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PANDEMIC EMERGENCY PLAN

POLICY:	The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics and pandemics. The facility must plan effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic. 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).
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The following plan has been developed in accordance with Annex E (Infectious Disease/Pandemic Emergency Checklist) and Annex K of the Comprehensive Emergency Management Plan (CEMP) template provided by the New York State Department of Health

Preparedness Tasks for all Infectious Disease Events:

Provide staff education on infectious diseases (e.g., reporting requirements (see Annex K of the CEMP toolkit), exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment, regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80), and Federal and State guidance/requirements:


- The facility provides education regarding infection control practices, isolation precautions, transmission-based precautions, correct selection and use of PPE (donning and doffing), exposure risks, and disinfection. Training is also provided for appropriate personnel on reporting requirements, communication plan with family, guardians, DOH, Public Health, and Administrative on-call personnel.

Existing infection prevention, control, and reporting policies:

- The facility has policies in place for surveillance, reporting, and outbreaks in long term care. As the COVID-19 pandemic developed, the policies had been reviewed and updated by the Operations Committee every 60 days and continued to be evaluated through the course of the pandemic. In addition, policies on respiratory protection, the use of N95 masks, fit testing, isolation precautions, transmission based precautions, hand hygiene, cleansing of equipment, extended use of PPE, and disinfection of high contact areas are in place. The QA Coordinator and Director of Nursing (DON) gather data to analyze compliance with infection control processes rate of infections, compliance with infection control practice, regular reporting of census, infections, quantity of personal protective equipment, testing, and tracking of test results.

Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those rates. This will allow for immediate identification when rates increase above these usual baseline levels:

- The facility completes testing of any infectious disease per CDC and DOH guidelines with collaboration with a regional epidemiologist and local public health department. Any positive employee test results are immediately

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reported to DOH, the employee is quarantined, and Public Health notified immediately. If a resident or staff member tests positive, the Department of Health (DOH) Epidemiology Department is notified. The DOH Epidemiology Department collaborates with the DON in identifying which residents or units are tested, isolated, or quarantined. During the course of isolation or quarantine, DOH is kept abreast of changes by the DON.

Staff testing/laboratory services:


- The facility will maintain a testing schedule for serial testing of staff as indicated. A trained licensed nurse in a dedicated room in the clinic obtains specimens. Testing supplies are stored and par levels monitored by the DON.
- The facility currently maintains a supply of rapid antigen test kits for detection of COVID-19 that do not require an outside laboratory to process. These antigen test kits are the primary method of testing for COVID-19.
- If a test requires processing by an external laboratory, the specimens are stored in a dedicated specimen collection coolers once a swab is obtained. Specimens are delivered to Canton-Potsdam Hospital daily and processed through their contract laboratory.
- The facility also has a contract with Claxton Hepburn Medical Center to process laboratory specimens.

Review and assure that there is, adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys:

- On a daily basis (7 days/week) the Administrator or designee, and/or DON, access the Health Commerce System to identify any new communication, Dear Administrator letters, or instructions for additional information requested by the facility. This process continued throughout the course of the pandemic; thereafter, daily access will resume to operating business hours, and as needed on weekends and holidays.
- The Administrator, DON, and ICP have authorization to access and upload data to the Health Commerce system and HERDS surveys. The Administrator, DON and ICP also have access to and can upload information for NORA reporting.

Plan for medications, environmental cleaning agents, and personal protective equipment use as necessary:

- The facility orders a 30-day supply of medications for all residents including medications to be given as needed. In addition, the facility has an omniceil autonomous pharmacy-dispensing machine. The omniceil is stocked with commonly prescribed medications, maintained by HealthDirect pharmacy, and allows for initial or emergency doses of medications.
- The facility is contracted with HealthDirect who provides stock medications via their central pharmacy in Gouverneur, NY. HealthDirect also has retail pharmacies located in Canton allowing for interim prescription fills, and delivery service.
- The facility has designated, secure areas housing a 60-day supply of PPE including face shields, surgical masks, N95 masks, gowns, and gloves. The 60-day emergency supply is stored in a separate area from day to day use stores. The facility utilizes commercial vendors such as McKesson and Direct Supply to procure medical and cleaning supplies. Orders are placed weekly to maintain par levels as needed.
- Cleaning supplies such as super HDQ, Sani-wipes, and bleach products are utilized for daily cleaning of resident care areas, equipment, nurse's stations, and high-touch areas.

