

ST. JOHN'S PENFIELD HOME



PANDEMIC EMERGENCY PLAN

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PANDEMIC EMERGENCY PLAN

EMERGING INFECTIOUS DISEASE (EID) RESPONSE PLAN

BACKGROUND

Definitions:

Emerging Infectious diseases (EIDs)

Infectious diseases, whose incidence in humans have increased in the past two decades or threaten to increase in the near future, have been defined as "emerging." These diseases, which respect no national boundaries, include:

- New infections resulting from changes or evolution of existing organisms
- Known infections spreading to new geographic areas or populations
- Previously unrecognized infections appearing in areas undergoing ecologic transformation
- Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures

For an emerging disease to become established at least two events must occur –

- (1) the infectious agent has to be introduced into a vulnerable population and
- (2) the agent has to be able to spread readily from person-to-person and cause disease. The infection also has to be able to sustain itself within the population; that is, more and more people continue to become infected.

Definitions:

Pandemic

A sudden infectious disease outbreak that becomes very widespread and affects a whole region, continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

Isolation

Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

Quarantine

Separation and restriction of the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms

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Cohort Staffing

The practice of assigning specific staff to care only for residents known to be exposed to or infected with the same infectious disease. Such staff “does not” participate in the care of residents who have not been exposed or infected with that infectious disease.

PURPOSE

The purpose of this Pandemic Emergency/Emerging Infectious Disease Response Plan is to contain an outbreak of disease caused by an infectious agent or biological toxin or respond to other infectious disease emergencies as defined above. This is consistent with the facility's mission to protect the residents and staff from illness and/or death.

Activities that may be implemented during an Infectious Disease Response include:

- Coordination with other healthcare facilities, local, regional, state and federal agencies and other organizations responding to a public health emergency.
- Development and dissemination of information and guidance for the residents, families and staff within the community.
- Containment measures such as infection control, mass prophylaxis, isolation and quarantine, or restriction and clearance.
- Activities such as surveillance, investigation, and lab testing.

POLICY

This plan will be posted on the facility website and will be updated and submitted for review, by the Commissioner of Health, on an annual basis. The facility will make a copy of this plan available immediately upon request.

During periods of quarantine and/or restricted visitation the facility will implement a method for residents to keep in touch with families or responsible parties, such as providing no-cost access to teleconferencing services, video conferencing or other means as preferred and identified by residents and their families.

- Currently, St. John's Penfield Home has established an infrastructure for video chats. Each house is now in possession of at least one iPad that is devoted to video chat between residents and outside family/friends.
 - Video Chat phone line: 585-292-5252 or 585-292-5250

When visitation is restricted the facility will update resident families or responsible parties on a weekly or more regular basis on how they can remotely keep in touch with residents. The facility will assign staff to ensure all residents and families are updated at least weekly on the number of pandemic related infections and deaths at the facility, including residents with pandemic related infection who pass away for reasons other than infection. This responsibility will be assigned at the time of the event.

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The facility will assign staff to update families and responsible parties as to the condition of infected residents on a daily basis or upon a change in a resident's condition. This responsibility will be assigned at the time of the event.

Hospitalized residents will be admitted or readmitted 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.

Any current resident 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), shall have their place at the facility preserved.

As required by regulation the facility will maintain, or have access to, a two (2) month supply of Personal Protective Equipment (PPE), or any superseding requirements under New York State Executive Orders and/or NYS DOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic. This supply of PPE will either be stored onsite or will be readily accessible by the facility.

The facility will evaluate their vendor supply plan for re-supply of food, water, medications, environmental cleaning agents, and sanitizing agents as part of their event assessment.

The facility will ensure 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, and reporting requirements of the Health Commerce System, e.g., HERDS survey reporting. This responsibility will be assigned at the time of the event.

SCOPE

An infectious disease emergency occurs when urgent and possibly extensive public health and medical interventions are needed to respond to and contain an infectious disease outbreak that has the potential for significant morbidity and mortality in a given area.

This plan is a functional response guide for the facility Leadership Team and Department Managers.

This plan is to be used in conjunction with the facility's Emergency Operations Plan, Infection Control Plan, and Respiratory Protection Program.

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ASSUMPTIONS

The Pandemic Emergency/Emerging Infectious Disease Response Plan integrates the key elements of communicable disease control and prevention with emergency management concepts. The Incident Command System (ICS) organizational structure will be used to scale the response as needed to effectively manage and meet the incident objectives of the infectious disease emergency response.

The Pandemic Emergency/Emerging Infectious Disease Response Plan assumes that individuals occupying leadership positions have completed ICS training. The Pandemic Emergency/Emerging Infectious Disease Response Plan further acknowledges that there could be a limited number of personnel within the facility with the knowledge and training in infectious diseases, epidemiology, public health, and emergency preparedness.

The Plan assumes each incident will require tailored activation and use of the Pandemic Emergency/Emerging Infectious Disease Response Plan. This plan can be adjusted to address scenarios varying by infectious diseases, size and/or overall severity.

This Pandemic Emergency/Emerging Infectious Disease Response Plan assumes that all confidential data regarding individual cases will not be shared outside of those who need to know, or in order to fulfill legally mandated public health reporting and information sharing.

It is assumed that the facility will form an Emerging Infectious Disease Support Team during pandemic or infectious disease events to include administrative, clinical and support team members to ensure proper response to the infectious disease.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

Healthcare must always be prepared to protect people within our buildings and to protect our residents, families, and staff from harm resulting from exposure to an emerging infectious disease while they are in the facility.

Every disease is different. The local, state, and federal health authorities (NYS DOH, CDC, CMS, OSHA, etc.) will be the source of the latest information, and most up-to-date guidance on prevention, case definition, surveillance, treatment, and clinical response related to a specific disease threat.

Incidents involving an emerging infectious disease, or a suspected case, require the consultation of the facility Medical Director and/or other physicians and Infection Control Practitioners as well as referring to the facility Infection Control Plan and Respiratory Protection Program.

Staff screening maybe required upon entry to the building regardless of symptoms and sign attestation related to symptoms and exposure to as compliance with DOH/CDC guidance.

