



Pandemic Emergency Plan (PEP) TAB 38	
<i>Date Initiated:</i>	March 2020
<i>Dates Rev'd:</i>	Noted on EMP Index Sheet 4/26/20, 5/2020, 6/2020, 7/2020, 8/2020, 9/2020
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<i>References</i>	COVID19 Pandemic Outbreak Nursing Policy, Staff & Resident Testing Policy, NY Forward Safety/Visitation Plan
<i>Pages:</i>	10

ALL INFECTION AND INFECTION CONTROL ISSUES ARE IN THE HEALTH CENTER NURSING POLICIES:

- **Infection Control Policy**
- **Infection/Epidemic Pandemic Response**
- **COVID19 Pandemic Outbreak**

PURPOSE: To establish guidelines Woodland Pond during a pandemic outbreak.

POLICY: It is the policy of Woodland Pond to ensure preparedness and timely response to ensure the safety of our residents, staff and visitors by providing a safe, sanitary and comfortable environment and to prevent the development and transmissions of disease and infection during a pandemic outbreak.

The facility will have a system in place to monitor and investigate the causes of infection as well as precautionary measures in place to prevent the spread of infection within the facility. The facility will have a plan to provide education, monitoring and communication to meet all changing needs during this evolving situation.

This policy shall be available at Reception upon request and posted to the Woodland Pond Website.

DEFINITION: Corona Virus-Outbreak (COVID-19) Is a pandemic viral infection. Reports indicate that Corona virus causes a lower respiratory infection with a high potential to cause outbreaks in the community and across healthcare facilities. Symptoms of the Corona virus include acute lower respiratory infection, cough, shortness of breath and fever, sore throat, nasal congestion, nausea, vomiting and diarrhea. Initially with the onset of the outbreak occurring in Wuhang, China residents and staff that had traveled outside the country since December 31, 2019 were considered at risk of infection and transmission of the Corona virus.

- A.** Initially and before the virus was community spread: Healthcare workers should obtain a detailed travel history for both residents and staff being evaluated with fever and acute respiratory illness as directed by CDC, NYS and local DOH.
- a. As of 3/21/2020 with COVID-19 community spread in our area and, as directed by CDC, NYS and local DOH, screening questions will include temperature monitoring for all staff prior to the start of their shift every 12 hours and as needed for onset of symptoms. All residents within the health center will have temperature and oxygen saturation monitoring every 8 hours until directed by the authorities above to do otherwise.
- B.** As described in the CDC's Health Update, residents/staff who meet either of the following criteria should be evaluated as a person under investigation (PUI) in association with the 2019-nCoV outbreak. *(As per updated guidance by NYS DOH 3/5/2020)
- a. Fever or s/sx of lower respiratory illness (ie) Cough, SOB AND any person, including healthcare workers, who has had close contact with a laboratory confirmed COVID-19 patient within 14 days of symptom onset.
 - b. Fever or s/sx of lower respiratory illness (ie) Cough, SOB with negative testing on a molecular respiratory viral panel AND a travel history from a geographic area for which a CDC level 2 or level 3 travel health notice has been issued for COVID-19 (Widespread or Sustained community transmission) within 14 days of symptom onset.
 - c. Fever or s/sx of lower respiratory illness (ie) Cough, SOB requiring hospitalization with negative testing on a molecular respiratory viral panel AND a history of travel from a geographic area for which a CDC level 1 travel health notice has been issued for COVID-19 within 14 days of symptom onset.
 - d. Fever AND severe lower acute respiratory illness (ie) Pneumonia, ARDS, requiring hospitalization and without alternative explanatory diagnosis with no source of known exposure.
 - e. Clusters of epidemiologically linked individuals with fever AND s/sx of lower respiratory illness (ie) Cough, SOB AND negative results on a molecular respiratory panel. And Potential epidemiologic risk other than categories above defined, such as residence in a county with evidence of community-acquired COVID-19 but no known direct exposure.

COVID Precautions: Residents will remain in private room, with door shut at all times. Resident will place mask on anytime that staff enter room. (Source control).

