag, "Biohazard" tag, label, or sign.
2. The primary purposes of identifying and labeling biohazardous waste are to warn about possible occupational exposure and to prevent accidental injury or illness to hazardous or potentially hazardous materials.
3. Biohazard bags, labels, tags, or signs will remain in place until the material is removed or disposed of according to approved procedures.
4. A second uncontaminated outer bag must be used if the outside of a bag is contaminated with body fluids (e.g., if blood splashes onto the container, if the outside of the container is handled by an employee wearing contaminated gloves, etc.) to prevent exposure.
5. Biohazard labeling tags used by our facility shall contain the following information:
 - a. The word "Biohazard" or the biological hazard symbol (The word "Biohazard" will be readable at a minimum distance of five feet (1.52m) or greater, as warranted by the hazard.); and
 - b. The specific hazardous condition or the instructions to be communicated to the employee (presented in writing, graphically, or both).
6. All staff will be informed in writing about the meaning of biohazard labels and related precautions.
7. Refrigerators or freezers containing blood or other potentially infectious materials, or other equipment contaminated by such materials, must contain an appropriate warning label or sign.
8. Anyone who willfully removes, tampers with, defaces, or otherwise alters a hazard warning sign, label, or tag will be subjected to disciplinary action, which could include termination of employment.
9. Any container used to store, transport, or ship blood or other potentially infectious materials must be properly labeled with a biohazard warning before it is transported within, or removed from, the premises.
10. Regulated waste that has been decontaminated does not need to be labeled or color-coded.
11. All inquiries concerning the identification of biohazards should be referred to the Infection Preventionist (or designee).

Medical Waste, Handling of

Level I

Purpose

The purpose of this procedure is to provide a definition of and guidelines for the safe and appropriate handling of medical waste.

Preparation

1. Assemble the equipment and supplies as needed.

General Guidelines

1. For the purpose of this policy, medical waste includes human blood and blood-soiled articles, contaminated items (i.e., soiled dressings), items contaminated with feces from a person diagnosed as having a disease that is transmitted through feces, and disposable sharps (i.e., needles/scalpels).
2. All sharps must be handled as medical waste, placed in approved sharps containers, and sent for eventual incineration.
3. Liquid blood, excretions, and secretions shall be flushed into the sewer system.
4. Disposable items, which are contaminated with excretions or secretions from residents believed to be infectious, must be placed in red plastic bags and sealed, and either decontaminated with bleach (1:10 or 1:100 dilution), incinerated, or stored until removal from the premises.
5. Disposable items soiled with visible blood (or feces from a resident with a disease transmitted through feces) must be placed in red plastic bags or containers, and a solution of one (1) part bleach and nine (9) parts water added to saturate the items or the items must be incinerated.
6. Outside of compactor/dumpster must be locked when not in use and at night.
7. Only authorized vendors are permitted to collect regulated wastes.

Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Sharps container;
2. Red plastic bag;
3. Bleach solution;
4. "BIOHAZARD" label (if red bags or containers are not used); and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

continues on next page

Friedwald Center
SUBSISTENCE POLICY

Purpose:

To ensure adequate supplies and subsistence for all persons in the facility during and emergency event. Provisions include, food, pharmaceuticals and medical supplies.

Policy:

The Facility shall maintain for the duration of an emergency or until all its patients have been evacuated and its operations cease:

Contracted service for the supply of medical, pharmacy, food and water for staff and residents. The facility shall provide an emergency power system maintained in accordance with NFPA 110. This system shall provide power to areas that are critical to resident care such as HVAC, refrigeration and life safety items. Each department will its additional policy.

Procedure:

1. The central supply of medical provisions such as but are not limited to, dressings, stock medications, and wound care will have par levels to provide for 72 hours of care.
2. There shall be an arrangement with the [NAME] pharmacy for the provision of resident and those staff sheltering in place required medications from a backup source if the provider cannot deliver during the emergency.
3. The dietary department shall have in a separate location sufficient supply of emergency food and water for 72 hours and maintain an agreement with suppliers for emergency delivery of potable water. The dietary department shall order additional supplies ahead of any predicted emergency to ensure adequate supplies for any incoming persons who may need shelter in an emergency.
4. If there is a chance of flooding to the central supply areas these emergency supplies shall be relocated to the storage rooms available on the nursing units.
5. The facility shall maintain an emergency generator connected via an automatic transfer switch to supply power to mission critical systems such as heat, fire systems, and lighting. This generator will be tested and inspected in accordance with NFPA 110 and manufacturers recommendation.
6. The facility shall have a service contract for the generator which can also supply a backup in the event of generator failure.
7. The fuel supply for the generator shall not fall below 72 hours and a contract for fuel delivery shall be in place.
8. Maintaining necessary services include the delivery and access to medical gases.
9. The facility shall maintain a supply of clean linen and contracted services for the removal and treatment of soiled linens; disposal of bio-hazard materials for different infectious diseases; for safe and appropriate disposal in accordance with nationally accepted industry guidelines.