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GENERAL PREPAREDNESS FOR EMERGING INFECTIOUS DISEASES (EIDS)

- The facility's Infection Control Plan includes a response plan for a community-wide infectious disease outbreak such as pandemic influenza and should be referenced.
- This plan will:
 - Include administrative controls
 - Screening: only 2 entrances to each building will be identified and all staff and visitors will be screened upon entry to the building. Following screening room protocols
 - Isolation: residents who test positive for an infectious disease will be placed on the appropriate isolation and follow PPE requirements. (IE contact/droplet/airborne etc.) If multiple resident test positive a floor will be placed on quarantine requiring the use of full PPE. Isolation boxes and PPE carts and supplies are located within each house.
 - visitor policies, including restrictions as necessary, will be followed based on the DOH/CMS/CDC guidance based on the outbreak
 - employee absentee plans will follow the EPP: staffing in emergencies-Nursing policy and procedure
 - Address environmental controls:
 - sanitation stations are placed in all the common areas for utilization for staff and visitors.
 - All rooms in the houses are private with their own showers and bathrooms.
 - special areas for contaminated waste will follow the regulated medical waste policy and procedure.
 - Emergency credentialing will follow the DOH guidelines based upon the outbreak.
- Assigned clinical leadership will be vigilant and stay informed about EIDs around the world. They will keep administrative leadership briefed on potential risks of new infections in their community and region.
- As part of the Emergency Preparedness Program (EPP), the facility will maintain, or have readily accessible, a two (2) month supply of personal protective equipment (PPE), or any superseding requirements under New York State Executive Orders and/or NYS DOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic, including gowns/isolation gowns, face shields/eye protection, masks, assorted sizes of disposable N95 respirators or other appropriate respiratory barrier devices, and gloves, sanitizer, and disinfectants (meeting EPA guidance current at the time of the event).
- The facility will develop plans with their vendors for resupply of food, medications, medical supplies, sanitizing agents, and PPE in the event of a disruption to the normal supply chain including an EID outbreak. See EPP Section F – Emergency Resources and Lists.
- The facility will provide orientation and in-service training to all staff on the Infection Control Plan and Respiratory Protection Program, including the Pandemic Emergency Plan - Emerging Infectious Diseases response plan (including Reporting Requirements), exposure risks, symptoms, prevention and the use of Personal Protective Equipment, regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19 and 415.26(i); 42 CFR 483.15€ and 42 CFR § 483.80), and Federal and State guidance/requirements on an annual or as needed basis.

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- The facility will follow applicable OSHA requirements, including OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Personal Protective Equipment (29 CFR 1910.132), and Respiratory Protection (29 CFR 1910.134) standards.
- The facility will ensure there is adequate 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) and HERDS surveys).
- The facility will provide initial fit testing for staff that has been identified prior to the use of N95 respirators, and then annually thereafter.
- The facility will provide education and training on the proper donning and doffing of PPE.
- Leadership will monitor staff usage of PPE to ensure it is being properly used (appropriate fit, donning/doffing, appropriate choice of PPE per established procedures, etc.).

PLAN ACTIVATION

Only authorized staff may direct the activation/deactivation of the Pandemic Emergency/Emerging Infectious Disease Response Plan. The activation and notification process should be used in accordance with the Emergency Operations Plan. Staff authorized to initiate activation/deactivation include the:

- Administrator
- Director of Nursing
- Medical Director
- Guide
- Supervising RN designee

The need to notify department managers/supervisors and external partners of the activation of the Pandemic Emergency/Emerging Infectious Disease Response Plan will be determined by the circumstances of the event including: the suspected disease, the anticipated scope of the response, and the size of the impacted populations.

The Pandemic Emergency/Emerging Infectious Disease Response Plan assumes that all incident communications and requests will follow Incident Command System guidelines. Any communications that changes the scope of the operations, the objectives, or strategies must be approved by the Incident Commander.

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ADMINISTRATION / CLINICAL LEADERSHIP CONSIDERATIONS

The leadership team will consider recommendations and requirements from the CDC, OSHA, Center for Medicare and Medicaid (CMS), NYS DOH, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA), and other state or federal laws in determining the disease-specific response actions and precautions it will take to protect its residents, visitors, and staff members.

Once notified by public health authorities at either the federal, state, and/or local level that the EID is likely to, or already has spread to the facility's community, the facility will activate specific surveillance and screening as instructed by the NYS DOH, the Centers for Disease Control, and Prevention (CDC), or the local public health authorities.

The facility will consider posting signage for cough etiquette, handwashing, and other hygiene measures in high traffic areas and will provide Alcohol Based Hand Rub and facemasks, if indicated and practical.

Protecting the residents and staff shall be of paramount concern.

The facility may temporarily limit or restrict visitors, subject to superseding NYS Executive Orders and/or NYS DOH guidance in order to reduce exposure risk to residents and staff.

If necessary, and in accordance with applicable NYS Executive Orders and/or NYS DOH guidance, the facility may implement procedures to close the facility to new admissions, limit or restrict visitors when there are confirmed cases in the community, and/or screen all permitted visitors for signs of infection.

The leadership team shall consider:

- The degree of frailty of the residents in the facility.
- The likelihood of the infectious disease being transmitted to the residents and employees.
- The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces).
- The precautions which can be taken to prevent the spread of the infectious disease and other relevant factors.
- The formation and activation of an Emerging Infectious Disease Support Team to include administrative, clinical and support team members.

Once these factors are considered, the leadership team will weigh its options and determine the extent to which exposed staff, or those showing signs of the infectious disease, must be precluded from contact with residents or other employees.

- Apply whatever action is taken uniformly to all staff in like circumstances.
- Do not consider race, gender, marital status, country of origin, and other protected characteristics unless they are documented as relevant to the spread of the disease.
- Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.

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- Use accepted scientific procedures and guidance from local public health, NYS DOH and/or CDC, whenever available, to determine the level of risk posed by an employee.
- Permit employees to return to work when cleared by a licensed physician; however, additional precautions may be taken to protect the residents as recommended by the local public health, NYS DOH, and/or CDC.

ADMINISTRATOR / INCIDENT COMMANDER

- Assemble key leadership team members. Take into consideration all the following guidance, as applicable to the Infectious Disease the facility or community is managing.
- Consider activating the Command Center (follow *Activation of Plan* in *Section B*) to ensure procedures are in place.
- Reference the following EPP Sections to address the below listed considerations.
 - *EPP Section C: Incident Command System* and associated Job Action Sheets
- Assess impact on facility operations and resident care.
- Assign a person the responsibility to monitor local, state and federal health websites for updates to existing guidance for long-term care facilities and report to the Command Center team on those updates.
- Assign a person the responsibility of meeting the 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 and reporting requirements of the Health Commerce System, e.g., HERDS survey reporting.
- Develop an action plan with the Command Center team and brief department managers and supervisors.
- Work with Director of Nursing, Administrator, Guide, and Medical Director to review incident considerations, determine level of service, and need to reschedule or cancel activities.
- During periods of quarantine and/or restricted visitation implement a method for residents to keep in touch with families or responsible parties, such as providing no-cost access to teleconferencing services, video conferencing or other means as preferred and identified by residents and their families.
 - Currently, St. John's has established an infrastructure for video chats. Each house is in possession of at least one iPad that is devoted to video chat between residents and outside family/friends.
 - Video Chat phone line: 585-292-5252/585-292-5251
- When visitation is restricted assign appropriate staff to update resident families or responsible parties on a weekly or more regular basis on how they can remotely keep in touch with residents. Ensure all residents and families are updated at least weekly on the number of pandemic related infections and deaths at the facility, including residents with pandemic-related infection who pass away for reasons other than infection.
- Assign appropriate staff to update families and responsible parties on the condition of infected residents on a daily basis, or upon a change in a resident's condition.
- Approve requests for additional resources (e.g., supplies, equipment, staff, etc.).