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Visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave:

- Visitation can only occur as allowed under the provisions of Executive Orders, NYSDOH or CMS regulations during the course of a pandemic. Currently, visitation can be conducted with adherence to the Core Principles of COVID-19 IPC. Visitors who are unable to adhere to the core principles of infection prevention should not be permitted to visit or should be asked to leave. If residents or their representative would like to have a visit during an outbreak investigation, the visit should ideally occur in the resident's room, the resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible) during the visit. While an outbreak investigation is occurring, visitor movement should be limited in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visitors, residents, or their representative should be made aware of the potential risk of visiting and necessary precautions related to COVID-19 in order to visit the resident. However, if a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident's room), the resident must be allowed to receive visitors as he/she chooses.
- Employees will be monitored for symptoms of the infectious disease as recommended by CDC, DOH, CMS, local public health. If symptoms are noted the employee is not allowed to work until testing is conducted and the infectious disease is ruled out. The DON or Infection Preventionist will determine if testing is necessary and coordinate a return to work if appropriate. All staff call-ins are documented and screened for symptoms.
- The facility will utilize per diem, part time, or other available staff to cover employees who call in sick and are unable to work. In the event of a facility outbreak affecting staff, an emergency staffing plan will be implemented to ensure the safety, health and security of residents.

Develop/Review/Revise environmental controls (e.g., areas for contaminated waste):


- The facility has a designated biohazard room to store all contaminated medical waste. The space is sufficient in size to accommodate increased volume. A commercial vendor is contracted to remove contaminated medical waste on a monthly basis. For an additional fee, the vendor will remove accumulated waste more frequently than monthly.

Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents:

- The facility has agreements with Renzi Foods supply, Pepsi-Cola Bottlers for emergency water, HealthDirect for medications, McKesson and Direct Supply for equipment, medical supplies and sanitizer. The agreements have been reviewed and all are in place.

Develop/Review/Revise facility plan to ensure that residents are isolated/cohorted and or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance and develop plans for cohorting, including using of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, and discontinuing any sharing of a bathroom with residents outside the cohort:

- Ideally, infected residents should be placed in a private room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom. If limited private rooms are available, the non-infected but exposed roommate may be relocated to another available semi-private room if the resident that shares the room has also been exposed and is being quarantined. If that option is not available, then the infected resident and

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roommate should remain in place with dedicated bathrooms for each if both use the bathroom. The facility's semi-private rooms are designed with the bathroom providing a physical separation between the two sleeping/living areas to minimize exposure and allow for isolation precautions to be used between the two areas. In certain circumstances, residents' daily activity will be considered when isolating/quarantining (such as wandering tendencies). If moving infected residents will cause higher risk of exposure to all other residents, it may be deemed safer for a resident to remain in place and monitored closely using testing strategies. 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 unless all cases can be confined to the same cottage and non-infected residents can be relocated to rooms in different cottages, taking into consideration that exposed, quarantined residents will also require private rooms or cohorted with other exposed, quarantined residents and non-exposed residents are kept separated from both infected and exposed groups of residents.

- If cohorting efforts cannot be sustained, the Administrator or DON will notify the regional Department of Health office and local Public Health to determine if transfer of residents to facilities capable of cohorting and caring for infected residents is appropriate.


Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated:

- The facility will make every effort to ensure social distancing of 6 feet is maintained. The Department Heads will meet to determine what non-essential activities can be eliminated to limit gatherings/exposure to others. Dining will be accomplished utilizing three methods. Residents who are fed by staff will be identified and fed at either individual tables or at least 6 feet apart. Residents who are independent or require supervision and/or minimal assistance will dine in the hallway, utilizing a tray table, at least 6 feet apart. Residents who are independent and not at risk for aspiration may choose to dine in his/her room. Residents who are quarantined will dine in his/her room and appropriate service and assistance will be provided with use of applicable PPE.
- Units with mobile, wandering, cognitively impaired residents will be monitored to ensure redirection is provided as needed to maintain social distancing in the hallways and common areas.
- Activities will be conducted on the Resident Units in small groups (10 or less individuals). If able, residents will wear face coverings and spaced at least 6 feet apart.
- Signage to be posted throughout the facility for all staff to maintain social distancing and the use of face coverings. Supervisory staff monitor compliance on a daily basis.