Friedwald Center for Rehab and Nursing 3 Day Emergency Menu
Emergency Meals Puree Diets
PUREE MEALS IN FREEZER

June 2020 - Dec. 2020

Day 1	Day 2	Day 3
BREAKFAST	BREAKFAST	BREAKFAST
Juice 4oz	Juice 4 oz	Juice 4oz
Cold cereal-4 boxes	Cold cereal-4 boxes	Cold cereal-4 boxes
Milk 8oz	Milk 8oz	Milk 8oz
Rice Krispies for Puree Diets- 1 box	Rice Krispies for Puree Diets- 1 box	Rice Krispies for Puree Diets- 1 box
LUNCH	LUNCH	LUNCH
Puree Fish	Tuna Plate-	Egg Salad
Puree Vegetable	Puree Beets -4oz	Pureed Chick Pea Salad 4oz
Puree Rice	Chocolate Pudding 4oz	Vanilla Pudding 4oz
Applesauce - puree dessert	Tea	Tea
Tea		
DINNER	DINNER	DINNER
Puree Chicken	Puree Beef	Puree Fish
Washed Potatoes	Puree Rice 4oz	Puree Vegetables
Puree Peas & Carrots	Puree Peas	Puree Rice
Applesauce - puree dessert	Applesauce -4oz	Applesauce - puree dessert
Milk	Milk	Milk

If cooking can be done, use up prepared items if Dietary Staff is available
 All Puree meals in main freezer.
 All items are made to reflect proper coverage of all necessary diet plans.
 i.e. all canned fruits and dietetic sugar substitute and diet puddings are all made in correspondence with the regular menu items
 NOTE: Milk and all other highly perishable items are to be used first in an em

Reviewed: _____ Signature: _____

Friedwald Center for Rehab and Nursing

Three Day Emergency inventory menu

Date of inventory: _____ Page 1 / 2

Item	Pack Size	PAR Level	Inventory	Order
GROCERIES				
Bean Salad	6/10	2 cases		
Applesauce	6/10	2 cases		
Apple Juice	46 oz screw top	3 cases		
Beets, Diced	6/10	2cases		
Cheerios	96 bowl pack	2 cases		
Chocolate Pudding	6/10	2 cases		
Corn Flakes	96 bowl pack	3 cases		
Crackers, saltines	???	2 cases		
- 2 pack				
Cranberry Juice	46 oz Screw top	3 cases		
Fruit Cocktail	6/10	2 cases		
Garbanzo Beans	6/10	1 cases		
Italian Dressing	Gallons	1 case (4 gallons)		
Mayonnaise	Gallons	1 case (4 gallons)		
Orange Juice	4 oz Screw Top	3 cases		
Peaches, Sliced	6/10	2 cases		
Pears, sliced or	6/10	2 cases		
diced				
Pineapple Tidbits	6/10	2 cases		
Rice Krispy's	96 count bowl pack	3 cases		
Tea Bag	100	1 case (10 boxes)		
Tuna Fish	66 oz	2 cases		
Vanilla Pudding	6/10	2 cases		
Canned Salmon	6.64oz	3 cases		
BREAD				
Wheat, sliced		800 slices (8 boxes)		
White, sliced		800 slices (8 boxes)		
Refrigerated				
American Cheese		50 pounds		
Medium Shell Eggs	30 dozen	4 cases		
Powdered Milk		2 cases		

[illegible]

Item	Pack Size	PAR Level	Inventory	Order
Disposables				
Plates – 6 inch	1000	1 cases		
Plates – 9"	500	2 cases		
Clam shell 8OHT3R	200	12 cases		
Cup – 4 ounce –4JS dessert & juice	2,000	2 case		
Lid – 6JLNV	2000	2 case		
Dinner napkin	3,000	2 case		
3 piece silverware kit	200	8 cases		
Disposable Tray	100	23 cases		
8SJ12 Squat Cup	1000	2 cases		
Lid for 8SJ12 Cup	1000	2 cases		
flashlights				
batteries				
matches				
Sterno / canned heat			In Shed	

