

THE KNOLLS

PANDEMIC PREPARDENSS PLAN

AN ADDENDUM TO THE KNOLLS COMPREHENSIVE EMERGENCY PREPARDNESS PLAN

MARCH 2020

KNOLLS PANDEMIC PREPAREDNESS PLAN:	Pages: 1 of 20
New Policy Date: Established 3/13/20	Revision Dates: Ongoing w/ CMS/CDC/DOH updated guidance [see dates below]
Department: Nursing, Medicine, All	Approval: Medical Director: DON: Infection Prevention: Administration

INTRODUCTION:

On June 17, 2020 Governor Andrew M. Cuomo signed into Law Chapter 114 of the Laws of 2020 creating a new subdivision 12 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 facility's website, and immediately upon request a Pandemic Emergency Plan (PEP).

The Knolls is committed to complying with Subdivision 12 Section 2803 of the Public Health Law and therefore has developed our Pandemic Emergency Plan (PEP) which will stand as an addendum of our overall Comprehensive Emergency Management Plan (CEMP). The layout of this plan will first address the policy of The Knolls Pandemic Preparedness Plan and then the plan will outline how The Knolls intends to implement this plan thorough a series of procedures which address certain critical areas of focus. Two of those areas of particular importance are; an infection protection plan for residents, staff, residents and family and a communication plan that addresses how The Knolls will communicate pertinent information to residents authorized family members and/or guardians.

The Knolls Pandemic Preparedness Plan will focus primarily on the COVID-19 Pandemic which has affected the New York State as well as the rest of the world since March 2020. The Knolls Pandemic Preparedness Plan is geared to address the facilities resolve to all pandemics.

The Knolls Pandemic Preapareness Plan is available to be viewed by anyone interested on seeing how The Knolls will address any and all pandemics currently in process or if any come on the horizon. The Knolls Pandemic Plan can be accessed through The Knolls website <https://theknolls.org/important-information-regarding-coronavirus/>. In addition, any family members or government officials will be free to view the plan immediately upon request by September 15, 2020.



Department of Health

ANDREW M. CUOMO
Governor

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

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

August 20, 2020

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

Dear Nursing Home Operators and Administrators:

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

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

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

3. Proper identification of the area for residents with the pandemic infectious disease, including demarcating reminders for healthcare personnel; and
4. Procedures for preventing other residents from entering the area.
- iii. Additionally, the plan should consider steps for facility administrators and operators to determine cohorting needs and capabilities on a regular basis, including establishing steps to notify regional Department of Health offices and local departments of health if the facility cannot set up cohort areas or can no longer sustain cohorting efforts.
- b. Having personal protective equipment (PPE) in a two-month (60 day) supply at the facility or by a contract arrangement¹.
 - i. Supply needs are based on facility census, not capacity, and should include considerations of space for storage. To determine supply needs during a pandemic episode, facilities should base such need on DOH existing guidance and regulations; in the absence of such guidance, facilities should consult the [Center for Disease Control and Prevention \(CDC\) PPE burn rate calculator](#).
 - ii. Be cognizant of experience with prior pandemic response and adopt protocols outlined in guidance that are specific to the pathogen and illness circulating at the time of the pandemic, and plan to handle worst case scenarios without implementing shortage or other mitigation efforts.
 - iii. This plan should address all personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents, current guidance on various supplies and strategies from the CDC. Supplies to be maintained include, but are not limited to:
 1. N95 respirators
 2. Face shield,
 3. Eye protection
 4. Gowns/isolation gowns,
 5. gloves,
 6. masks, and
 7. Sanitizer and disinfectants in accordance with current EPA Guidance.
3. Plan for preserving a resident's place at the facility when the resident is hospitalized.
 - a. Such plan must comply with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).
4. Compliance with the PEP
 - a. Failure to comply is a violation of § 2803(12), which may subject the facility to penalties pursuant to PHL § 12 and § 12-b and other enforcement remedies.
5. Format for PEP
 - a. The Department suggests that in developing the PEP document, the facility follow the format for the Emergency Preparedness plan you developed for the CMS Emergency Preparedness Rule. We suggest that the PEP be included as

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

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

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

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

Sincerely,

Sheila McGarvey

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

Attachments (3) as follows:

OHEP.CEMPONLINE
CEMP and PEP Template
PEP Tool Kit Annex K – Infectious Disease

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POLICY: : It is the policy of The Knolls to minimize exposures to respiratory pathogens and promptly identify residents with clinical features and an epidemiologic risk for COVID 19 and to adhere to Federal and State/Local recommendations in order to prevent and/or mitigate the spread of COVID-19 (to include, for example: Admissions, Visitation, Surveillance, Notifications to families/residents, Precautions: Standard, Contact, Droplet; hand hygiene, universal source control, use of PPE, resident placement and co-horting, and more)

The Centers for Disease Control has published interim guidance entitled, "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings" (This is being updated ongoing and will be modified based on latest recommendations) "This interim guidance has been updated based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering face piece respirators (FFRs) (commonly known as N95 respirators), gloves, and gowns.." This information has been utilized, to develop the following policy and procedure.

Note: All healthcare personnel will be correctly trained and capable of implementing infection control procedures and adhere to requirements. DON/ IP/ Medical Director will check the following link regularly for critical updates, such as updates to guidance for using and optimizing PPE, infection control guidance for LTC Facilities and CMS admission process guidelines. Bethel Homes should immediately ensure that they are complying with all CMS and CDC/ DOH guidance related to infection control.

- In particular, Bethel Homes should focus on adherence to appropriate hand hygiene as set forth by CDC.
- CMS has recently issued extensive infection control guidance, including a self-assessment checklist that long-term care facilities can use to determine their compliance with these crucial infection control actions.
- Bethel Homes should refer to CDC's guidance to long-term care facilities on COVID-19 and also use guidance on conservation of personal protective equipment (PPE) when unable to follow the long-term care facility guidance.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>**Procedure**
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Signs and Symptoms of COVID-19

- People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.
 - Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms or combinations of symptoms may have COVID-19:
 - Cough
 - Shortness of breath or difficulty breathing
 - Or at least two of these symptoms: Fever, chills, sore throat, new loss of taste or smell.
- Muscle pain, repeated shaking with chills, headache, GI symptoms- diarrhea or N&V

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Admission Guidance ▪ The facility will design a plan related to physical plant and resident placement to residents who have COVID-19 from patients and residents who do not or have an unknown status.

- The facility will work with State and local community leaders to identify and designate units or a specific facility dedicated to patients and residents with known COVID-19-positive and those with suspected COVID-19, ensuring they are separate from patients and residents who are COVID-19- negative
 - The facility will coordinate with state agencies including health departments, hospitals, and nursing home associations for coordination among entities/facilities to determine if the designated unit/facility will meet designation criteria as well as the other needs outlined in the CMS guidance and (i.e. staffing, supplies and PPE)
 - COVID-19 Positive Designated Units/Facilities or part of a unit with signage indicating same.
 - Will be capable of maintaining strict infection control practices and testing protocols, as required by regulation
 - Will actively provide education for staff designated to the unit/facility
 - Shall exercise consistent assignment or have separate staffing teams for COVID- 19-positive and COVID-19-negative patients, when feasible, based upon surge capacity and needs in the community.
-
- Prior to admission, identify on the preadmission screen if resident is exhibiting symptoms of any respiratory infection (i.e. cough, fever, shortness of breath, etc.) to determine appropriate placement within the facility.
 - It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens will likely be housed on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room.
 - Isolate all admitted residents (including readmissions) in a private room, if available, with own bathroom, in the quarantine designated location for 14 days on droplet/contact isolation.
 - Patients and residents who enter facilities should be screened for COVID-19 through testing, if available. **5/10/20 – updated to require that any resident being admitted from the hospital must have at least 1 negative COVID-19 test.**
 - Limit transport and movement of the resident outside of the room to medically essential purposes (i.e. diagnostics).
 - Residents being admitted or readmitted should be screened upon entering the facility and apply a cloth face covering for source control (See admission Protocol)
 - When resident comes into the facility, they should be instructed that if they touch or adjust their cloth face covering, they should perform hand hygiene.
 - For new residents (or residents with recent travel) obtain a detailed travel history, contact with anyone with lab confirmed COVID-19 and identify if resident exhibits fever and signs and/or symptoms of acute respiratory illness.
 - When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. ▪ Per CMS, residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.
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- No group activities (internal and external) or communal dining will occur in the facility at this time **[Implemented March 13, 2020 per DOH Health Advisory]**
 - Residents will be reminded to practice social distancing and perform frequent hand hygiene

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- Those residents requiring monitoring/assistance will be allowed in the dining room only with appropriate social distancing and use of face coverings while transporting, as able.