Develop/Review/Revise a plan to recover/return to normal operations when, and 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:

- A return to normal activities is dependent on directives from state and federal government agencies. Functions that have been modified include the dining experience, off-unit group activities, visitation, the use of outside personnel to conduct activities (i.e. dance or singing groups, etc.), schedule for external contracted providers (i.e. dental, hair, etc.), delivery of medications directly to the unit. The dining plan has been detailed in a prior section, a return to normal congregate dining will be phased in when allowed by NYS DOH and Executive Order. Off-unit group activities and outside activity providers will be phased in when allowed by NYS DOH and Executive Order. Necessary health care needs will be scheduled by individual appointment with no congregate waiting areas. Direct medication delivery to nursing units will be phased in when normal visitation is allowed.

Additional Preparedness Planning Tasks for Pandemic Events:

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In accordance with PEP requirements, Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP:

Designated family members or guardians of infected residents will be notified immediately (within 24 hours) of the positive test result and actions being taken and will be updated regularly of the resident's condition and any additional actions taken. Signage will be placed at entrances where visitors enter informing visitors of areas that may be affected and any requirements to enter (i.e. masking). The facility utilizes a One Call Now mass communication system for families and written memos to residents to provide outbreak information such as number of cases and any additional requirements. If there is a State and/or Federal Government declared pandemic, additional reporting requirements are as follows:

- Update authorized family members and resident representatives of infected residents at least daily;
- Upon a change in a resident's condition and at least once weekly, update all residents and authorized family members and resident representatives on the number of infections and deaths at the facility;
- Through electronic or such other means selected by each resident, authorized family member or resident representative, update all residents, authorized family members, and resident representatives at the facility not later than 5:00 p.m. the next calendar day following the detection of a confirmed infection of a resident or staff member, or as such earlier time as guidance from the CMS or the CDC may provide.
- All residents are provided with daily access to free remote videoconferencing, or similar communication methods, with authorized family members and guardians. The facility has secured multiple iPad devices for this purpose and has dedicated activities staff to coordinate and assist with virtual visits.

In accordance with PEP requirements, Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP:

- During times of outbreak the facility will report directly to Public Health symptomatic individuals, supply needs (i.e. PPE), or any other concerns for guidance.
- During times of outbreak, the facility will complete all data collection surveys through the HERDS system.
- During times of outbreak, the exterior doors will be secured from entry as deemed appropriate by the Administrator or directed by Public Health and/or DOH. One point of entry will be established to screen staff and visitors before entering the facility. Signage will be posted at all doors directing staff and visitors to screening area. Egress will not be impacted by the security of doors in the event evacuation of the facility is warranted.
- Any suspected exposure to a pandemic-related infection will be reported immediately to public health and precautions, quarantine, and/or isolation instituted as appropriate. This includes any direct contact with a person with confirmed infection. In addition, during any outbreak of COVID – 19, individuals displaying symptoms of fever, cough, shortness of breath and also have a serious underlying condition (i.e. COPD, immunosuppressive disease, advanced heart disease) should be reported to Public Health.
- All new admissions and readmissions will be isolated in rooms for 14 days. Staff will use standard precautions in the room. Masks will be worn at ALL times. Gloves will worn when touching anything in the room and during care. Wash hands when leaving the resident's room immediately. Leave the resident's door closed as much as possible. Assign the same staff to care for the resident each shift for as many days as possible. All new admissions and readmissions will be tested for COVID-19.
- All newly admitted/returning residents from a hospital would be tested for COVID-19 prior to admission, have a negative test result, and will be screened before coming to facility via questionnaire. Nurse obtaining shift-to-shift report will ask if the resident has the following symptoms: Fever, new onset of cough, shortness of breath,

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fatigue, muscle and body aches, headache, new loss of taste and smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Determine if the resident has an acute or chronic lung condition such as COPD, recurrent pneumonia, emphysema, asthma, smokers cough, chronic cough, allergies, bronchitis, strep throat etc. Determine if the resident normally uses oxygen or nebulizer treatments. Establish a baseline respiratory status for the resident.


