



<b>Pandemic Emergency Plan (PEP) TAB 38</b>	
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<i>References</i>	COVID19 Pandemic Outbreak Nursing Policy, Staff & Resident Testing Policy, NY Forward Safety/Visitation Plan

**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.

1. **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. **Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection**

- HCP caring for residents with suspected or confirmed SARS-CoV-2 infection should use full PPE (gowns, gloves, eye protection, and a NIOSH-approved N95 or equivalent or higher-level respirator).
- Ideally, a resident with suspected SARS-CoV-2 infection should be moved to a single-person room with a private bathroom while test results are pending.
  - In general, it is recommended that the door to the room remain closed to reduce transmission of SARS-CoV-2. This is especially important for residents with suspected or confirmed SARS-CoV-2 infection being cared for outside of the COVID-19 care unit. However, in some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open. If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway.
- If limited single rooms are available, or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should remain in their current location pending return of test results.
- Residents should only be placed in a COVID-19 care unit if they have confirmed SARS-CoV-2 infection.
- Roommates of residents with SARS-CoV-2 infection should be managed as described in Section: Manage Residents who have had Close Contact with Someone with SARS-CoV-2 Infection.
- Increase monitoring of residents with suspected or confirmed SARS-CoV-2 infection, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to identify and quickly manage serious infection.
- If a resident requires a higher level of care or the facility cannot fully implement all recommended infection control precautions, the resident should be transferred to another facility that is capable of implementation. **Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.**

1. 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.

2. Administration or designee shall monitor status or effectiveness of cohorting plan and layout.

### **Identify Space in the Facility that Could be Dedicated to Monitor and Care for Residents with Confirmed SARS-CoV-2 Infection**

- Determine the location of the COVID-19 care unit and create a staffing plan.
- The location of the COVID-19 care unit should ideally be physically separated from other rooms or units housing residents without confirmed SARS-CoV-2 infection. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with SARS-CoV-2 infection.
- Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in use. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. If possible, HCP should avoid working on both the COVID-19 care unit and other units during the same shift.
  - To the extent possible, restrict access of ancillary personnel (e.g., dietary) to the unit.
  - Ideally, environmental services (EVS) staff should be dedicated to this unit, but to the extent possible, EVS staff should avoid working on both the COVID-19 care unit and other units during the same shift.
  - To the extent possible, HCP dedicated to the COVID-19 care unit (e.g., NAs and nurses) will also be performing cleaning and disinfection of high-touch surfaces and shared equipment when in the room for resident care activities. HCP should bring an Environmental Protection Agency (EPA)-registered disinfectant (e.g., wipe) from List N into the room and wipe down high-touch surfaces (e.g., light switch, doorknob, bedside table) before leaving the room.

### **2. Manage Residents who had Close Contact with Someone with SARS-CoV-2 Infection**

- Residents who are not up to date with all recommended COVID-19 vaccine doses and who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine after their exposure, even if viral testing is negative. HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
  - Residents can be removed from Transmission-Based Precautions after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare providers could consider testing for

SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.

- Residents can be removed from Transmission-Based Precautions after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.
- Residents who are up to date with all recommended COVID-19 vaccine doses and residents who have recovered from SARS-CoV-2 infection in the prior 90 days who have had close contact with someone with SARS-CoV-2 infection should wear source control and be tested as described in the testing section. In general, these residents do not need to be quarantined, restricted to their room, or cared for by HCP using the full PPE recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction's public health authority. Quarantine might also be considered if the resident is moderately to severely immunocompromised.
- Guidance addressing quarantine and testing during an outbreak is described in Section: Respond to a Newly Identified SARS-CoV-2-infected Healthcare Personnel or Resident.

### 3. **Plan for Managing New Admissions and Readmissions**

- Residents with **confirmed SARS-CoV-2 infection** who have **not met criteria to discontinue Transmission-Based Precautions** should be placed in the designated COVID-19 care unit, regardless of vaccination status.
- In general, all residents who are not up to date with all recommended COVID-19 vaccine doses and are new admissions and readmissions should be placed in quarantine, even if they have a negative test upon admission, and should be tested as described in the testing section above; COVID-19 vaccination should also be offered.
  - Facilities located in counties with low community transmission might elect to use a risk-based approach for determining which of these residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to IPC practices in healthcare settings, during transportation, or in the community prior to admission.
- In general, residents who are up to date with all recommended COVID-19 vaccine doses and residents who have recovered from SARS-CoV-2 infection in the prior 90 days do not need to be placed in quarantine but should be tested. Quarantine might be considered if the resident is moderately to severely immunocompromised.