▪ **Screening / Testing**

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- Prompt detection, triage, and isolation of potentially infected residents:
- Ongoing, frequent, active screening of every resident for fever and respiratory symptoms (i.e. should be assessed for symptoms and have their temperature taken) and may include pulse oximetry. At a minimum daily screening will occur in every facility. If symptomatic, immediately isolate and implement appropriate Transmission-Based Precautions.
- Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.

Notify your state or local health department immediately (<24 hours) if these occur:

- Severe respiratory infection causing hospitalization or sudden death
- Clusters (≥ 3 residents and/or HCP) of respiratory infection
- Individuals with suspected or confirmed COVID-19
 - Complete NORA report as required and confer with Local/State DOH epidemiologists for direction as needed.
- CDC - Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs)

Testing:

- Contact physician and public health authorities for COVID-19 testing consistent with current CDC and State Public Health recommendations
 - Work with state and local health departments to determine and address COVID-19 tests, requirements, prioritization and specimen collection.
 - Perform nasal swab for residents suspected of COVID-19 infection exhibiting the s/s of COVID 19 as listed above. Send to White Plains Hospital Lab.
 - For suspected cases of COVID-19/ or Positive cases of COVID-19, contact the State or local health department for direction and testing. (NYSDOH, or County DOH) <https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf>
 - The determination to test close contacts and/or the unit the resident(s) are on can be made at that time; as well as consideration of testing the entire facility based on clinical information.
 - See also updated outbreak testing below dd. 8/26/20.**
- Notifications and communication:
 - Contact and inform resident's physician
 - Contact and inform resident representative
 - Contact and inform the Medical Director
 - Contact and inform the DON
 - Contact and inform the Administrator so that he/she may inform all residents and families per the "Communication with Residents/Families and Staff during COVID-19 pandemic"
- For identified increase in the number of respiratory illnesses regardless of suspected etiology for residents and/or employees, immediately contact the local or State health department for further guidance

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- In accordance with previous CMS guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked.
- They will also be asked about travel to any Country or State on NYS Quarantine list.
 - An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately.

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- **Suspected or Known COVID-19** ▪ A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put into place. Symptoms may vary in severity. If symptoms are mild and do not require transfer to the hospital:
 - Place resident in an AIIR if available. If no AIIR, place on both contact and droplet precautions.
 - Contact State/Local Public Health immediately for direction, for example:
 - "Facilities without an airborne infection isolation room (AIIR) are not required to transfer the patient assuming: 1) the patient does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19". <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>

Acute Change of Condition

- Immediate isolation in private room.
- Implement transmission-based precautions (COVID-19) I.E Droplet/ Contact precautions.
- Complete clinical assessment of resident including r/o other diseases likely to cause same symptoms such as Flu.
- Monitor ill residents (including documentation of temperature and oxygen saturation) at least 3 times daily to quickly identify residents who require transfer to a higher level of care. If they require transfer:
 - CDC - Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs)
 - Call EMS (notify of COVID-19 status - be alerted to the resident's diagnosis and precautions to be taken)
 - Call receiving hospital (notify of COVID-19 status - be alerted to the resident's diagnosis and precautions to be taken)
 - Notify Medical Director/PCP
 - Complete notifications per policy including designated representative.
 - Complete Discharge Process per facility policy
 - Immediately notify Public Health department of discharge to acute care (COVID-19)
 - Limit only essential personnel to enter the room with appropriate PPE and respiratory protection. Implement consistent assignment as indicated in the facility plan.
 - Log - keep a log of all persons who enter the room, including visitors and those who care for the resident, ie assignment sheets.
 - Add to Line List

Resident Remains in the Facility (non-acute)

- Implement transmission-based precautions (COVID-19) I.E Droplet/Contact precautions.
- Implement isolation to designated room/unit per plan

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- Closely monitor resident for change of condition
 - Complete notifications per policy including designated representative
 - notify Public Health department of suspected/known COVID-19 and complete required reporting
 - Notify Medical Director/PCP
 - Completed notification per policy
 - Implement consistent assignment of staff for resident(s)
 - Only essential staff are to enter room/unit with appropriate PPE and respiratory protection
 - Add to Line List
- Residents suspected or confirmed with COVID-19 that remain in facility upon advice of local/State public health agency, will be assessed and evaluated for a minimum of 14 days for potential change in condition or additional signs and symptoms.