- All residents will be monitored daily for new onset of respiratory illness and fever greater than 100.4. Determine if the resident has an acute or chronic lung condition such as COPD, recurrent pneumonia, emphysema, asthma, smokers cough, chronic cough, allergies, bronchitis, strep throat etc. Take into consideration the resident's respiratory history of oxygen use and nebulizer use. If this is new, sudden onset notify the supervisor regarding new symptoms for direction. The supervisor will notify on call administration for direction/isolation needs.

Use of Personal Protective Equipment (PPE) for Droplet and Contact Precautions:

- **Surgical Facemask or Respirator**
 - Put on a surgical mask with face shield/goggles or N95 with face shield/goggles before entry into the patient room.
 - The resident will wear a facemask while staff are in the room providing care (if able).
 - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure.
 - Perform hand hygiene after taking off the mask and discarding.
 - Do not touch the front of the mask.
 - If a patient was coughing/sneezing while care was being provided and came in direct contact with a N95 respirator, discard. If the patient wore a surgical mask, place the respirator in a brown paper bag.

**** Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible****

- **Respirator Reuse:**
 - Discard N95 respirators following use during aerosol generating procedures.
 - Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
 - When using respirators in a room with confirmed or suspected COVID-19 case wear a face shield over mask. Before leaving the room disinfect face shield OR wear a surgical mask over N95 at all times then discard facemask. Any resident suspected or confirmed with COVID-19 wear a surgical mask when HCP in room if able.
 - Store respirators in a brown paper bag with name on it.
 - Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
 - Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.

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- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on the face with a good seal.
- Discard if structure is not maintained or respirator is in bad repair.
- Do not touch the outside of the mask at any time during reuse. The outside of the mask can potentially carry droplets on the outside. If you touch the outside of the mask when putting on or off WASH YOUR HANDS IMMEDIATELY.

- **Eye Protection**

- Put on eye protection (i.e., goggles or face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Remove eye protection before leaving the patient room or care area.
- Reusable eye protection must be cleaned and disinfected.

- **Gloves**


- Put on clean, non-sterile gloves upon entry into the patient room or care area.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

- **Gowns**

- Put on a clean isolation gown upon entry into the patient room or area. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
- If there are shortages of gowns, they should be prioritized for:
 - aerosol-generating procedures
 - care activities where splashes and sprays are anticipated
 - high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
 - dressing
 - bathing/showering
 - transferring
 - providing hygiene
 - changing linens
 - changing briefs or assisting with toileting
 - device care or use
 - wound care

Transfer to higher level of care:

- If a resident requires a higher level of care or the facility cannot fully implement all recommended 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.
- While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed). Healthcare personnel when coming in contact with the resident should use appropriate PPE.

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Discontinuation of Precautions:

- The decision to discontinue should be made using a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy). Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.
1. *Test-based strategy.*
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).
 2. *Non-test-based strategy.*
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed *since symptoms first appeared*


Environmental Cleaning:

- High touch areas and regular environmental cleaning will occur in the facility by housekeeping. One person will be assigned to clean high touch areas throughout the facility. EPA approved disinfectants will be used to clean all surfaces.
- Only essential personnel should enter the room of patients with COVID-19. Healthcare facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient.
- After discharge, terminal cleaning may be performed by housekeeping staff. They should delay entry into the room until a sufficient time has elapsed for enough air changes to remove potentially infectious particles. After this time has elapsed, personnel may enter the room and should wear a gown and gloves when performing terminal cleaning. A facemask and eye protection should be added if splashes or sprays during cleaning and disinfection activities are anticipated or otherwise required based on the selected cleaning products.