- C. Cohorting-** In order to prevent any possible transmission of COVID or another pandemic agent, Woodland Pond will provide separate care settings for positive, unknown and negative residents.

1. Positive residents will reside in COVID unit.
2. Unknown resident will be in private rooms with door shut and mask on resident (source control) when staff enter room x 14 days or until negative COVID swab is received.
 - A COVID swab will be performed on day 4 after admission/readmission/supervised outpatient appointment..
 - If negative COVID precautions are discontinued.
 - If resident has a trip to emergency room or other unsupervised or high-risk exposure they need to be placed on droplet precautions 14 days.
 - A COVID swab will be taken 4 days after possible exposure.

- If negative droplet, precautions will be discontinued.
3. Negative residents will remain on the units in which they reside and will be encouraged to wear masks whenever they are in common areas.
 - Social distancing guidelines are encouraged for all residents at all times.
 - Separate staff will be assigned to the positive COVID-19 residents.
 - Signage clearly demarcates COVID area, to prevent both residents and unessential staff from entering.
 - All rooms at Woodland Pond are private with their own bathrooms.
 - Any positive resident or resident on droplet precautions will not use common shared shower rooms.
 4. Administration or designee shall monitor status or effectiveness of cohorting plan and layout.

D. Actions to be taken for a suspected COVID-19 resident or (PUI).

- a. Residents, who are under suspicion PUI, should be placed on droplet precautions.
- b. Residents should be asked to wear a surgical mask as soon as they are identified. They must wear a mask at any time a staff member enters the room.
- c. Residents must be housed in single, private rooms with the door closed.
- d. Staff entering the room must use standard, contact and droplet precautions with eye shield protection.
- e. Residents with known 2019-Ncov should be transferred to COVID unit within facility.
- f. Pending transfer, place a facemask on the resident and isolate him/her in a private room with the door closed. DO NOT place them in a room where exhaust is re-circulated within the building without high filtration.
- g. During transport out of the room the resident must wear a face mask.
- h. Staff entering the resident's room must use PPE including respiratory protection as described below:
 - i. Wear Respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering face piece respirator. When performed a nasal, NP and oropharyngeal swab which would produce coughing AND when administering a nebulizer treatment. Resident should be in AIIR room.
 - j. Have the resident put a mask on their face when you first enter the room, or assist them to do so, if they are not capable themselves before performing any other tasks.
 - k. Droplet precautions-(ie) face shield w/ N95 respirator (recommended) or face mask, or goggles and N95 respirator must be worn when entering the room for any other reason.
 - l. Disposable respirators should be removed and discarded AFTER exiting the resident's room. (In the area directly outside of room and in the anteroom of AIIR).
 - m. If they are reusable respirators, they must be cleaned and disinfected according to manufacturer's instructions prior to re-use.

- n. Respirator use must be in accordance with OSHA Respiratory Protection standards.
- o. Staff should be medically cleared and fit-tested to wear the N95 mask or other approved tight fitting face piece masks.
- p. Staff should be trained in the proper use of respirators to include, safe removal and disposal.
- q. Only essential personnel should enter the room.
- r. Dedicated staff should be used to minimize the number of healthcare personnel (HCP) who enter the room.
- s. A log will be kept of all HCP who care for OR enter the care area of any PUI or COVID (+) resident.
- t. Once the resident vacates the room HCP entering must use all above precautions for at least two hours and until the appropriate terminal cleaning is performed.
- u. Use dedicated disposable noncritical resident care equipment. If equipment must be shared, clean and disinfect before use on another resident per manufacturer specifications.
- v. Use caution when performing aerosol-generating procedures, or actions producing a coughing reaction (ie., sputum or nasal cultures, suctioning and nebulizer treatments).
- w. If these are performed they must take place only in AIIR rooms using the above described respiratory protection.
- x. Discontinuation of precautions should ONLY occur on a case by case basis and per most updated guidance from local, state, and federal health authorities.
- y. Visitation: There should be no visitation for any PUI OR COVID (+) resident.
- z. Exposed visitors should be advised to report any signs or symptoms of acute illness to their health care provider for a period of at least 14 days after the last known exposure to the PUI or COVID (+) resident.