Readmission

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- The facility can make a determination to readmit residents diagnosed with COVID-19 from the hospital based upon the below criterion (<https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf>):
- The facility is able to follow CDC guidance for Transmission-based Precautions for COVID-19.
- **Per NYS DOH Directive dd. 5/11/20 which supercedes all other directives concerning hospital discharges to NH no hospital shall discharge any patient to a NH or ACF until they have done a molecular test for COVID 19 and obtained one negative result using such testing method.**
 - If possible, the facility will dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab unit or returning to long-stay original room). **The Knolls will use the East Wing of the Skilled Nursing Facility as area for any residents suspected of infection for the 14 day period.**
 - For suspected or confirmed COVID-19, the facility will keep a log of all persons who enter the room, including visitors and those who care for the resident. (Assignment sheets)
 - Employees who have unprotected exposure to a resident with COVID-19 should report to the Infection Preventionist or designee for further direction as indicated by State/Local Health Departments
- For anytime a new COVID + resident is identified LTCF will:

(updated per DOH 8/11/20-June 18th Interim US guidance for Risk Assessment and Work Restrictions for HCP with Potential Exposure to COVID-19 will be utilized to investigate if LTCF staff, residents/and or visitors were exposed to Covid-19. An exposure/ contact investigation will be completed and line lists "COVID exposed HCF staff monitoring linelist" (see attachment) and "COVID-19 line list template_clusters " (see attachment) will be forwarded to DOH and recommendations followed.

 - Resident Transport: Prior to resident transport, both the emergency medical services and the receiving facility will receive alerted information regarding:
 - Resident diagnosis or suspected diagnosis
 - Precautions necessary
 - A facemask will be placed on the resident prior to transport

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- Dedicated or disposable patient-care equipment should be used when possible. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer's recommendations using EPA-registered disinfectants against COVID-19: <https://www.epa.gov/newsreleases/epa-releases-list-disinfectants-use-against-covid-19>.

Discontinuation of Isolation Precautions will be determined on a case-by-case in conjunction with the State and/or Local Health Department /or will utilize a test based strategy using 2 negative tests at least 24 hours apart if resident has been Covid-19 positive. Bethel Homes will maintain new admissions (**see NYSDOH Directive dd. 5/11/20 that residents admitted from hospital must be Covid-19 negative**) on Contact/Droplet precautions in a separate area for 14 days and monitor for any s/s of Covid-19. Residents will be tested at the end of the 14 days and will be removed from precautions if negative.

Upon discontinuation of isolation precautions: Cleaning and disinfecting room and equipment will be performed using products that have EPA-approving emerging viral pathogens: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

- Notify Housekeeping upon D/C of isolation so room can be terminally cleaned.

▪ **Outbreak/ Testing**

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- In the event of a facility outbreak (CDC defines as a single new case of SARS-CoV-2 in any healthcare worker or nursing home onset in any resident) institute outbreak management protocols:
- **7/21/20: Please note that outbreak refers to infections that originated in facility-** they do not refer to either:
 1. Residents that were known to have COVID 19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility OR
 2. Residents who were placed into Transmission-Based Precautions on admission and developed SARS-COV-2 infection within 14 days after admission.
- Define authority (Infection Preventionist, DON, Administrator, Medical Director, etc.)
- **Immediate** reporting/notification and consultation with the Local/State Public Health Department
- Place resident(s) with confirmed COVID-19 in private rooms on transmission based precautions on designated COVID-19 unit/area specified on unit. These areas will be clearly marked and may be separated by plastic sheeting erected specifically for this purpose.
 - The Knolls only has private rooms therefore there will never be any co-horting of residents.
 - Implement consistent assignment of employees
 - Only essential staff to enter rooms/wings
 - Decisions on admissions will be based upon consultation with facility leadership, infection preventionist, Medical Director, acute care partner and Public Health Department
 - Consult with Public Health on testing expansion consistent with CDC Testing Guidelines for Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