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- The Incident Commander / Administrator will direct a review and revision, as needed, of internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.
- The Incident Command team will determine a location for the staging and distribution of supplies, equipment, and pharmaceuticals as needed for the incident.
- To ensure that staff and/or new residents are not at risk of spreading the EID into the facility, screening for exposure risk and signs and symptoms may be done PRIOR to admission of a new resident and/or allowing new staff persons to report to work.
- Ensure that appropriate physical and social distancing measures are put into place where indicated. This may include, but is not limited to, cancellation of certain activities and services, changes in resident and staff dining, and other physical space requirements, etc.

Communications

- Reference the following EPP Sections to address the below listed considerations.
 - *EPP Section A – Policies and Planning / Communications*
 - *EPP Section B – Procedures Applicable to All Hazards / Communications Plan*
 - *EPP Section C – Incident Command System / Public Information Officer*
- Provide staff with incident updates on a regular basis, as necessary.
- Appoint a Public Information Officer to prepare media statements, approve as necessary.
- Appoint a Liaison Officer when the incident is multi-jurisdictional or involves several agencies or other healthcare facilities. The Liaison Officer is the main point of contact for other community-based partners involved in response operations (e.g., Red Cross, Fire Department, Emergency Medical Services, Office of Emergency Management, etc.). The Liaison Officer will provide and receive updates and ensure the prompt response to questions, resource requests, and other needs.
- Determine need for the Director of Nursing or Guide to contact the following:
 - Local Public Health Department
 - NYS Department of Health
 - CDC
 - Department of Health and Human Services - CMS
 - Healthcare Coalition and/or Mutual Aid partners
- Conduct internal (support team only) conference calls to discuss any new developments, such as state or local policy changes, or ongoing challenges that are arising within long-term care industry and to share any innovative solutions or best practices.
- Develop a communications plan and assign responsibility for communicating to residents and their families. Consider usage of signage and/or resident letters, based on CDC/CMS or health department guidance specific to the EID.
 - Residents and their families will be provided education about the disease and the facilities response strategy at a level appropriate to their interests and need for information by the clinical and social work staff.

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- During times when visitation is limited or restricted, implement a method for residents to stay in touch with loved ones (families or responsible parties) such as providing access to teleconferencing services, video conferencing or other means as preferred and identified by residents and their families.
 - Currently, St. John's has established an infrastructure for video chats. Each house is now in possession of at least one iPad that is devoted to video chat between residents and outside family/friends.
 - Video Chat phone line: 585-292-5252/585-292-5251
- During the pandemic, a variety of communication approaches were used to communicate with staff including but not limited to:
 - Daily managers meetings for updates to share with their teams
 - Written communications printed and placed in our communication book
 - Mass texting of staff through the payroll system
 - Mass robo-calls to staff through the payroll system
 - Posted Signage
- Convene weekly (or as frequently as needed) conference calls with facility staff to discuss newly released guidance, and to discuss potential strategies for addressing their challenges and concerns.
 - Review federal, state, and local Infection Prevention & Control guidance with facility staff during the regular conference calls.
- Ensure that all documents, messaging and information developed during the incident are reviewed and approved by the Incident Commander and/or Public Information Officer prior to dissemination.

Assessment

- Reference the following EPP Sections to address the below listed considerations.
 - *EPP Section B – Procedures Applicable to All Hazards / Managing Resources and Assets during a Disaster*
 - *EPP Section F – Emergency Resources and Lists/ Note: Vendor agreements are kept within each department (Building Services, Dining Services, Environmental Services, Laundry Services and Nursing Services)*
 - *EPP Section B – Procedures Applicable to All Hazards / Managing Security and Safety during a Disaster*

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- Develop a system to monitor for, and internally review, development of symptoms among residents and healthcare personnel (HCP) in the facility. Information from this monitoring system should be used to implement prevention interventions (e.g., isolation, cohorting),
 - Example: CDC guidance on respiratory surveillance: <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>.
 - Initiate a line list for symptoms for the unit to track potential outbreaks.
- Assign a team member(s) to conduct the following assessments and report back to the Incident Commander:
 - Current resident census and number of open beds
 - Number of affected residents and staff
 - Inventory of PPE types and quantities
 - Input PPE inventory into the PPE Burn Rate Calculator at the onset of the event
- Request an assessment of critical supplies throughout the facility using the *Department Rapid Assessment Form*. Direct departments to conduct assessments of food, water, medical and other supplies. (See Attachment)
- Assign a team member to identify resource shortages (medical supplies/equipment, PPE, staffing, etc.).
 - Develop a plan to mitigate resource shortages (e.g.: vendor support, EOC support, staffing agencies, etc.)
 - Determine ability to obtain or borrow resource shortages from other healthcare facilities. Collaborate with the healthcare coalition, mutual aid plan members and/or local/state EOC as necessary.
- Review agreements with vendors and other healthcare facilities. Request vendor support to ensure enough supplies are on hand including:
 - PPE and related supplies for fit testing, if applicable
 - Medications
 - Medical Supplies/Equipment
 - Food/Water
 - Sanitizer and Disinfectants
- Ensure vendor support is available for medical waste disposal.
- Assess the need to order a Building Lockdown via Security. *EPP Section B – Procedures Applicable to All Hazards / Managing Security and Safety during a Disaster*.
- Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the facility along with the instruction that anyone who is sick must not enter the building.
- Consider the following restrictions:
 - Professional Visitors: No one allowed in facility without Command Center clearance.
 - Resident Visitors: No one allowed in facility. Relatives and responsible parties will be given appropriate information and location to wait as directed by the Command Center.

Staffing

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- Reference the following EPP Sections to address the below listed considerations:
 - *EPP Section B – Procedures Applicable to All Hazards / Management of Staff during a Disaster.*
- Self-screening: Staff will be educated on the facility's plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:
 - Reporting any suspected exposure to the EID while off duty to their supervisor and public health.
 - Precautionary removal of employees who report an actual or suspected exposure to the EID.
 - Self-screening for symptoms prior to reporting to work.
 - Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.
- Whenever possible, well and unexposed staff should work in non-infected resident care units.
- Determine need for further staff education efforts, as necessary, relative to the current threat or infectious disease.
- Review staffing levels and scheduling. Ensure enough staffing resources for sustaining operations for the duration of the event. (i.e. 12-hour shifts versus 8-hour). Develop a plan to address potential staff shortages such as cross training of staff to be feeding assistants, etc.
- Consider contracting staff to supplement current staffing.
- Review and implement disaster credentialing and privileging policies and processes as needed.