Response Tasks for all Infectious Disease Events:

The facility will implement the following procedures to 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, e.g., including management of residents and staff suspected or confirmed to have disease:


- The facility Administrator or designee, DON, and ICP will log into the Health Commerce System daily to remain abreast of changes, guidance, and disease-specific response actions.
- CDC and DOH will be used as the source in developing signage regarding transmission based, isolation, and quarantine precautions, visitation restrictions, hand sanitizer and PPE stations. Signage may be posted on exterior doors, on nursing units, common areas, and web page.

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- If a confirmed case of a pandemic-related infection is identified, the Administrator will notify all family/responsible parties via the One Call Now mass communication system, and individual phone contact to families of directly affected residents.
- In the event symptomatic or positive pandemic-related infections are identified with residents, DOH will be notified immediately. Any positive employee will be reported immediately to Public Health for guidance.

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:

- 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 415.19.8
- 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.
 - 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.

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- 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.

- The facility has developed an external notification procedure to communicate with family members and guardians
- A record of all authorized family members and guardians, including secondary (back-up) authorized contacts has been established and is updated by the social services and medical record departments with changes.
- The facility will use the One Call Now mass communication system to notify family/guardians as needed or contact individuals via phone with any changes in condition, or if there is a positive case.
- Weekly updates including the number of pandemic related infections and deaths are conducted through the one-call now system and UH web page.
- The facility has purchased iPads to facilitate virtual chats face-time virtual visitation with family members, upon request. Activities staff will store the equipment and assist residents with the use of technology.

The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting:

- The facility has designated individuals who are primarily responsible for uploading information to the Health Commerce System including HERDS surveys. A daily survey is completed by the Administrator, designee, or DON (HERDS), weekly for the CDC and weekly DOH employee testing data.
- On a daily basis (7 days/week) the Administrator, designee, and/or DON access the Health Commerce System to identify any new communication, Dear Administrator letters, or instructions for additional information requested by the facility. This process will continue throughout the course of the pandemic; thereafter, daily access will resume to operating business hours, and as needed on weekends and holidays.
- The Administrator and DON have authorization to access and upload data to the Health Commerce system and HERDS surveys. The Administrator, DON and ICP have access to and can upload information for NORA reporting.

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:

- The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Hand sanitizer and face/nose masks are provided in visible areas for everyone entering the facility or during scheduled, approved visitation.
- Individuals displaying signs or symptoms of illness (fever and chills, new onset of cough, shortness of breath, fatigue, muscle and body aches, headache, new loss of taste and smell, sore throat, congestion or runny nose, GI symptoms) are immediately placed on precautions and segregated from non-symptomatic residents. If a resident is COVID-19 positive he/she will be relocated to the segregated COVID-19 area.



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Policy & Procedure

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- Residents maintain social distancing during meals and activities, and off-unit activities are suspended during the course of the pandemic.
- If an employee is suspected or positive for COVID-19 he/she is sent home, follow-up with medical provider, tested, and Public Health is notified.
- All staff are tested per any Executive Orders in place.

The facility will implement the following procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies:

- The facility maintains a master schedule and every effort is made to maintain a consistent staffing assignment in care areas. If a resident is transferred to the segregated COVID-19/pandemic-related infection unit, dedicated staff will provide care. If residents experience symptoms, every effort is made to limit floating staff and maintaining consistent staff. The facility has a contract with Medifis, a temporary staffing agency. If needed, Medifis is contacted for interim staff coverage. An emergency staffing plan has been developed in the event of a widespread outbreak affecting staffing levels.

The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.

The facility will implement the following 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:

- The Administrator will issue a weekly update including education, facility status, and issues impacting operations during COVID. The Social services and Nursing department provide directed education on an as needed basis to educate residents and family. The activities department communicate with family members and guardians regarding activities of interest, programming, and schedule visits as appropriate (window visits, virtual chats, social distanced visits if applicable and allowed). Signage is posted throughout the facility to educate residents, staff, and others regarding infection control practices, hand sanitizer, face coverings, etc.
- The Administrator issues interim notifications and information via the One-call now text system.