E. Community Acquired, Sustained, Widespread transmission of COVID-19.

- a. There will be no visitation allowed except for end of life circumstances as stated by CDC and NYC DOH guidance. * 8/2/20 update-per DOH guidance supervised visitation can occur. (See WP's NY forward safety reopening plan.)
- b. Per the CDC recommendation, ALL residents will be monitored with temp's and oxygen saturations at least every 8 hours.
- c. All residents will have their temperature and oxygen saturation monitored at least every 8 hours.
- d. Reduction of nebulization therapies will occur as deemed appropriate by medical staff.
- e. Residents prior to admission or readmission will have a negative COVID swab.
- f. They will wear a mask AAT when in the presence of staff/others.
- g. Stay in their room AAT with door shut (COVID precautions) 14 days or until negative COVID test result.
- h. Have a COVID swab after admission.
- i. If COVID swab is negative may discontinue COVID precautions..

F. For Corona Virus Outbreak Surveillance and Staff Screening:

- a. Entrances to the building have been consolidated to ensure anyone entering the facility is screened.
- b. Will occur at the start of every shift for every employee, every 12 hours and as needed for onset of symptoms.
- c. All staff will be required to wear a mask at within the Health Center.
- d. All staff (PUI) with symptoms will be given a mask, sent home and asked to follow up with their (PCP).
- e. Woodland Pond will notify the local and State Health Department's along with the CDC.
- f. Determination for when staff will be allowed back to work will be based on the most updated guidance provided by the CDC, NYS and local DOH.

G. Communal Activities and Supportive Therapies and Outpatient appointments.

- a. There will be no group activities or congregating of residents. *Update 8/24/20 * 9/17/20: In facility small group activities policy social distancing measures, # of attendees will follow most updated CDC and DOH guidance.
- b. There will be no communal dining.
- c. All therapies will take place on the unit the resident resides on and in their rooms as much as possible. If the resident is not suspected or confirmed COVID-19 and the therapy can occur in the hall of the unit without other residents w/in 6 ft that would be acceptable practice.
- d. All outpatient appointments will be rescheduled via tele health as much is allowable by medical staff and safe for residents.
- e. Staff not involved in care/ care planned services and activities or in unit sterilization efforts should avoid the units as much as possible.
- f. Staff meeting should be conducted via telephone or web meetings where possible.

H. Admissions, Readmissions, and Discharges, Bedhold:

- a. Admissions:
 - No hospital admissions/readmissions will be permitted until Woodland Pond "WP" has received at least one negative COVID-19 test result prior to the admitting day from the admitting hospital.
 - WP will certify to the discharging facility that we have the adequate resources to care for the resident prior to admission.
 - A resident who is hospitalized shall receive the first available bed per DOH regulations on Bed Hold and Readmission provided above qualifiers met. A cohorted bed is possible depending on COVID status of the resident or conditions on the skilled unit at the time of readmission.
- b. Discharges:

Residents will be given a COVID-19 test prior to admission/discharge to another unit or to their Independent Living home. (ie) Admission from Independent Living to Assisted OR Admission from Skilled Nursing Unit to assisted Living Unit. Any new Admission/ Readmission will be placed on COVID precautions for 14 days. They will be tested for COVID-19 on day 4 AND if negative, precautions can be discontinued at the time. IF at any time the resident becomes symptomatic testing and precautions will be based on the most updated guidance given by NYS DOH and CDC.

I. Visitation

- a. Will occur as directed by the local and state departments of health and CDC guidance. This will take into account local infection rates of the community as well

as many specific data to the Woodland Pond community as stated in the NY Forward Safety Visitation Plan.

- b. An interdisciplinary team which shall include at a minimum, the administrator, case manager, quality assurance manager and infection control team will review and provide oversight to ensure continual compliance in any public health emergency.
- c. *See NY Forward Safety Visitation Plan for specific details of visitation, which will always follow the latest NYS DOH and CDC guidance.