Suspected Case within the Facility

- Ensure infected residents are isolated/cohorted and/or transferred based on their infection status in accordance with applicable guidance from the CDC, local/state health departments.
 - Follow the guidance of local public and/or state health authorities regarding the transfer of the suspected infectious resident to the appropriate acute facility via emergency medical services if necessary. Residents that are hospitalized will be readmitted to the facility after treatment.
- Place a resident who exhibits symptoms of the EID in an isolation room (single room preferred unless cohorting residents with similar symptoms) and notify local and/or county/state public health authorities.
- As necessary, consider cohorting multiple infected residents using part of a unit (e.g., end of a wing), a dedicated floor or wing, and discontinuing any sharing of bathrooms with residents outside of the cohorting area.
 - Consider posting signage or other means of identifying the area(s) being used for infected residents.
 - At the time of the event determine an effective means to prevent non-infected residents from entering into the cohorting area (e.g., assigned staff members, closure of cross corridor doors, etc.)

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- If the suspected infectious resident requires care while awaiting or instead of transfer, follow facility policies for isolation procedures, including all recommended PPE for staff at risk of exposure.
- Keep the number of staff assigned to enter the room of the isolated resident to a minimum.
 - Ideally, only specially trained and prepared staff (i.e. vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room.
 - Provide all assigned staff additional “just in time” training and supervision in the mode of transmission of this EID, and the use of the appropriate PPE.
- If feasible, ask the isolated resident to wear a facemask while staff is in the room.
- Provide care at the level necessary to address essential needs of the isolated resident unless it is advised otherwise by public health authorities.
- Conduct control activities such as the management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposed individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.
- Implement the isolation protocol in the facility (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the facility’s infection control plan and/or recommended by local, state, or federal public health authorities.
- Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities and in keeping with guidance from the CDC.

DEPARTMENT-SPECIFIC ACTIONS

Inter Disciplinary Team

- Work with Incident Commander and assigned Public Information Officer to prepare messaging for families of residents and staff.
- Consider the following to address staff concerns:
 - Provide incident specific education, including frank discussions about potential risks and plans for protecting healthcare providers.
- Participate in lockdown of facility to control people coming into the facility. See *Building Lockdown Procedure*. See *EPP Section B – Managing Security & Safety During a Disaster*.
- Cancel communal dining and all group activities, such as internal and external group activities, as necessary.
- Explore alternatives to face-to-face visits if visitors are restricted from entering the facility such as teleconferencing services, video conferencing or other means as preferred and identified by residents and their families.
 - Currently, St. John’s has established an infrastructure for video chats. Each house is now in possession of at least one iPad that is devoted to video chat between residents and outside family/friends.
 - Video Chat phone line: 585-292-5252/585-292-5251
- Ensure families and/or responsible parties are updated on a weekly basis how they can remotely keep in touch with residents when visitation is limited or restricted.

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- Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
- If residents leave their room, determine the need for residents to wear a facemask, perform hand hygiene, limit their movement in the facility, while maintaining physical distancing (staying at least 6 feet away from others), when necessary.
- As assigned provide updates to families and responsible parties on the condition of infected residents on a daily basis or upon a change in a resident's condition.

General Guidelines for Infection Control Practices for Resident Management

- Contact state and local Health Departments, CDC and/or the Department of Health and Human Services for updated information and protocols to follow.
- Any symptomatic staff or residents with suspected or confirmed illnesses should, at a minimum, be managed using Standard Precautions. Additional precautions may be needed to reduce the likelihood for transmission.

Standard and transmission-based precautions to be followed to prevent spread of infections.

A facility's infection control practices are important for preventing the transmission of infections. Infection control precautions used by the facility include two primary tiers: "Standard Precautions" and "Transmission-Based Precautions."

Hand Hygiene

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings. This includes hand washing with either plain or antiseptic-containing soap and water for at least 20 seconds, and/or the use of alcohol-based products (gels, rinses, and foams) that do not require the use of water.

The CDC continues to recommend the use of alcohol-based hand rub (ABHR) as the primary method for hand hygiene in most clinical situations. ABHR effectively reduces the number of pathogens that may be present on the hands of healthcare personnel after brief interactions with residents or the care environment.

Standard Precautions

Standard precautions represent the infection prevention measures that apply to all resident care, regardless of suspected or confirmed infection status of the resident, in any setting where healthcare is being delivered.

These evidence-based practices are designed to protect healthcare staff and residents by preventing the spread of infections among residents and ensuring staff does not carry infectious pathogens on their hands or via equipment during resident care.

Standard precautions include hand hygiene, use of PPE (e.g., gloves, gowns, facemasks), respiratory hygiene and cough etiquette, safe injection practices, and safe handling of

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equipment or items that are likely contaminated with infectious body fluids, as well as cleaning and disinfecting or sterilizing potentially contaminated equipment.

In order to perform hand hygiene appropriately, soap, water, Alcohol Base Hand Rub (ABHR), and a sink should be readily accessible in appropriate locations, including but not limited to, resident care areas, and food and medication preparation areas. Staff must perform hand hygiene (even if gloves are used):

- Before and after contact with the resident.
- Before performing an aseptic task.
- After contact with blood, body fluids, visibly contaminated surfaces or after contact with objects in the resident's room.
- After removing personal protective equipment (e.g., gloves, gown, facemask).
- After using the restroom.
- Before meals.

If residents need assistance with hand hygiene, staff should assist with washing hands after toileting, before meals, and use of ABHR or soap and water at other times when indicated.

The use of PPE during resident care is determined by the nature of staff interaction and the extent of anticipated blood, body fluid, or pathogen exposure to include contamination of environmental surfaces. Furthermore, appropriate use of PPE includes but is not limited to the following:

- Gloves worn before and removed after contact with blood or body fluid, mucous membranes, or non-intact skin.
- Gloves changed and hand hygiene performed before moving from a contaminated-body site to a clean-body site during resident care.
- Gown worn for direct resident contact if the resident has uncontained secretions or excretions or with contaminated or potentially contaminated items.
- Appropriate mouth, nose, and eye protection (e.g., facemasks, face shield) is worn for procedures that are likely to generate splashes or sprays of blood or body fluids.
- PPE appropriately discarded after resident care prior to leaving room followed by hand hygiene.
- Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, therapy rooms) although, equipment supply carts should not be brought into the resident's room.

Transmission-based Precautions

Transmission-based precautions are used for residents who are known to be, or suspected of being, infected or colonized with infectious agents, including pathogens that require additional control measures to prevent transmission.

In Long Term Care Facilities, it is appropriate to individualize decisions regarding resident placement (shared or private), balancing infection risks with the need for more than one

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occupant in a room, the presence of risk factors that increase the likelihood of transmission, and the potential for adverse psychological impact on the infected or colonized resident.