### 4. **Plan for Residents who leave the Facility**

- Up to date residents who leave the facility for 24 hours or longer will test within 24 hours of returning to the facility and again on day 5.
- For residents who are not up to date with all recommended Covid vaccines who report an exposure from while LOA or who return symptomatic, will be placed on isolation and procedures listed in this policy above. **“Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection”**

**Testing to prevent the spread of Covid -19 or another pandemic causing agent:**

**Plan for Testing Residents and HCP for SARS-CoV-2**

- FDA evaluates test characteristics and facilities should be aware of how tests perform for circulating variants.
- Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test as soon as possible.
- Newly-admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection; immediately and, if negative, again 5-7 days after their admission.
- Asymptomatic residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure.
- In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
- Guidance for HCP with higher-risk exposures, including exposures in the community is available in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC
- Expanded screening testing of asymptomatic HCP should be as follows:
  - HCP who are up to date with all recommended COVID-19 vaccine doses may be exempt from expanded screening testing.

- In nursing homes, HCP who are not up to date with all recommended COVID-19 vaccine doses should continue expanded screening testing based on the level of community transmission as follows:
  - In nursing homes located in counties with substantial to high community transmission, these HCP should have a viral test twice a week.
    - If these HCP work infrequently at these facilities, they should ideally be tested within the 3 days before their shift (including the day of the shift).
  - In nursing homes located in counties with moderate community transmission, these HCP should have a viral test once a week.
  - In nursing homes located in counties with low community transmission, expanded screening testing for asymptomatic HCP, regardless of vaccination status, is not recommended. Per recommendations above, these facilities should prioritize resources to test symptomatic people and all close contacts, as well as be prepared to initiate outbreak response immediately if a nursing home-onset infection is identified among residents or HCP.

**A. Community Acquired, Sustained, Widespread transmission of COVID-19.**

- a. Per the CDC recommendation, ALL residents will be monitored with temp's and oxygen saturations at least every 8 hours.
- b. Reduction of nebulization therapies will occur as deemed appropriate by medical staff.
- c. New and re-admissions will follow the testing protocols mentioned above
- d. They will wear a mask AAT when in the presence of staff/others.
- e. Positive residents will remain in their rooms with the door shut as much as safely possible, except for acute transfers out of the facility. If an acute transfer is to take place, a well fitted N95/KN95 mask will be placed on the resident and all other residents will be assisted to a safe distance, emergency staff will be alerted to the Covid status of the resident and will be offered appropriate PPE if they are not equipped upon arrival.
- f. Have a COVID swab with-in 24 hours of admission and again on Day 5.
- g. If resident is not "up-to-date" with vaccines, new admissions, re-admissions, and any resident that is LOA for 24 or more hours, will follow the above testing procedure but will also be placed on Droplet/Contact precautions x 14 days.

**B. 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 12hours and as needed for onset of symptoms.

- c. All staff will be required to wear a well fitted mask (N85/KN95) and eye protection within the Health Center when in a resident care area or around another person w/in 6ft.
- d. Any staff who becomes symptomatic will be immediately sent home and testing will be required. At a minimum, a negative test and an improvement in symptoms must occur for the staff member to return to work. CDC and Local DOH guidance will be used to determine the safe return of a symptomatic HCW.
- 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.

**C. Communal Activities and Supportive Therapies and Outpatient appointments.**

- a. There will be group activities or congregating of residents per the most recent NYS DOH & CDC guidance \*Update 8/24/20 \* 9/17/20 \* 3/25/21: In facility small group activities can be permitted with social distancing measures, as long as facility is not in outbreak testing with new positives, # of attendees will follow most updated CDC and DOH guidance.
- b. There will be no communal dining.
- c. All therapies will take place per latest NYS DOH & CDC guidance, if the resident is not suspected or confirmed COVID-19.
- d. Outpatient appointments will be scheduled 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.

**D. Admissions, Readmissions, and Discharges, Bedhold:**

- a. Admissions:
  - Hospital admissions/readmissions will be permitted by Woodland Pond "WP" if all CDC and local DOH guidance is followed and can be met r/t testing req., PPE use, precautions needed, and the current staffing availability based on the facilities staffing status, i.e. crisis, contingency, or conventional.
  - 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.

If resident is not “up-to-date” with vaccines, new admissions, re-admissions, and any resident that is LOA for 24 or more hours, will follow the above testing procedure but will also be placed on Droplet/Contact precautions x 14 days.

#### **E. 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:**

#### **F. Activities:**

- a. Small group activities per latest NYS DOH & CDC guidance for non-covid positive residents & cohorts. \* 3/25/21 update. For Covid + or suspected residents on precautions virtual and window visits will be provided. These visits encompass a multitude of activities such as, but not limited to: exercise, art , games, discussions, trivia, modified “cooking” programs and spiritual opportunities.
- 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.

**G. Maintenance:**

- All staff wear facemasks and eye protection at all times when in resident areas or w/in 6ft of another person.
- 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.

**H. Reception/Security:**

- a. All staff wear mask and eye protection at all times when in presence of residents and others w/in 6ft.
- 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.

**I. Drivers:**

- a. The onset of an outbreak within the facility will determine which appointments will be considered essential and this determination will be in line with current CDC and local DOH guidance at that time.