Friedwald Center for Rehab and Nursing

3 Day Emergency Menu

June 2020 - Dec. 2020

Day 1

Day 2

Day 3

BREAKFAST	BREAKFAST	BREAKFAST
Juice 4oz	Juice 4 oz	Juice 4oz
Cold cereal	Cold cereal	Cold cereal
Milk 8oz	Milk 8oz	Milk 8oz
Rice Krispies for Puree Diets- 1 box	Rice Krispies for Puree Diets- 1 box	Rice Krispies for Puree Diets- 1 box
LUNCH	LUNCH	LUNCH
American Cheese - 2 slices	Tuna Plate	Salmon Plate
3 Bean Salad 4oz	Beet Salad 4oz	Chick Pea Salad 4oz
Pears	Crackers	Crackers
Slice bread	Chocolate Pudding 4oz-3 cases	Vanilla Pudding 4oz
Tea	Tea	Tea
Applesauce - puree dessert 1/2 cs.		
DINNER	DINNER	DINNER
Peanut Butter and Jelly sandwich	Salmon Salad	Tuna Salad
Sliced beets	3 Bean Salad 4oz	Sliced beets
Canned Pineapple 4oz	Crackers	Crackers
Applesauce - puree dessert 1/2 cs.	Canned Peaches 4oz	Fruit Cocktail 4oz
Milk	Applesauce - puree dessert 1/2 cs.	Applesauce - puree dessert 1/2 cs.
	Milk	Milk

If cooking can be done, use up prepared items if Dietary Staff is available

All items are made to reflect proper coverage of all necessary diet plans.

i.e. all canned fruits and dietetic sugar substitute and diet puddings are all made in correspondence with the regular menu items.

NOTE: Milk and all other highly perishable items are to be used first in an emergency situation.

reviewed: _____

signature: _____

FRIEDWALD CENTER
DINING DURING A PANDEMIC

Policy: The facility will promote a safe and comfortable meal service for residents to minimize the potential spread of infection and promote quality of meal service to residents. Residents and staff will be provided with education regarding hand hygiene, physical distancing, and any needed monitoring during meal service.

Procedure:

1. Residents on each unit will be reviewed to identify any special care needs during Meal Service.
2. Residents who are capable of feeding themselves, and are not at risk for choking will have their meals served in their room.
3. Residents who are served meals in their room will be provided with education on the importance of:
 - Performing hand hygiene prior to consuming meal
 - Utilizing the call bell to alert staff of any difficulties while consuming meal (i.e. coughing, difficulty swallowing etc.)
4. Caregivers will be educated to assist/provide hand hygiene for all residents prior to meal service and to ensure that the resident's call bell is within reach.
5. Residents with specific behavioral or nutritional issues may be brought into the dining room in intervals while maintaining social distancing.
6. Residents at risk for choking or on aspiration precautions may be provided meals in the dining room, while seated six feet apart or in a central corridor where they can be observed. Suction machine must be readily available with extension cord and plugged in.
7. Residents who require spoon feeding will be served meals last and caregivers will remain with resident and assist with meal consumption.
8. Unit assignments will reflect staff members specific responsibilities during meal time:
 - Tray distribution
 - Specific residents to feed
 - Corridors/Hallways to monitor during meal
9. Trays will be delivered to units in room order rather than by table number, except for those residents eating in dining room.
10. Residents requiring to be hand fed, may eat in the dining room, spaced six apart and caregivers will only feed one resident at a time.
11. When necessary, meals may be offered in intervals to allow fewer residents in common areas, and to ensure that the food temperature is maintained within desired range.
12. Dining room tables must be sanitized after each meal is completed.
13. Representatives will be notified of changes in meal service during a pandemic via Weekly Message.
14. Every effort will be made to redirect residents living with Dementia to ensure protocols are maintained.

FRIEDWALD CENTER
RECREATIONAL NEEDS DURING A PANDEMIC

Policy: The facility will promote each residents' highest level of well-being in alignment with State and Federal guidelines restricting group activities during a Pandemic. All measures will be taken to provide individualized activities of choice and to minimize the potential for transmission of the infectious agent.