It is essential to communicate transmission-based precautions to all healthcare personnel, and for personnel to comply with requirements. Pertinent signage (i.e., isolation precautions) and verbal reporting between staff can enhance compliance with transmission-based precautions to help minimize the transmission of infections within the facility.

It is important to use the standard approaches, as defined by the CDC, for transmission-based precautions: airborne, contact, and droplet precautions. The category of transmission-based precaution determines the type of PPE to be used.

Communication (e.g., verbal reports, signage) regarding the type of precaution to be used is important. When transmission-based precautions are in place, PPE should be readily available. Proper hand washing remains a key preventive measure, regardless of the type of transmission-based precaution employed.

Transmission-based precautions are maintained for as long as necessary to prevent the transmission of infection. It is appropriate to use the least restrictive approach possible that adequately protects the resident and others. Maintaining isolation longer than necessary may adversely affect psychosocial well-being. The facility should document in the medical record the rationale for the selected transmission-based precautions.

Contact Precautions

Contact precautions are intended to prevent transmission of infections that are spread by direct (e.g., person-to-person) or indirect contact with the resident or environment, and require the use of appropriate PPE, including a gown and gloves upon entering (i.e., before making contact with the resident or resident's environment) the room or cubicle. Prior to leaving the resident's room, the PPE is removed, and hand hygiene is performed. Depending on the situation, options for residents on contact precautions may include the following: a private room, cohorting, or sharing a room with a roommate with limited risk factors (e.g., without indwelling devices, without pressure ulcers and not immunocompromised).

Droplet Precautions

The use of droplet precautions applies when respiratory droplets contain viruses or bacteria particles which may be spread to another susceptible individual. Respiratory viruses can enter the body via the nasal mucosa, conjunctivae, and less frequently, the mouth. Examples of droplet-borne organisms that may cause infections include, but are not limited to, *Mycoplasma pneumoniae*, influenza, and other respiratory viruses.

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Respiratory droplets are generated when an infected person coughs, sneezes, or talks, or during aerosol generating procedures such as nebulizer treatments, suctioning, endotracheal intubation/extubation, cough induction by chest physiotherapy, and cardiopulmonary resuscitation.

The maximum distance for droplet transmission is currently unresolved, but the area of defined risk based on epidemiological findings is approximately 3-10 feet. In contrast to airborne pathogens, droplet-borne pathogens are generally not transmitted through the air over long distances.

Facemasks are to be used upon entry (i.e., within six feet of a resident) into a resident's room with respiratory droplet precautions. If substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles (or face shield in place of goggles) should be worn. The preference for a resident on droplet precautions would be to place the resident in a private room. If a private room is not available, the resident could be cohorted with a resident with the same infectious agent or share a room with a roommate with limited risk factors. Spatial separation of at least 6 feet and drawing the curtain between resident beds is especially important for residents in multi-bedrooms with infections transmitted by the droplet routes.

Airborne Precautions

Airborne transmission occurs when pathogens are so small that they can be easily dispersed in the air, and because of this, there is a risk of transmitting the disease through inhalation. These small particles containing infectious agents may be dispersed over long distances by air currents and may be inhaled by individuals who have not had face-to-face contact with (or been in the same room with) the infectious individual. Staff caring for residents on airborne precautions should wear a fit-tested N95 or higher-level respirator that is donned prior to room entry.

Precautions to Prevent Transmission of Infectious Agents

It is important that facility staff clearly identify the type of precautions and the appropriate PPE to be used in the care of the resident. The PPE should be readily available near the entrance to the resident's room. Signage can be posted on the resident's door instructing visitors to see the nurse before entering.

It is not always possible to prospectively identify residents needing transmission-based precautions (presumptive precautions). The diagnosis of many infections is based on clinical signs and symptoms but often requires laboratory confirmation. However, since laboratory tests (especially those that depend on culture techniques) may require two or more days to complete, transmission-based precautions may need to be implemented while test results are pending, based on the clinical presentation and the likely category of pathogens.

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The use of appropriate transmission-based precautions when a resident develops signs or symptoms of a transmissible infection or arrives at the facility with symptoms of an infection, (pending laboratory confirmation) reduces transmission opportunities. However, once it is confirmed that the resident is no longer a risk for transmitting the infection, removing transmission-based precautions avoids unnecessary social isolation.

Personal Protective Equipment (PPE)

Using personal protective equipment provides a physical barrier between micro-organisms and the wearer. It offers protection by helping to prevent micro-organisms from:

- contaminating hands, eyes, clothing, hair, and shoes
- being transmitted to other residents and staff

Healthcare workers evaluating and interacting with a suspected infectious disease resident must properly wear PPE for standard, contact and droplet precautions. The appropriate PPE must be readily available so that it may be donned immediately when a suspected resident is identified.

It is important to use personal protective equipment effectively, correctly, and always where contact with resident's blood, body fluids, excretions, and secretions may occur.

PPE description, at a minimum:

- Gown (fluid resistant or impermeable)
- Facemask, or necessary respiratory protection (N95)
- Eye protection (face shield)
- Gloves

Refer to the facility Infection Control Plan for further guidance.

Resident Placement and the Use of Private Rooms for Infection Prevention and Control

The physician and person(s) responsible for infection control should assess individual residents as to the potential for transmitting infectious organisms.

- Room assignments and restriction of activities are determined by this assessment. Although there are many reasons for using private rooms, the major reasons are diseases transmitted in whole or in part by the airborne route or by the resident who extensively soils the environment with body substances.
- Private rooms are generally indicated for residents with uncontrollable excretions (diarrhea), secretions, excessive coughing, heavy wound drainage or widespread skin disease. Residents should be confined to their rooms while the above conditions exist.
- If the situation is small-scale, follow routine resident placement and established infection control practices.

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- If many residents are presenting with similar syndromes, group affected individuals will be transported into a designated wing or area of the facility. Before grouping/cohorting residents, consult with the local/state Health Department and the facility Infection Control personnel regarding adequate isolation (i.e. ventilation).

Resident Care

Only direct care providers should enter the resident room:

- No person enters room without mandatory training and demonstrated competency.
- Autonomous practice (supported by experts).
- Physical and Occupational Therapy, as necessary.
- Environmental decontamination, as necessary.

The care providers will need to be trained and able to demonstrate competency in the following areas:

- Donning and doffing of PPE.
- Use of the "Buddy System."
- Waste management protocols.
- Decontamination and containment protocols.
- Specimen handling for diagnostic testing.

PPE Conservation will be followed as directed by CDC/DOH recommendation

General Guidelines for Resident Transport within or outside the facility

- Limit movement to that which is to provide proper resident care.
- Mask resident if airborne or droplet organism is suspected, or resident is coughing.

When transporting a resident out of the facility (e.g.: dialysis appointment, evacuation, etc.)

When transporting a known confirmed infectious resident, Alert the transport company and follow their transport protocol.