Other Department Specific Measures:

J. Activities:

- a. No Group Activities. We are only providing one on one visit's at this time. These visits encompass a multitude of activities such as, but not limited to: exercise, art , games, discussions, trivia, modified “ cooking” programs and spiritual opportunities. (* see update 8/24 & 9/17/20 in facility small group, activities policy with social distancing measures. Per latest NYS DOH guidance.)
- b. All activity supplies that are not able to be wiped down following visits stay in the resident's room.
- c. We have reduced the # of supplies we will take room to room to ones that can be easily disinfected following each visit.
- d. To assist residents and families in maintaining their relationships and to assist in social interaction we provide them with the opportunity, with staff assistance, to communicate via video using Skype, Zoom or Face Time.
- e. Ask families to send care packages that include a note and a photo of sender to be used as a memory prompt.
- f. Ask families to send video messages that can be replayed.
- g. Have families load an electronic picture frame (or other device) with family photos for a loved one who cannot receive visitors.
- h. Create a virtual adopt-a-grandparent program where community members can virtually “adopt” a resident to either write letters speak on the phone, or have virtual visits if the facility is able to coordinate.
- i. Partner with a local educational institution to ask kids and families at home to make greeting cards for residents.

K. Maintenance:

- All staff wear facemasks at all times
- Staff maintain social distance as much as practical with other staff and residents.
- As with all staff, they are screened at front desk before reporting to work.
- One maintenance staff is dedicated each shift to the Health Center. More can be assigned if tasks require.
- Staff do not go on units unless requested to do so.
- Suspend monthly checks unless determined to be necessary by Administration and Facilities Director.

- Only essential work orders are completed; ex: Life Safety, repairs...not hanging pictures, etc.
- Repeated handwashing.
- Only essential contractors/vendors are allowed on property and must undergo screening, proof of testing and PPE usage as if they were staff.

L. Reception/Security:

- a. All staff wear mask at all times.
- b. Staff maintain social distances as much as practical.
- c. As with all staff, they are screened at front desk before reporting to work. All surfaces are sanitized at the start of each shift.
- d. All radios are sanitized as they are returned.
- e. Reception/Security “screen” incoming staff asking questions from screening sheet and filling out sheet. They also take temperature of all incoming staff and record it on the sheet.

M. Drivers:

- a. Only trips deemed medically essential by Health Center Administration will occur.
- b. Drivers will wear facemask entire time with residents.
- c. Upon return of vehicle driver will disinfect all surfaces.

N. Environmental Services “EVS”:

- a. Community wide: Commonly touched surfaces shall be frequently disinfected.
- b. HSK- for positive or suspected cases.
- c. Area will be isolated and outside windows and doors should be opened if possible.
- d. Wait up to 24 hours before cleaning and disinfecting the room.
- e. Cleaning staff will wear disposable gloves and a gown for all tasks in the cleaning process.
- f. All surfaces need to be cleaned prior to disinfecting removing heavy soils first.
- g. An EPA approved disinfectant will be used in the disinfecting of an area. If not available a solution with at least 70% alcohol or a mixture of 1/3 cup of bleach per gallon of water will be used.
- h. Areas shall be treated and remain wet per manufactures recommendations.
- i. Fabrics and porous surfaces will be cleaned with the appropriate EPA recommended cleaner if the item cannot be laundered.
- j. Gloves and gowns must be removed and disposed properly after cleaning the area, hands should be washed immediately after.

Laundry for positive or suspected cases:

- a. All soiled linen shall be covered when being transported to the laundry room.
- b. Laundry staff will wear disposable gloves and gowns when handling all soiled linens.
- c. Items will be washed per manufactures recommendations, washing on the warmest setting possible.
- d. Soiled linen that has been in contact with ill persons can be washed with other people’s items.
- e. Hands should be washed immediately after removing PPE.