Procedure:

1. The Activities Director in conjunction with the resident/resident representative and IDT team will identify resident specific activities needs/preferences by interviewing residents and reviewing care plans.
2. Residents who cannot be interviewed to elicit a coherent response secondary to cognitive impairment will have individual preferences/needs be ascertained through family interview and IDT knowledge of their preferences.
3. A unit list will be made identifying each resident's Therapeutic Recreational needs to include:
 - Contact with loved ones via phone, skype, or facetime.
 - Preference for TV shows and/or movies
 - Music Therapy and Preferences
 - Talking Books and Tapes
 - Arts and Crafts along with specific supplies needed
 - Puzzles and games
 - Manipulative objects for engagement
 - One to one visitation
 - Community outreach Phone calls
4. Unit staff will be informed of each resident's recreational needs and/or preferences.
5. The Recreation staff will ensure that each resident has adequate materials for recreation as per their preference.
6. The Activities Director will provide a calendar and daily timetable for activities to include:
 - Room visits
 - Face Time/Communication with family
 - Set up of talking books and tapes
 - Music Therapy
7. The recreational Therapist on each unit will ensure that each resident is participating in recreational preferences and identify and report any problem areas/areas of concern to the IDT.
8. Resident Council will be informed of any changes in activities with input as needed.
9. If a resident has a specific request, the Activity staff assigned to the unit will notify the Director and IDT team for follow up.
10. The resident's Comprehensive Care Plan will be updated and revised as needed to reflect interventions put in place during a pandemic

DEVELOPING COHORTS DURING A PANDEMIC

POLICY: It is the policy of the facility to continue to prevent and control the spread of any novel infectious pathogens and to protect and treat all residents affected in accordance with regulatory requirements.

The facility will attempt to separate the residents into groups of Negative, Positive, and Unknown cohorts as recommended by NYSDOH and CDC guidelines.

Cohorting is the practice of grouping together patients who are infected with the same organism to confine their care to one area and prevent contact with other residents. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent.

PROCEDURE:

1. Residents will be cohorted by category: **Negative, Positive, Unknown** status requiring observation.
2. Residents will be assessed daily for any symptoms of the infectious agent. Symptoms check will include, but is not limited to fever, respiratory symptoms, any symptoms explicit to the specific infectious agent, or any change in condition.
3. If indicated, and when possible, laboratory and/or other testing will be conducted to detect presence of specific infectious agent.
4. The facility will create a designated area/unit for residents who have tested positive for the specific infectious agent.
5. Residents and roommates of residents who are suspected of being infected with the novel infectious agent will be placed on appropriate transmission-based precautions as necessary. If indicated, laboratory and/or other testing will be conducted to detect presence of infectious agent.
6. When feasible, the symptomatic resident will be moved to a private room on the same unit.
7. All Admissions/ Readmissions will have a review of hospital information prior to admission to determine appropriate placement in facility and if adequate infection prevention and treatment needs can be met at the facility.
8. Specific to the novel infectious agent, a screening tool will be done on all prospective admissions and re-admissions by the Admitting Department.
9. Residents who are newly admitted and develop any symptoms associated with the novel infectious agent will be transferred to the dedicated unit upon identification of symptoms.
10. Residents presenting with signs or symptoms of the novel infectious agent will be assessed by an RN and/or PMD.
11. All staff will continue to be actively screened for signs/symptoms associated with the novel infectious agent.

FRIEDWALD CENTER

12. Residents and resident representatives will be notified daily of any newly confirmed (positive) cases in the facility as well as any resident deaths related to the infectious agent via the established auto hotline messaging.
13. The facility will continue to promote consistent staff and staff assignment on each unit:
 - The staffing coordinator, in conjunction with the DON/RNS, will make every effort to have residents that have been confirmed to be infected with the novel infectious agent to be grouped into one assignment.
 - Every effort will be made to have residents who are suspected of being infected with the novel pathogen to grouped into one assignment.
 - Every effort will be made to have residents who are asymptomatic to be grouped into one assignment.
14. Residents who are confirmed of being infected with the novel disease will be placed on appropriate transmission-based precautions and have appropriate signage on their room doors. An isolation cart containing necessary PPEs will be placed outside the room for easy accessibility.
15. Should a resident require transfer to another facility/setting, indicate on the Transfer Form the type of infection and type of transmission-based precaution(s) required. Also, relay this information to the transport personnel (e.g. EMTs).