- b. Drivers will wear facemask & eye protection entire time with residents.
- c. Upon return of vehicle driver will disinfect all surfaces.

**J. 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 during an active outbreak within the facility with direction from the local DOH. 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 and eye protection at all times when in resident areas or w/in 6ft of others.
- 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 biweekly if working > 3 days a week 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: Ulster County Public Health 845-340-3150 or via email contact and/or 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:  
Gabiella 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

**Y. Covid 19 Vaccination Requirements:**

**66-4.2 Requirements for Nursing Homes** (a) Within fourteen days of the effective date of this regulation, every nursing home regulated pursuant to Part 415 of this Title shall offer all

consenting, unvaccinated existing personnel and residents an opportunity to receive the first or any required next dose of the COVID-19 vaccine. (b) The operator and administrator of every nursing home regulated pursuant to Part 415 of this Title must ensure that all new personnel, including employees and contract staff, and every new resident and resident readmitted to the facility has an opportunity to receive the first or any required next dose of the COVID-19 vaccine within fourteen days of having been hired by or admitted or readmitted to such facility, as applicable. (c) The requirement to ensure that all new and current personnel and residents have an opportunity to receive the COVID-19 vaccination, as set forth in subdivisions (a) and (b) of this section, shall include, but not be limited to: (1) Posting conspicuous signage throughout the facility, including at points of entry and exit and each residential hallway, reminding personnel and residents that the facility offers COVID-19 vaccination; (2) Providing all personnel and residents who decline to be vaccinated a written affirmation for their signature, which indicates that they were offered the opportunity for a COVID-19 vaccination but declined. Such affirmation must state that the signatory is aware that, if they later decide to be vaccinated for COVID-19, it is their responsibility to request vaccination from the facility. The facility shall maintain signed affirmations on file at the facility and make such forms available at the request of the Department; and (3) Certifying to the Department, on a weekly basis, that the facility has proactively offered all new unvaccinated residents and personnel an opportunity to obtain the COVID-19 vaccine within fourteen days of being hired, admitted, or readmitted.

**66-4.3. Requirements for Adult Care Facilities** (a) Within seven days of the effective date of this regulation, the operator and administrator of every adult care facility regulated pursuant to Parts 487, 488 and 490 of Title 18 of the NYCRR and Part 1001 of this Title shall make diligent efforts to arrange for all consenting, unvaccinated existing personnel and residents to register for a vaccine appointment, and shall document attempts to schedule and methods used to schedule the vaccine in the individual's personnel file or case management notes, as applicable. (b) The operator and administrator of every adult care facility regulated pursuant to Parts 487, 488 and 490 of Title 18 of the NYCRR and Part 1001 of this Title must arrange for the COVID-19 vaccination, including the first or any required next dose, of all new personnel, including employees and contract staff, and every new resident and resident readmitted to the facility. The

requirement to arrange for COVID-19 vaccination of such personnel and residents shall include, but not be limited to: (1) For residents: (i) during the pre-admission screening process, and in no event after the first day of admission or readmission, the adult care facility shall screen the prospective or newly admitted or readmitted resident for COVID-19 vaccine eligibility, including whether any first doses of the vaccine were previously administered, and whether the resident is interested in obtaining the COVID-19 vaccine. Such information shall be documented with the resident's pre-admission screening information and, if admitted, retained in the resident's case management records; and (ii) within seven days of admission or readmission, the facility shall make diligent efforts to schedule all consenting and eligible new or readmitted residents for the COVID-19 vaccination. The facility must document attempts to schedule and methods used to schedule the vaccine appointment in the resident's case management notes. (2) For personnel: (i) during the pre-employment screening process, the facility shall solicit information from the prospective personnel regarding their vaccination status, including whether any first doses of the vaccine were previously administered, and whether the prospective personnel is interested in obtaining the COVID-19 vaccine. Such information must be documented with the personnel's pre-employment screening information and, if hired, retained in the personnel file; provided, however, that nothing in this paragraph shall be construed to require an adult care facility to make any hiring determination based upon the prospective personnel's COVID-19 vaccination status, history, or interest in COVID-19 vaccination; and (ii) within seven days of hiring new personnel, the facility shall make diligent efforts to schedule all consenting and eligible new personnel for the COVID-19 vaccination. The facility must document attempts to schedule and methods used to schedule the vaccine appointment in the individual's personnel file; and (3) Certifying to the Department, on a weekly basis, that the facility has proactively arranged for all new unvaccinated residents and personnel an opportunity to obtain the COVID-19 vaccine within seven days of being hired, admitted, or readmitted. (c) The facility shall further provide all current and new personnel and residents who decline to be vaccinated a written affirmation for their signature, which indicates that they were offered the opportunity for the facility to arrange for a COVID-19 vaccination, but declined. Such affirmation must state that the signatory is aware that, if they later decide to be vaccinated for COVID-19, it is their responsibility to request the facility arrange for their vaccination. The

facility shall maintain signed affirmations on file at the facility and make such forms available at the request of the Department