The resident(s) should wear a facemask or cloth face covering. Occupants of the vehicle should avoid or limit close contact (within 6 feet) with others. The use of larger vehicles such as vans or facility buses is recommended when feasible to allow greater social (physical) distance between vehicle occupants.

Additionally, drivers should practice regular hand hygiene, avoid touching their nose, mouth, or eyes.

The Infection Control Plan provides guidance for cleaning and disinfecting after transport of an infectious resident(s).

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General Guidelines for Handling Deceased Residents

- Keep tracking records of all residents.
- Attach a form of identification to the body if there is not an identification wrist band (e.g. toe-tag).
- The decedent should be placed in a body bag or pouch prior to moving the body to any other location or release to a funeral director or coroner/coroner physician/medical examiner.
- Matching identification should always be attached to the outside of the body bag or pouch.
- Personal effects such as eyeglasses, dentures, and hearing aids should be bagged and labeled and placed next to the body.
- Any necessary paperwork for release of the remains should be completed prior to contacting the funeral firm or medical examiner.
- If the facility has a morgue or holding area, the personal effects should remain at the location where the decedent will be signed out and a property form or receipt prepared for either the family or the funeral home.
- Once the decedent is prepared for transport, (i.e. pouched and labeled) the body may be released to the county or other authority as appropriate.

DINING SERVICES

- Assess emergency food, liquids, and supplies and provide information to the Command Center.
- Nursing to coordinate food service. Modify menu if deliveries will not be possible. Use disposable plates, cups and utensils as necessary.
- As necessary ensure staff uses necessary PPE if delivering meals or interacting with any residents who may be infectious.
- Establish plan for feeding staff if shift change will not be possible.

ENVIRONMENTAL SERVICES / LAUNDRY

Ensure that Environmental Services and Laundry personnel are aware of current guidelines, internal procedures and contacts.

- Review policies and ensure sufficient supplies in the event deliveries cannot be made.
- Environmental cleaning: The facility will follow current CDC and NYS DOH guidelines for environmental cleaning and decontamination specific to the EID in addition to routine cleaning for the duration of the threat.
- Wear appropriate personal protective equipment if cleaning up any contaminate.
- Cleaning, disinfecting and sterilization of equipment and environment:
 - Use principles of Standard Precautions.
 - Germicidal cleaning agents should be available in contaminated and/or isolated resident care areas for cleaning spills of contaminated materials and disinfecting non-critical equipment.
 - Discard single-use resident items appropriately.

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- Contaminated waste should be sorted and discarded in accordance with federal, state, and local regulations.
- Used resident care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions should be handled in a manner that prevents exposure to skin and mucous membranes, avoids contamination of clothing, and minimizes the likelihood of transfer of microbes to other residents and environments.
- Rooms and bedside equipment should be cleaned using Standard Precautions, unless the infecting microorganism and the amount of environmental contamination indicates special cleaning.
- Resident linen should be handled in accordance with Standard Precautions. Although linen may be contaminated, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to other residents, personnel and environments. Facility policy and local/state regulations should determine the methods for handling, transporting and laundering soiled linen.
- Coordinate a linen reduction program, as necessary, with nursing and other appropriate departments.
- Implement environment controls to safely handle, and locate areas, for contaminated waste. Ensure contaminated waste is stored in a safe and secure manner. Use appropriate signage on storage areas. For Example:



MAINTENANCE

- Determine ability to isolate sections of the building for contagious residents.
- Assist with implementing the facility's emergency Building Lockdown Plan. See *EPP Section B – Managing Security & Safety During a Disaster*.
- Assess HVAC capabilities and determine if increased air changes are necessary, as per the CDC recommendations issued at the time of the event.

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SECURITY (or staff assigned security responsibilities)

Elevated Threat Alert Procedures

- Facility isolation: In the event there are confirmed cases of the EID in the local community, the facility may consider closing the facility to new admissions and limiting visitors based on the advice of local public health authorities.
- Implement the facility emergency Building Lockdown Plan as directed by the Command Center.
- Determine the need for additional staff to provide security or assist with the building lockdown. See *EPP Section B – Managing Security & Safety During a Disaster*.
- Control entrances and exits to the building for staff and visitors. Designate an entrance that visitors can use to access the healthcare facility. Reinforce any visitor restrictions.
- Enact special security precautions to safeguard the facility, residents, and staff. Ensure the security of stored emergency supplies such as food, water, PPE, and medical supplies.

SOCIAL SERVICES / SPIRITUAL CARE STAFF

- Fear and panic can be expected from both residents and healthcare providers. Psychological responses may include anger, panic, unrealistic concerns about infection, or fear of contagion.
- As assigned by the Command Center, work with families and other responsible parties on behalf of residents.
- Minimize panic by clearly explaining risks to residents.
- Treat anxiety in unexposed persons who are experiencing somatic symptoms with reassurance.
- Fearful or anxious healthcare workers may benefit from their usual sources of social support or by being asked to fulfill a useful role.
- Work with Incident Commander to ensure regular information updates are available to the public.

SUPPLY / RECEIVING AREA

- Assess supplies to determine how long you can continue operations. Take results to Command Center.
- Ensure supplies (medical, PPE, etc.) are securely stored.
- Establish receiving area for additional equipment and supplies. Plan storage and tracking.
- Ensure that there is a sufficient supply of PPE and protocols for obtaining additional PPE supplies.
- Be cognizant of expiration dates of certain PPE, including respirators.
- Collaborate with local/state public health, local/state emergency management, sending and receiving facilities, and other healthcare organizations or systems to address any potential supply chain issues through the Liaison Officer.
- Determine the role of local/state/federal public health authorities in assisting the healthcare sector in prioritizing orders with manufacturers/suppliers.

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FINANCE AND HUMAN RESOURCES

- Track hours worked by staff during the response for potential reimbursement during declared public health emergencies.
- Facilitate purchasing of supplies necessary for the emergency response.
- Track and report to the Incident Commander the financial cost of the response including all workmen's comp, property damage, and other claims resulting from the event.

RETURN TO NORMAL OPERATIONS / RECOVERY

Recovery from the spread of an infectious disease will begin when facility officials receive notice from the local Public Health Department or NYS Department of Health based on CDC guidance that facilities may resume normal operations.

The Incident Commander or designee will determine if staffing, supplies, resources and systems are adequate to manage ongoing activities.

In consultation with Public and/or State Health Department Authorities the facility will recommend specific actions to be taken to return the facility to pre-event status.

The facility will:

- Assess facility, staff, and department operations to determine ability to return back to normal operations.
- Implement sanitization and disinfection procedures.
- Deploy solid waste disposal plans.
- Maintain review of and implement procedures provided in NYS DOH 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.
- Reconsider physical and social distancing restrictions that had been implemented.
- Communicate to residents, families, and other relevant stakeholders any relevant recovery activities regarding a return to normal operations.
- Conduct an After-Action Review to evaluate the response actions taken by the facility as a result of the infectious disease.
- Determine effectiveness of existing plan to respond to similar events in the future.
- Revise existing plan as necessary to address any deficiencies.
- Review processes and incident communication protocols.
- Document / Archive all information of the response.
- Assess the economic impact on the facility. Have Finance Section collect cost for reimbursement.
- Have department heads restock supplies.
- Close down Incident Command.