References:

CDC. (Updated 2019). 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings. Taken from:

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

CDC. (4/30/2020). Responding to Coronavirus (Covid-10) in Nursing Homes. Taken from:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

EMERGENCY CONTACT LIST

Steve Staum Administrator 845-213-9438



Elana Klein PA Infection Control Officer 845-825-3502



Jim Isabelle Director of Maintenance 845-325-5302



Doris Buenvaje Director of Nursing 845-671-2333



Joerlene Drames Assistant director of Nursing 201-315-2043



Miriam Freud PDPM 845-304-8416



Dr. Lisa Ferrara Medical Director



Lori Korevec Director Social Services (845)638-3366



Susan Heller Director Rehab 845-638-0962



Nachman Bronstein Director of Housekeeping 917-282-5992



David Zidile Director Vent Unit 845-821-5301



Rosemarie Musngi Staffing Coordinator 845-300-7097

Non-Traditional Surge Space**Number of Facility-Owned Vehicles
(including accessible spots/seats)¹**

4

Electric Provider

O & R 877-434-4100

Local Water Provider

SUEZ 703-489-2144

Telephone Provider

DYNALINK -Shmuel – 212-807-6040

Internet Service Provider**Generator Services**OPTIMUM
NATIONAL STANDBY – CHRIS – 914-734-1400**Propane**

N/A

Plumbing

CROSSROADS PLUMBING -RALPH-201-384-3063

Elevator

STANDARD ELEVATOR 973-340-8448

HVAC Equipment

YUKOS MECHANICAL – YURI-845-300-6653

Fire Equipment/SprinklersINTERSTATE FIRE AND SAFETY – BILL BARNES -
914-937-6100

Emergency Contacts

The following table lists contact information for public safety and public health representatives for quick reference during an emergency.

Table 1: Emergency Contact Information

Local Fire Department	Hillcrest Fire Station 845-356-0347
Local Police Department	845-357-2400
Emergency Medical Services	Rockland Mobile 845-627-8600
Fire Marshal	Christopher Keans 845-364-8800
Local Office of Emergency Management	845-364-2000
NYSDOH Regional Office (Business Hours)¹	914-654-7000
NYSDOH Duty Officer (Business Hours)	866-881-2809
New York State Watch Center (Warning Point) (Non-Business Hours)	518-292-2200

Readmitting Residents Safely during a Pandemic

POLICY: During a pandemic, the facility will readmit hospitalized residents safely in accordance with Federal and NYS Bed Reservation Guidance NYS code 415.3 and CMS code 483.15(d), as well as all State and Federal Infection prevention and control regulations.

PROCEDURE:

- 1) The facility, in accordance with New York State Regulations, will reserve a bed for a resident who had been transferred to the hospital, providing the conditions below are met:
 - The facility will be able to provide the care for the resident at the time of readmission. This includes clinical treatment and/or management of infectious diseases as well as provision of appropriate transmission-based precautions.
 - The facility has the ability to group residents into appropriate cohorts.
 - The facility has an available bed in an area that can provide for residents recovering from an infectious disease.
- 2) Prior to readmission, the Director of Nursing/Designee will review hospital records to determine individual resident care needs. If needed a call will be placed to transferring hospital to clarify any clinical needs and/or concerns.
- 3) Prior to readmission, Unit Charge nurse will be informed of readmission and any specific isolation and cohorting needs of the resident.
- 4) For any transfers across care transitions, the RNS will document Infection status on transfer form and notify ambulance/EMT as needed.
- 5) If the facility cannot care for the resident based on needs, the Administrator/designee will contact the NYSDOH for guidance and inform hospital and resident representative of status.

*All Medicare or Medicaid nursing home eligible residents on leave due to hospitalization, and requiring skilled nursing facility services, will be given priority readmission for the next available bed in a semi-private room. If the facility determines that a resident who has transferred with an expectation of returning to the facility, cannot return, the appropriate discharge procedures will be followed.

FRIEDWALD CENTER
FACILITY COMMUNICATION DURING PANDEMIC/EMERGENCY

POLICY: The facility will implement effective, accurate, and ongoing communication with residents, family members and designated representatives during a pandemic.

PROCEDURE:

1. The facility will abide by all HIPPA regulations when disseminating information with regards to individual residents.
2. The Unit RNS/designee will contact family members of residents with an infection because of a pandemic daily.
3. Families/Representatives will be notified by RNS for any significant change in resident condition within 24 hours
4. The SW and IDT Team will determine the Resident Representative/Guardians preferred method of contact and document same in medical record/CCP.
5. The facility will contact all resident representatives weekly via an automated call to provide an update on the status of residents including # of infections of staff and residents and any deaths related to the pandemic.
6. Recreation and Social Services will ascertain if alert resident wishes to be informed when a resident in the facility expires related to the pandemic.
7. The following mechanisms will be utilized to inform residents, family members and designated representatives:
 - Letters sent via the mail
 - Telephone conversations and messages
 - Emails
 - Daily updates in the recorded voice message at facility number
 - Face to face meetings with residents using Social Distancing and appropriate PPE
 - The Overhead Paging System
8. The following information will be disseminated:
 - Any newly confirmed pandemic infections in the past 24 hours
 - The occurrence of 3 or more residents or staff members with new onset of symptoms within a 72-hour period.
 - The actions that the facility is taking to prevent and/or reduce the risk of transmission
 - Cumulative updates on a weekly basis
 - Deaths in the facility that occurred related to the pandemic
9. Incoming calls that are not answered at the unit level will be forwarded to DNS/designee with instruction to leave a message and a return call will be made within 24 hours or less.
10. Representatives and family members provided with direct cell phone number for Director of Nursing and Administrator as per their request.
11. Documentation of communication will be made in the Medical Record for each resident in Progress notes and/or CCP.
12. Weekly phone calls or Letter will be done by Social Work in conjunction with IDT Team to families and representatives to review current infection status at the facility, outline measures the facility is taking regarding infection prevention, as well as facility plans to assist in meeting residents' physical and psychosocial needs during the pandemic. The weekly update will include