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8/26/20 CMS update on testing requirements: In the event of an outbreak as defined above *all staff and residents must be tested every 3-7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result (among either group).*

- Residents who have been previously Covid + by laboratory confirmation will not be retested for outbreak surveillance; they will only be tested if symptomatic and an alternate illness etiology cannot be identified.
- Residents may exercise their right to decline COVID 19 testing in accordance with 42CFR 483.10. Person centered approach should be used to try to educate and explain the importance of testing.
- If resident refuses testing but exhibits s/s of COVID 19 they should be placed on appropriate transmission based precautions until criteria for discontinuing them has been met.
- If outbreak testing has been triggered and asymptomatic resident refuses testing- resident should be monitored to ensure resident maintains appropriate social distancing from other residents, wears a face covering and practices effective hand hygiene until procedure for outbreak testing is complete.

Please also see P&P on Antigen testing via BD Veritor or Sophia Quidel POC machine.

- Per NYS DOH emergency regulations 9-1-20 Bethel Homes will comply with testing as follows:
 1. Any nursing home resident will be tested for both COVID-19 AND Influenza whenever he/she is known to have been exposed to COVID-19 or influenza, or has symptoms consistent with COVID-19 or Influenza.
 2. Any nursing home resident who dies in the nursing home will be tested for both COVID-19 and influenza within 48 hours after death, IF he/she is suspected of having died of either disease AND HAD NOT BEEN TESTED FOR COVID-19 AND INFLUENZA IN THE 14 DAYS PRIOR TO DEATH. Deaths must be reported immediately after receiving both test results through the ERDS. However these post mortem tests are not required if the individual's next of kin objects to the testing. NOK will be contacted for permission for testing prior to performing the test on deceased. Any facility that lacks the ability to perform rapid testing for either of these tests can request that the DOH perform them. (BNRC and BNH have the ability to perform rapid COVID-19 tests see P&P for rapid antigen testing; but not influenza and will contact DOH for same).

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Personal Protective Equipment and Supplies

- State and local health departments should work together with long-term care facilities in their communities to determine and help address long-term care facility needs for PPE and/or COVID-19 tests. Refer to CMS Guidance
- Staff will use appropriate PPE when they are interacting with residents, to the extent PPE is available and per CDC guidance on conservation of PPE.
- For the duration of the state of emergency in NY State, all facility personnel should wear a facemask while they are in the facility.
- It is recommended that an N95 or surgical mask is to be used – if no surgical mask or N95 is available a cloth face covering can be used but is not considered a PPE. **See policies and procedures for PPE's (face mask, face shield, gowns) ▪ Per CDC, Ensure all staff wear a facemask while in the facility. ▪ Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.
- Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE

Facemask Do's and Don'ts

For Healthcare Personnel

When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.

When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away*, and clean your hands again.

*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.



cdc.gov/coronavirus

Respirator On / Respirator Off

When you put on a disposable respirator

Position your respirator correctly and check the seal to protect yourself from COVID-19.



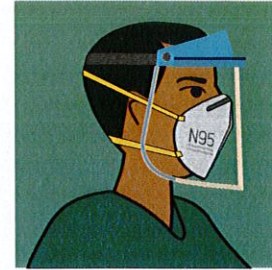
Cup the respirator in your hand. Hold the respirator under your chin with the nose piece up. The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears.



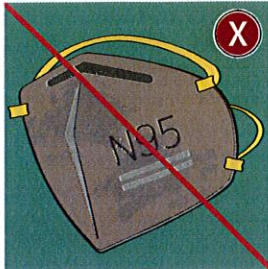
Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.



Place both hands over the respirator, take a quick breath in to check the seal. Breathe out. If you feel a leak when breathing in or breathing out, there is not a proper seal.



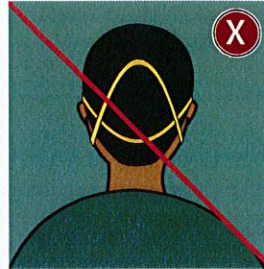
Select other PPE items that do not interfere with the fit or performance of your respirator.



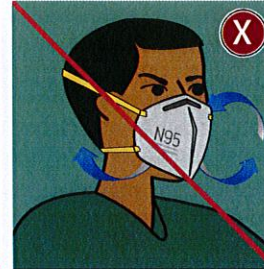
Do not use a respirator that appears damaged or deformed, no longer forms an effective seal to the face, becomes wet or visibly dirty, or if breathing becomes difficult.