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Online Resources

IDSA Practice Guidelines

Practice guidelines are systematically developed statements to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances.

<https://www.idsociety.org/practice-guideline/practice-guidelines>

ST. JOHN'S PENFIELD HOME



BRICKSTONE | FOUNDATION | HOME | MEADOWS

March 20, 2020

Dear St. John's Residents and Family Members:

I am writing to share with you the news that one of our staff members at St. John's Home has tested positive for COVID-19. At this time, there are no other confirmed cases of COVID-19 among other staff members or residents across all of St. John's communities. We recognize that this is certainly difficult information to receive. You should know, however, that we have been making preparations in the event that this situation occurred.

We recognize that you may have many questions as a result of learning this news. St. John's is receiving direction from the Monroe County Department of Health regarding protocols to follow when a nursing home identifies a resident or staff member with a confirmed case of COVID-19.

The following information is what we can share at this time. The staff member identified is on the direct care team. After showing visible symptoms, including an elevated temperature, the person did not report to work at any St. John's facility. The St. John's staff screening process has been in place since March 13, 2020 and was in effect during the time the identified staff member reported to work without symptoms. Residents and their family members who are directly impacted by the situation will be contacted by phone or in person to discuss protocols for moving forward.

Please know that we continue to work diligently to mitigate the spread of COVID-19 in our communities and that the safety and well-being of our staff members and residents continues to be our top priority.

This is a very challenging time for all of us at St. John's. We appreciate your cooperation as we work together to ensure the protection and safety of our St. John's family.

Sincerely,

President and CEO

Embrace Living

150 Highland Avenue | Rochester, New York | 14620-3099 | 585-760-1300

stjohnsliving.org



BRICKSTONE | FOUNDATION | HOME | MEADOWS

March 27, 2020

Dear St. John's Staff Members:

I am writing to share with you the news that we have been alerted by the Monroe County Department of Health that we have two confirmed cases of COVID-19; one is a long-term care resident at St John's Home and the other is a St. John's Home staff member on the clinical care team. We recognize that this is certainly difficult information to receive. You should know, however, that we have been making preparations in the event that this situation occurred.

We recognize that you may have many questions as a result of learning this news. St. John's is receiving direction from the Monroe County Department of Health regarding protocols to follow when a nursing home identifies a resident or staff member with a confirmed case of COVID-19.

Staff members who are directly impacted by these confirmed cases of COVID-19 will be contacted to discuss protocols for moving forward.

We are sending our deep concern and wishes for a full and expeditious recovery to these members of our St. John's family.

Please know that we also continue to work diligently to mitigate the spread of COVID-19 in our communities and that the safety and well-being of our staff members and residents continues to be our top priority.

This is a very challenging time for all of us at St. John's. We appreciate your cooperation as we work together to ensure the protection and safety of our St. John's family.

Sincerely,

A handwritten signature in black ink that reads "Charles Rump".

President and CEO

Embrace Living

150 Highland Avenue | Rochester, New York | 14620-3099 | 585-760-1300

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ST. JOHN'S HOME	Form 301 - Department Rapid Assessment Form
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THIS IS A TWO PAGE FORM
Sections to be filled out determined by Incident Commander

Instructions: Immediately, when a **Code Alert** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

<i>Date</i>	<i>Time</i>	<i>Unit/Department & Location</i>	<i>Person in Charge (Name/Title/Best Phone #)</i>
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1. Staffing *Show total staff presently on duty by title/position*

Are you staffed at a safe minimal level for the disaster? **Yes / No** If no, do you need to recall staff from home? **Yes / No**

<i>Type of Position</i>	<i>Number Present</i>	<i>Available for the Labor Pool (if needed)</i>

2. Total Unit Resident Census: _____ **3. Total Residents for Discharge to Home:** _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility

Enter total number of residents per category to assist in determining transportation requirements

<i>Ambulance:</i>	<i>Wheelchair Van:</i>	<i>Ambulatory -Van /Bus:</i>
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5. Resource Status *Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)*

<i>Resource</i>	<i>Quantity On Hand</i>	<i>Available for Deployment</i>	<i>Resource</i>	<i>Quantity On Hand</i>	<i>Available for Deployment</i>
Wheelchairs			Redi-Stands		
AED			Face Masks		
Oxygen tanks			Face Shields		
Oxygen Concentrators			Gloves		
Oxygen regulators			Gowns		
Geri Chairs			Hand Sanitizer		
Hoyer lifts			N95 Face Masks		

6. Technology/Utility Systems Status *Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)*

<i>Technology Item</i>	<i>Status (OK or Not Working – Explain status if necessary)</i>
Lighting/Electricity	
Telephones	
Fax Machine/Line	
Beige outlets- emergency power	
Nurse Call System	
Computers	
Heat / AC	
Water	

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)
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7. Operational Status Are you fully operational, limited capability, non-operational (describe). Describe any other issues or problems in

your dept. (e.g., need staff, staff needs relief; cleanup necessary)

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: If additional information is necessary, please send on a separate sheet.

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

- 8 hours: _____
- 12 hours: _____
- 24 hours: _____
- 48 hours: _____
- 72 hours: _____
- 96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?



Subject: Infection Control: COVID-19

Origination Date: 07/20 Last Reviewed: 11/2021

Last Revised: 8/2024

Department(s) Affected:

All employees and departments of St. John's

Skilled Services

Hawthorne Assisted Living

Other (Please specify):

Policy: St. John's is committed to effective infection prevention and control. COVID-19 is highly contagious and effective procedures and practices are necessary to prevent residents and staff from contracting and spreading the virus.

Procedure:

1. Requirements related to wearing of Personal Protective Equipment (PPE) and other specific Infection Control and Prevention measures for exposure to residents and/or staff members who have tested positive for the COVID-19 virus can be found in ***Infection Control: Standard and Transmission-based Precautions.***

Employee Testing

1. Point of Care (POC) testing for the COVID-19 virus is available to employees of St. John's Skilled Services.
2. Any staff member who tests positive for the COVID-19 virus remains out of work for a period of time. Employee Health is in frequent contact with these employees and will determine when the employee may return to work.
3. Staff testing will be conducted per the most recent NYS DOH guidelines.

Admissions

1. Residents being admitted from the hospital will have a negative COVID test 1-2 days prior to admission OR will have been medically cleared from a COVID infection while in the hospital.
2. A resident who tests positive 5 days prior to discharge from the hospital or at home may be admitted on day 6 of infection if asymptomatic and/or completion of treatment and the resident is admitting to a floor that has other COVID positive residents.
3. Residents being admitted from home will provide a negative COVID test 1-2 days prior to admission. If

at home testing is not possible, then the resident will be tested by the Infection Preventionist or designee immediately upon arrival.