FRIEDWALD CENTER
FACILITY COMMUNICATION DURING PANDEMIC/EMERGENCY

information to contact designated persons at the facility with contact number and regarding any concerns to designated department head.

13. Residents, family members, and designated representatives will be offered the opportunity to connect via videoconferencing (e.g. FaceTime, WhatsApp, Zoom, etc.) or via traditional telephone call at no cost. All residents' requests will be forwarded to the Director of Recreation.

MEDICALLY NECESSARY CONSULTANT SERVICES

POLICY: It is the policy of this facility to provide medically necessary services to residents while ensuring the prevention and control of infection is prioritized to ensure resident safety and well-being. The facility IDT Team will review with resident/resident representative any specialty service request and defer as necessary non urgent consultant services during a pandemic.

PROCEDURE:

1. The Primary physician will assess and order any medically necessary consults including dental, podiatry, Psychiatry, Psychology, or any other consult needed for resident clinical needs.
2. The PMD in conjunction with Medical Director will determine if any consultant visit can be done via Telehealth. The facility will optimize telehealth services where possible.
3. All consultants will require active screening and testing for infection in accordance with NYSDOH and Federal regulations.
4. Upon entering the facility, Consultant may submit proof/results that the required testing was done and is negative for infection.
5. Consultant(s) will meet with the Infection Preventionist as needed to ensure Facility Infection policies and procedures are understood and adhered to.
6. Consultant will be screened and respond to questionnaire prior to entering facility. If consultant has temperature of 100 or any symptom of infection, they will not be permitted to enter facility.
7. A Facility Staff member will accompany/assist Consultant performing tasks (not including psychologist) as needed.
8. Consultant(s) can only provide services on negative cohorted units or in designated Medical offices.
9. All Facility cleaning and disinfection practices will be conducted in between each resident treatment as per Facility P/P.
10. Consultant will submit guidance for cleaning and disinfection procedure for any equipment utilized.
11. Consultant must follow strict hand hygiene.
12. Consultant will always wear mask upon entering facility and while in the facility.
13. Required PPE such as gloves, gown, or eye protection to be used according to Infection Control policy.
14. Dental, Ophthalmology and Podiatry may have equipment that warrant specific infection control procedures and need to submit specific procedure for the cleaning and disinfecting of equipment.

FRIEDWALD CENTER
TELEHEALTH DURING PANDEMIC

POLICY: The facility will incorporate telehealth technology during a pandemic to ensure residents clinical needs will be met while minimizing exposure to infection. The system in place shall comply with HIPPA and any other federal or state requirements and waivers implemented during a public health emergency. Health care professionals who use telehealth must adhere to the requirements and restrictions of their applicable licensure, scope of practice specific to their license, as well as training and experience.

Definitions

1. **Telehealth, Telebehavioral Health, and Telemedicine:** These terms are used interchangeably at (facility). Both describe the use of digital technologies to deliver medical services by connecting multiple users who are physically located in separate locations. Medical information is exchanged from one site to another via electronic communications to improve a resident's health or medical status.
2. **Originating Site:** This is the location where the resident is located at the time of service delivery. For psychiatry visits, the resident will be located on the property of (FACILITY), in one of our offices/site locations or room by themselves or if needed with Assistant. For mental health visits, the resident may be located anywhere in a private area.
3. **Distant Site:** This is the location where the health care provider is located at the time of service delivery. This could be an office location or another site that has been pre-approved. The requirements for this site will be that: the healthcare provider can attest to maintaining confidentiality and the privacy of the resident as well as the security of resident's personal health information in accordance with HIPPA.