O. PPE Supply

- a. WP will maintain at least a 60 day supply of all required PPE-as per latest NYS DOH guidance, with consult of CDC PPE Burn Calculator.
- b. Supply needs will be based on facility census, not capacity and will include considerations of space for storage.
- c. PPE stockpiling will take into account guidance from CDC/DOH on specific type of pathogen causing pandemic. Office of Emergency Management, private vendors, donations all may be pursued. Planning to handle worst case scenarios without the use of shortage or mitigation efforts.
- d. Plan takes into account the needs of both residents and staff.
- e. Supplies to be maintained include, but not limited to:
 - N95 respirator
 - Face shield
 - Eye protection
 - Gowns/isolation gowns
 - Gloves
 - Masks
 - Sanitizer & disinfectants in accordance with current EPA guidance.

P. Dining

- a. Elimination of Communal dining. Residents requiring assist shall be socially distanced by at least 6 feet and all infection control precautions maintained by staff.
- b. All staff to wear face masks at all times.
- c. Staff will wear gloves when handling food and the service of food.
- d. Proper hand washing during multiple points of service and glove changing.
- e. Hands should be washed immediately after removing PPE.
- f. An EPA approved cleaner will be used to clean all food contact surfaces.
- g. All vendors are stopped at the loading dock to not gain access to the building.
- h. Soiled linen will be brought to the soiled linen room and commercially cleaned by third party vendor.
- i. All staff are screened upon entering the facility.

Q. Education and Communication to Families/Residents.

- a. A listserv of all resident and families will be used to communicate confirmed COVID-19 infection in residents and staff per latest guidance along with any updates/changes in plans of care or processes or needed education. Email, text and phone calls may also be used for communication depending on the choice of the family. Woodland Pond shall update authorized family members and representatives and guardians of residents infected with the pandemic infectious disease at least once per day and upon a change in that resident's condition.

- b. (9/6/20) Woodland Pond shall notify all residents and authorized family, representatives and guardians once per week of infections and deaths at the facility related to pandemic conditions. Signage may also be implemented to aid in the communication.
- c. The WP website, Connected Living and closed circuit TV channel will be used as well for frequent messaging of updates/changes.
- d. Education will be provided and stay current with updates, for all residents and their families, on ways in which they can keep themselves safe and healthy during the pandemic.

R. Staff education

- a. All staff will be provided with education to stay current with best practices of CDC, NYS and local Health Department guidance. This includes at a minimum; Symptoms of PUI, care pathway of suspected or confirmed COVID-19 resident, PPE and hand hygiene, including mask and N95 respirator training, when applicable.
- b. Staff will be provided education on how to keep themselves and their families safe and healthy per CDC, NYS and local Health Department guidance.

S. Staffing

a. Aligns with recommendations for [universal source control](#) for everyone in a healthcare facility during the pandemic. Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for healthcare personnel (HCP) and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Woodland Pond will be prepared for potential staffing shortages having processes in place to mitigate these, including providing [resources](#) to assist HCP with anxiety and stress.

b.. There are Contingency and Crisis Capacity Strategies that Woodland Pond considers in these situations. For example, if, despite efforts to mitigate, HCP staffing shortages occur, healthcare systems, facilities, and the appropriate state, local, territorial, and/or tribal health authorities might determine that HCP with suspected or confirmed COVID-19 could return to work before the full [Return to Work Criteria](#) have been met. Several of the Crisis Capacity Strategies are dependent on HCP wearing a facemask for source control while at work.

**Most up to date NYS DOH guidance on return to work guidance for HCP will be followed.

1. Contingency Capacity Strategies to Mitigate Staffing Shortages:

a. When staffing shortages are anticipated, Woodland Ponds scheduling coordinator, nursing management, human resources and occupational health services, will collaborate to use contingency capacity strategies to plan and prepare for mitigating staffing crisis. At baseline, Woodland Pond will daily evaluate to staffing situation to:

- Understand our staffing needs and the minimum number of staff needed to provide a safe work environment and resident care.

- Be in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) to identify additional HCP (e.g., hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed.