The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents


- All vendors, staff, providers, or other individuals entering the facility are educated and compliant with IC measures to minimize exposure and risk to the residents. This is accomplished through directed education, signage, easy access to supplies and auditing.

Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to residents and staff.

If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection:

- If the facility is under order or has deemed it necessary to suspend admissions, notification will be set to hospital partners, NYS DOH, and family/guardians and general public via the United Helpers web site. The centralized admissions department staff will aid in other duties as appropriate to support communication

Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures)

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- A sufficient number of staff have been fit tested for N95 use, the proper process for donning and doffing, and the appropriate selection and use of PPE. PPE is readily accessible throughout the facility, and an emergency 60-day supply is stored in a separate, secure area. Nurse leaders audit the proper use of PPE, education is provided with any new or suspected cases of COVID in addition to routine surveillance.

In accordance with PEP requirements, the facility will follow the following procedures to 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 facility will upload a copy of the PEP to the United Helpers web page by September 15, 2020 and update it as appropriate. A hard copy of the PEP will be maintained and available upon request.

In accordance with PEP requirements, the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition:

- The social services and medical records department maintains an updated list of contacts and phone numbers. Any pandemic-related positive infected resident's family/guardian will be contacted via phone daily with any changes in the resident's condition.

In accordance with PEP requirements, the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection. In addition, the facility will implement the following mechanisms to provide all residents with no cost daily access to remote videoconference or equivalent communication methods with family members and guardians:

- Once per week, an update is distributed to residents of the facility via a written memo that provides the number of infections and deaths at the facility.
- Once per week, an update is provided to resident families/guardians via facility website that provides the number of infections and deaths at the facility (including residents with a pandemic-related infection who passes away for reasons other than such infection). This communication plan is reviewed with the families of new admissions.
- If any resident or staff member test positive with a pandemic-related infection or any resident with a pandemic-related infection suffers a death, all resident and family members and representatives of all the residents residing in the SNF will be notified within 24 hours of such event, or by 5PM the next business day. This will be accomplished via a written memo for residents and the One Call Now mass communication system for families. Families of directly affected residents will be called.
- The above guidelines will also apply if there is a cluster of three or more residents and/or staff with new onset of respiratory symptoms within 72 hours of each other.
- Authorized family members and guardians of residents infected with the pandemic infectious disease will be updated at least once per day and upon a change in the resident's condition.
- All residents are provided with daily access to free remote videoconferencing, or similar communication methods, with authorized family members and guardians. The facility has secured multiple iPad devices for this purpose and has dedicated activities staff to coordinate and assist with virtual visits.
- The Administrator posts updates weekly to the United Helpers Web page with any changes in operation, or if a pandemic related death occurs in the facility. In addition, notifications will include residents with a pandemic-related infection who pass away for reasons other than such infection.

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<input type="checkbox"/> Home Health		

In accordance with PEP requirements, 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 415.26(i); and 42 CFR 483.15(e) and the facility will implement the following process 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):

- The facility bed hold policy states a resident/family/guardian have the right to reserve his/her bed. If the bed is not reserved, efforts will be made to preserve the same bed for a resident upon his/her return to the facility. If the Resident's bed has been filled, the next appropriate available bed will be offered. Any resident who has been hospitalized will be assessed when he/she is deemed medically stable. The resident will be readmitted to his/her bed if the facility is able to meet their medical needs.

In accordance with PEP requirements, the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (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. As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile. This includes, but is not limited to:

- N95 respirators
- Face shield
- Eye protection
- Gowns/isolation gowns
- Gloves
- Masks
- Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)
- Weekly orders are placed with McKesson and Direct Supply to maintain a stock of supplies for everyday use. In addition, storage space has been secured to maintain the 60-day stockpile of N95 respirators, face shields/eye protection, gowns, facemasks, and sanitizer. In the event the vendor is experiencing a back order or inaccessibility of supplies, an alternate supply chain will be utilized. The local Office of Emergency Management can also be contacted if all known supply chain options have been exhausted. The facility has secured supplies from overseas vendors, private vendors, and commercial internet providers.

Recovery for all Infectious Disease Events:

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.

The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.



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Approved by the "Administrator" on: September 15, 2020