Clinical applications include:

- Clinical treatments (medical, behavioral health, etc.)
- Clinical assessments and testing, including interpretation of results, and treatment recommendations
- Transmission of health data/assessment data (i.e., remote monitoring)
- Clinical consultation with other professionals
- Case management with interdisciplinary teams
- Clinical supervision of professional supervisees and trainees

Non-clinical applications include:

- Training (distance learning, continuing education, etc.)
- Administrative collaboration between providers, such as meetings and presentations

Procedures for Service Delivery

1. General hardware requirements include a desktop computer (or lap-top or tablet computer), high definition video camera, and audio system (headphones and/or external speakers). Existing laptop or desktop can serve as the foundation of a simple system suitable for most videoconferencing sessions by simply adding a USB webcam and a USB desktop microphone to the computer.
2. Regardless of the manufacturer, videoconferencing equipment should meet patient

FRIEDWALD CENTER
TELEHEALTH DURING PANDEMIC

- privacy and data security requirements consistent with applicable local guidelines as well as the requirements specified under HIPAA.
3. Any telehealth service should be matched to the needs of the resident to be served. Not all potential patients may be appropriate candidates for telehealth services. For example, some cognitive or physical deficits (e.g., vision problems, loss of use of limbs or fingers) may impair operation of the technology (e.g., seeing a screen, touching small buttons). However, assistance by staff members or other assistive technologies may enable participation.
 4. Telehealth will be delivered through a pre-approved platform. Use of any other platform for clinical service delivery will be employed in accordance with waivers during a pandemic.
 5. Residents will need to be informed of all the telehealth procedures clinicians will utilize, including those in this policy. Written informed consent must be obtained prior to any telehealth service delivery the patient may make a voluntary choice to accept or refuse participation in the treatment or service unless waived during public health emergency.
 6. Originating Site: Telehealth sessions for health will be conducted in a private, confidential manner. Clinicians will be expected to ensure that at their site:
 - Internet connectivity is through a secured network, not an “open” network unless waived during pandemic.
 - Sessions cannot be overheard by others such as family members, guests, colleagues, or others
 - The session is conducted in a quiet setting
 - The backdrop of the clinician’s image will show a professional setting, free from clutter in the background, and have adequate lighting to ensure the clinician’s image is broadcast clearly to the resident
 7. Distant Site: The resident will be informed at the initial contact of the clinicians’ expectations regarding where the resident is physically located during sessions. Lighting at the distant site should be assessed during the initial session to allow for full access to resident facial expressions and body language.
 8. If the technology fails during the session, the clinician will call the resident and nursing department to explain the problem. Depending on the situation, the session may need to be rescheduled:
 9. At any time, the clinician may determine that telehealth services are not benefiting the resident, that the resident is not a good candidate for telehealth or circumstances have arisen where a referral to face-to-face service delivery is warranted. The clinician will make this recommendation verbally to the resident and Facility RNS, put it in writing in the medical record, and provide arrangements or referrals upon request of the resident.
 10. Clinicians will document in HER utilizing remote accessed if granted by the facility. Any other documentation will be sent to facility DON via secure mail to be placed in medical record.
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1. Password protected; preferably two-factor authentication is to be used
 2. Device has been had updates and security patches installed at least once/month
 3. Software updates are conducted quarterly

C ONTINUITY OF OPERATIONS (COOP)

Purpose:

It is the policy of this facility to restore essential functions as rapidly as possible following an emergency that disrupts those essential functions. As soon as the safety of residents, visitors, and staff has been assured, the nursing home will give priority to providing or ensuring resident care.

Continuity of Operations Goals and Planning Elements

The Facility will take the below actions to increase its ability to maintain or rapidly restore essential functions following a disaster to ensure patient, visitor and personnel safety. (See Appendix for Essential Functions)

1. Develop, train on and practice a plan for responding to internal emergencies and evacuating the nursing residents, staff and visitors when the facility is threatened. See Appendix for Evacuation & Alternate Location Map.
 2. Provide continuous performance or rapid restoration of the nursing home's essential functions during an emergency. This includes plans to obtain needed medical supplies, equipment and personnel. See Appendix for External Contact List.
 3. To the extent possible, protect medical records from fire, damage, theft and public exposure. If the nursing home is evacuated, provide security to ensure privacy and safety of medical records.
 4. Protection of vital records, data and sensitive information
 - Ensure offsite back-up of financial and other data.
 - Store copies of critical legal and financial documents in an offsite location.
 - Protect financial records, passwords, credit cards, and other sensitive financial information.
 - Update plans for addressing interruption of computer processing capability.
 - Maintain a contact list of vendors who can supply replacement equipment. See Appendix ____ for External Contact List.
 - Protect information technology assets from theft, virus attacks and unauthorized intrusion.
 - Protect medical and business equipment
 5. Compile a complete list of equipment serial numbers, dates of purchase and costs. Provide Appendix _____ list to the Chief Financial Officer and store a copy offsite.
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- Protect computer equipment against theft through use of security devices.
 - Use surge protectors to protect equipment against electrical spikes.
 - Place fire extinguishers near critical equipment, train staff in their use, and inspect according to manufacturer's recommendations.
6. To the extent possible, staff will be cross-train to perform the essential functions. This will ensure multiple staff will be capable of carrying out the essential functions in the absence of staff shortage.