. Contingency capacity strategies for Woodland Pond include:

- Adjusting staff schedules, hiring additional HCP, and rotating HCP to positions that support resident care activities.
- Cancel all non-essential procedures and visits. Shift HCP who work in these areas to support other resident care activities. Ensure these HCP have received appropriate orientation and training to work in these areas that are new to them.
- Attempt to address social factors that might prevent HCP from reporting to work such as transportation or housing if HCP live with vulnerable individuals.
- Identify additional HCP to work in the facility. Be aware of state-specific emergency waivers or changes to licensure requirements or renewals for select categories of HCP.
- Request that HCP postpone elective time off from work.
- Developing regional plans to identify designated healthcare facilities or [alternate care sites](#) with adequate staffing to care for patients with COVID-19.
- Developing plans to allow asymptomatic HCP who have had a low risk exposure to the virus that causes COVID-19 to continue to work. **Always per latest NYS DOH guidance.
- These HCP will be required to have a negative COVID swab prior to returning to work.
- These HCP should still report temperature and absence of symptoms each day before starting work. These HCP should wear a facemask at all times in the facility. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of residents with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- If HCP develop even mild symptoms consistent with COVID-19, they must cease resident care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing. Should be seen by their PCP, and have a negative covid swab prior to returning to work.
- Considerations include:
 - The type of HCP shortages that need to be addressed.

- Where HCP are in the course of their illness (e.g., viral shedding appears to be higher earlier in the course of illness).
- The types of symptoms they are experiencing (e.g., persistent fever).
- Their degree of interaction with patients and other HCP in the facility. For example, are they working in telemedicine services, providing direct patient care, or working in a satellite unit reprocessing medical equipment?
- The type of patients they care for (e.g., immunocompromised patients).
- As part of planning, Woodland Pond (in collaboration with risk management) creates messaging for residents and HCP about actions that will be taken to protect them from exposure to SARS-CoV-2 if HCP with suspected or confirmed COVID-19 are allowed to work.

5. Crisis Capacity Strategies to Mitigate Staffing Shortages

a. When staffing shortages are occurring, Woodland Pond may need to implement crisis capacity strategies to continue to provide patient care. When there are no longer enough staff to provide safe resident care:

- Implement regional plans to transfer patients with COVID-19 to designated healthcare facilities, or [alternate care sites](#) with adequate staffing if WP does not have the resources to adequately care for any resident at any time.
- If not already done, allow asymptomatic HCP who have had an unprotected exposure to the virus that causes COVID-19 to continue to work. **Will always follow latest NYS DOH return to work for HCP guidance.
 - These HCP should still report temperature and absence of symptoms each day before starting work. These HCP should wear a facemask (for source control) while at work for 14 days after the exposure event OR per facility policy regarding [universal source control](#) during the pandemic.
 - . A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of residents with suspected or confirmed COVID-19
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.

- If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing, see their PCP and have a negative covid swab prior to returning to work.
- c. At this time staff cannot return to work without a negative covid swab per latest NYS DOH guidance. If shortages continue despite other mitigation strategies, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough to work but have not met all [Return to Work Criteria](#) to work. (**Not currently permitted by NYS DOH) If HCP are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised residents (e.g., transplant, hematology-oncology) and Woodland Pond will consider prioritizing their duties in the following order:

- If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services.
- Allow HCP with confirmed COVID-19 to provide direct care only for residents with confirmed COVID-19, preferably in a cohort setting.
- Allow HCP with confirmed COVID-19 to provide direct care for residents with suspected COVID-19.
- As a last resort, allow HCP with confirmed COVID-19 to provide direct care for residents *without* suspected or confirmed COVID-19.

c. If HCP are permitted to return to work before meeting all [Return to Work Criteria](#), they should still adhere to all [Return to Work Practices and Work Restrictions](#) recommendations described in that guidance. These include:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer OR per facility policy regarding [universal source control](#) during the pandemic. ** At all times during the covid pandemic.
- A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
- Of note, N95 or other respirators with an exhaust valve might not provide source control.
 - They should be reminded that in addition to potentially exposing residents, they could also expose their co-workers.