Resident Testing

1. All residents who become symptomatic of COVID-19 will be tested immediately and quarantined in their room until test results are returned. If the resident has a roommate then the roommate will be tested immediately. The decision whether to move the resident while awaiting test results will be made by the medical provider and Nursing Administration.
 2. Resident testing will occur on a floor:
 - a. If there has been a confirmed positive resident case of COVID
 - b. If there are two or more positive direct care staff members
 3. All residents on the floor will be tested after an exposure and a second test should be performed 3 – 5 days post exposure. A total of at least 2 tests will be conducted in a 7 day period of time. All residents are encouraged to participate in the COVID testing.
 4. If it's only a staff person(s) that is positive then the residents can leave the floor as long as they are not experiencing any symptoms.
 5. Exceptions will be made to allow a resident off the quarantined floor if it's in the resident's best interest and it can be done in a safe manner.
 6. Any resident who test positive may be quarantined in their room if they are in a private room.
 7. The medical provider will be responsible for notifying family/responsible party of a resident's positive COVID test. On the weekends the Nursing Supervisor can notify the family/responsible party.
- ❖ **At the Penfield Green Houses all residents are tested if one direct care staff person tests positive and has worked in the past 48 hours.**

Resident monitoring

All residents on floors where there may have been an exposure will have their vital signs and symptoms closely monitored until the floor has been cleared.

Vaccination

1. All residents are strongly encouraged to be vaccinated. Vaccines for residents are administered by St. John's staff.
2. St. John's follows the most current COVID vaccine requirements according to the NYS DOH and CDC.

Staffing for Quarantine Floor

1. Dedicated staff will be utilized on floors where there are positive COVID cases. Having dedicated, consistent staffing teams who directly interact with residents that are confirmed or suspected to be infected with a contagious or infectious disease.
2. Floating staff to and from the COVID floor will be minimized. Limiting clinical and other staff who have direct resident contact to specific areas of the facility and not rotating staff between various areas of the facility during the period they are working each day during periods of recognized outbreaks.
3. Use of prior positive COVID staff will be utilized to supplement staffing on the floor.

4. Staff can be fit tested in Employee Health for appropriate N95 mask to wear while working on the floor.
5. During an outbreak the neighborhood coordinators (staffing team) are responsible for the daily assessment of staffing status and daily needs of each unit.
6. Employee Health will ensure staff who are positive for an infectious disease are given the adequate time off to recover and that the time missed from work will not involve any disciplinary action due to the time off that is needed to recover while experiencing signs and symptoms or test positive for covid-19

Cohorting

1. Every effort will be made to quarantine a COVID positive resident including moving to a COVID Cohort area, remaining in a private room or a semi-private room if there is no roommate.
 - a. If there is only one positive resident on a floor then this person will quarantine in his/her room. All other residents do not need to quarantine in their room or on the floor unless they are experiencing any COVID-like symptoms.
2. If there are two or more positive residents on the same floor then every effort will be made to cohort the positive residents together.
 - a. All residents on the floor will need to quarantine on the floor. An exception can be made to allow a non-positive resident leave a quarantine floor if it is in their best interest and they can do so in a safe manner.
3. The care plan of a resident who tests positive will be updated during quarantine. Staff will be directed to a more detailed progress note in the resident's chart which reflects a resident's choice of activities while on quarantine.
4. Residents who are cohorted will be strongly encouraged to remain in their rooms for the duration of the quarantine, which is determined by the Infection Preventionist and the Medical Director.
5. After the time agreed on by the Infection Preventionist and the Medical Director, the resident will be medically cleared by the medical provider if they meet criteria to do so.

PPE

PPE oversight

- Central Supply Manager oversees ordering and maintaining the 60 day supply.
 - Infection preventionist ensures each unit has adequate PPE supplies on each unit
 - Nursing education ensure staff are trained on using PPE
 - Unit Managers ensure staff are compliant with PPE usage while working on effected units.
1. Full PPE must be worn by anyone caring for or visiting a resident who is on quarantine for being COVID positive. Staff and visitors are notified of the PPE requirements at the time the floor goes on quarantine.
 2. If there are 2 or more COVID positive residents then PPE will be worn by the staff at all times.

Contact Tracing

1. If a resident or staff member tests positive, an assessment can be done to determine the potential source of the exposure, and whether there may be increased risk of exposure to other residents and/or staff.

2. Appropriate steps will be taken re: quarantine, additional PPE, increased testing, etc. based on the results of this contact tracing assessment.

Visitation

1. A positive resident is still able to receive visitors as he or she chooses. Visitor, resident, or their representative is to be made aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk.
2. Alcohol-based hand sanitizer is provided for all residents, visitors and staff consisting of at least 60% alcohol. Visitors are encouraged to cleanse their hands at the start and end of each visit, at a minimum.

Staff Education re: COVID

1. All new employees receive COVID training during orientation that includes donning and doffing of proper PPE required.
2. When a floor goes on quarantine donning and doffing signage is posted near the PPE cart and reviewed with staff.
3. Regular training updates will be provided to staff using group and individual in-person training, videos, and handout materials.
4. Training records are kept by Nursing education

Daily staff Resident and Family Communication

1. Information is posted at building entrances and throughout the building regarding visitation, restrictions, PPE, and other topics as needed to provide daily updates. Video screens on every floor and near elevators may also be used to communicate COVID-19 related information.
2. The Medical Team notifies the positive resident's family/responsible party to update them on the resident's condition.

Surveillance and monitoring plan

Procedure: The plan to investigate, control and take action to prevent infections in the nursing home; AND Procedures for isolation and universal precautions for residents suspected or confirmed to have a contagious or infectious disease; AND Maintaining a record of incidences and corrective actions related to infections at the nursing home

1. When a resident has signs and symptoms of an infection the Infection preventionist and medical department is notified.
2. Required Labs and testing are performed
3. Lab/testing results are obtained by the Infection preventionist and/or medical department and results given to the floor staff.
4. If multiple residents are symptomatic for the same infection a line list is initiated or floor screening is initiated.
5. Once confirmation of an infection is identified if indicated the resident is placed on the proper contact precautions and isolation box is placed on the residents door. Residents who are on precautions are identified on the key to the care.
6. Infection Preventionist completes a NORO report if indicated and contacts the regional

Epidemiologist for any reportable infections.

7. If clinically indicated residents can be cohorted together who are identified of having the same infection.

Data Analysis

Infection rate statistics and incidences are reviewed on a quarterly basis and reported to QAPI for review and corrective action monitoring.

Related Policies: Infection Control: Standard and Transmission-based Precautions
Employee Health: COVID-19 Testing for Employees and Contract Staff