FRIEDWALD CENTER
HAZARD VULNERABILITY ANALYSIS

Purpose:

To evaluate hazards, their risk of actual occurrence, and the impact on life, property, and business should the hazard occur.

HVA Results

The results of the HVA will assist with the mitigation steps warranted in order to minimize the impact of various hazards of HVA identified the following relative threats based on hazard type to the facility, be it natural, technological, human error or hazardous materials (HAZMAT). It also identified the relative impacts based on probability and severity of hazards to the facility.

Procedure:

- 1) A hazard vulnerability analysis (HVA) will be conducted on (1) an **annual** basis, (2) after an emergency event, and/or (3) warranted by changes in either the community, facility or warranted by the **Emergency Preparedness Committee (EPC)**. The **Administrator** is responsible for ensuring that the HVA is conducted, forwarding to the necessary committees, and carrying out any corrective measures identified through the HVA.
- 2) The completed HVA along with an analysis and recommendations for changes must be submitted to the EPC.
- 3) The analysis and recommendations must take into consideration whether current emergency preparedness properly addresses issues raised through the hazard vulnerability analysis and the environmental care policies' objectives, scope, performance and effectiveness.
- 4) All events above **20%** will be addressed by developing and executing hazard specific protocols that address that specific event.
- 5) The **EPC** will use the hazard and vulnerability assessment tool developed by Kaiser Permanente.
- 6) Issues to be considered when conducting the HVA include the probability and severity of the event. Considerations for severity must include human impact, property impact, business impact, preparedness, internal response, and external response. The probability and magnitude (human, property, and business impact) of the event will be considered on a scale for 1 (low) to 3 (high) and mitigation (preparedness, internal response, and external response) will be scored on a scale from 1 (high) to 3 (low).
- 7) Issues to consider for **Probability** include, but are not limited to:
 - Known risk;
 - Historical data; and
 - Manufacturer/vendor statistics.

- 8) Issues to consider for **Response** include, but are not limited to:
- Time to marshal an on-scene response;
 - Scope of response capability; and
 - Historical evaluation of response success.
- 9) Issues to consider for **Human Impact** include, but are not limited to:
- Potential for staff death or injury; and
 - Potential for patient death or injury.
- 10) Issues to consider for **Property Impact** include, but are not limited to:
- Cost to replace;
 - Cost to set up temporary replacement;
 - Cost to repair; and
 - Time to recover.
- 11) Issues to consider for **Business Impact** include, but are not limited to:
- Business interruption;
 - Employees unable to report to work;
 - Customers unable to reach facility;
 - Company in violation of contractual agreements;
 - Imposition of fines and penalties or legal costs;
 - Interruption of critical supplies;
 - Interruption of product distribution;
 - Reputation and public image; and
 - Financial impact/burden.
- 12) Issues to consider for **Preparedness** include: but are not limit to:
- Status of current plans;
 - Frequency of drills;
 - Training status;
 - Insurance; and
 - Availability of alternate sources for critical supplies/services.
- 13) Issues to consider for **Internal Resources** include: but are not limit to:
- Types and sufficiency of supplies on hand;
 - Volume and sufficiency of supplies on hand;
 - Staff availability;
 - Coordination with medical office buildings;
 - Availability of back-up systems; and
 - Internal resources ability to withstand disasters/survivability.
- 14) Issues to consider for **External Resources** include: but are not limit to:
- Types of agreements with community agencies/drills;
 - Coordination with local and state agencies;
 - Coordination with proximal health care facilities;
 - Coordination with treatment specific facilities; and
 - Community resources.

Identification of all business functions essential to the facility's operations that should be continued during an emergency:

1. Adequate staffing for proper continued care.
2. Pharmacy services for resident and staff as required.
3. Medical gas i.e. Oxygen and suction.
4. Kitchen food and water service.
5. External services required such as transport to dialysis provider.
6. Physical plant such as HVAC, sewage and