- Facemasks should be worn even when they are in non-patient care areas such as breakrooms.
- If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others by at least 6feet.
- Employees should physically distance when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.
- Being restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full [Return to Work Criteria](#) have been met.
- Self-monitoring for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen

V. Surge Capacity Minimum Staffing

In the case of an emergent staffing crisis the determination of acceptable minimum staffing under this pandemic crisis is:

- Skilled Nursing Unit: Day-1 licensed nurse w/ 3 certified nursing assistants; Night-1 licensed nurse w/ 2 certified nursing assistants.
- Garden View/Memory Care Unit: Day- 1 licensed nurse w/ 2 certified nursing assistants. Night-1 licensed nurse w/ 2 certified nursing assistants.
- Assisted Living Units: Day- 1 licensed nurse w/ 2 certified nursing assistants. Night-1 licensed nurse w/ 1 certified nursing assistant.
- In all of the above scenarios there would be on site nursing administrative support.

T. Staff Testing-All staff working that may in any capacity have to enter the skilled nursing facility or assisted living facility must be tested weekly OR in accordance with the latest guidance from NYS DOH.

- Any staff refusing to comply will be removed from the schedule
- Any staff testing positive will remain out of work and follow NYS DOH and CDC most updated guidance for return to work.
- A negative COVID19 result will be required for any staff testing positive prior to return to work.

***All of the above staff testing and return to work procedures will be based on the most updated guidance issued by the NYS DOH and CDC.

1. COVID 19 & Influenza confirmatory testing: **effective 9/1/20** The DOH emergency regulations (specifically 10 NYCRR Section 415.33) require that:
 - Any nursing home resident will be tested for both COVID-19 and influenza whenever he/she is known to have been exposed to COVID-19 or influenza, or has symptoms consistent with COVID-19 or influenza.

- Any resident who dies in the nursing home be tested for both COVID-19 and influenza within 48 hours after death, **IF he/she is suspected of having died of either disease and had not been tested for COVID-19 and influenza in the 14 days prior to death.** Deaths must be reported immediately after receiving both test results to DOH through the Health Emergency Response Data System (HERDS). However, these post-mortem tests are not required if the individual's next of kin objects to the testing. Any facility that lacks the ability to perform rapid testing for COVID-19 or influenza can request that DOH perform these tests.

Definitions

Cloth face covering: Textile (cloth) covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. **They are not PPE and it is uncertain whether cloth face coverings protect the wearer.** Guidance on design, use, and maintenance of cloth face coverings is [available](#).

Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.

W. Reporting

- a. The local Health Department and NYS DOH will be notified of any COVID-19 positive staff or resident and any person under investigation (PUI) at: Ulster County Public Health 845-340-3150 and NYS DOH Corona Virus Hotline 1-888-364-3065 and other agencies per latest guidance.

X. Woodland Pond shall provide guidance to families that includes the following:

- b. On admission, a family should indicate the funeral firm of choice.
- c. Families should leave clear instructions for the facility regarding the handling of personal effects upon death. DAL 20-04 issued by the Bureau of Funeral Directing contains important information for families about precautions for handling personal effects and this information should be communicated to families.
- d. Families should be advised of the facility policies regarding death notification and any restrictions on whether the family may come to the facility when the death occurs.

- e. It should be made clear to the family that if no funeral firm is selected, the decedent will be released to the county authority or in the case of deaths occurring in the five boroughs of New York City, to the OCME.

List of Main Hospital Referral Sources and Primary Contacts:

Vassar Brother Medical Center

Case Management Office: 845-437-3101

Karen Burns, Lead Social Worker: 845-625-8089

Health Alliance of the Hudson Valley

Case Management Office: 845-334-2733

MidHudson Regional Hospital:

Gabriella Mills: 845-483-5000 ext. 18717

St. Luke's Cornwall Hospital

Case Management Office: 845-784-3812

Northern Dutchess Hospital

Case Management Office: 845-871-3390