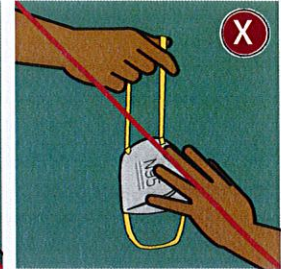
Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or to come between your face and the respirator.



Do not crisscross the straps.

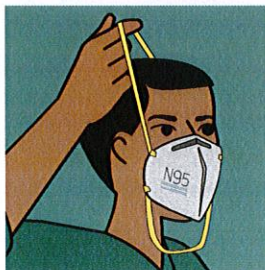


Do not wear a respirator that does not have a proper seal. If air leaks in or out, ask for help or try a different size or model.

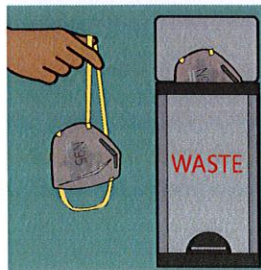


Do not touch the front of the respirator during or after use! It may be contaminated.

When you take off a disposable respirator



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in a waste container.



Clean your hands with alcohol-based hand sanitizer or soap and water.

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134, which includes medical evaluations, training, and fit testing.

Additional information is available about how to safely put on and remove personal protective equipment, including respirators:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



cdc.gov/coronavirus

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If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms on the affected unit (or facility-wide depending on the situation)

- All residents should wear a cloth face covering for source control when they leave their room or leave the facility for essential medical appointments. When healthcare workers enter the resident room, resident should cover their mouth and nose with a cloth facemask or tissue if able.
- The facility will monitor necessary supplies and equipment (PPE, ABHR, thermometers, pulse oximeters, soap, towels, etc.) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
- If facility is unable to obtain needed supplies and equipment from vendor, contact the local and state public health agency

Personal Protective Equipment (PPE) includes:

- Gloves
- Isolation Gowns ▪ In the event of supply capacity concerns, see CDC "Strategies for Optimizing the Supply of Isolation Gowns"
- Facemasks: ▪ In the event of supply capacity concerns, see CDC "Strategies for Optimizing the Supply of Facemasks"
- Respiratory Protection if facility has a respiratory protection program (Fit-tested NIOSH-certified disposable N95 filtering face piece respirator prior to entry and removal after exiting-). If disposable respirator is used, it should be removed and discarded after exiting the resident room and closing the door. Perform hand hygiene after discarding. If reusable respirator is used, clean and disinfect according the manufacturer's recommendations. If facility is using Fit-tested NIOSH-certified disposable N95 filtering respirators, staff must be medically cleared and fit-tested and trained prior to use.

In the event of supply capacity concerns for respiratory protection, the CDC has outlined measures in the "Strategies for Optimizing the Supply of N95 Respirators" at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html> and "Guidance for use of Certain Industrial Respirators by Health Care Personnel" at: <https://www.cms.gov/files/document/qso-20-17-all.pdf>

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- The Knolls will document efforts to obtain necessary PPEs and supplies needed. The facility will take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility will contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents.
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html> and
- "Guidance for use of Certain Industrial Respirators by Health Care Personnel" at: <https://www.cms.gov/files/document/qso-20-17-all.pdf> may also be used

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- If no Fit-Tested NIOSH-Certified N95 respirators available or used in facility, the Infection Preventionist/DON will identify appropriate mask that will be donned when entering and after exiting resident room:

- Examples include: https://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/default.html
<https://www.cms.gov/files/document/qso-20-17-all.pdf>

- Eye Protection that covers both the front and sides of the face. Remove before leaving resident room. Reusable eye protection will be cleaned and disinfected according to manufacturer's recommendation. Disposable eye protection will be discarded after use

- Hand Hygiene using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves

- If hands are soiled, washing hands with soap and water is required for at least 20 seconds.

- Ensure ABHR s accessible in all resident-care areas including and outside resident rooms. Hand washing may also be performed if ABHR is not immediately accessible or if hands are visibly soiled.

Per DOH guidance issued July 22,2020 all facilities must calculate and obtain a 30 Day supply of PPE by 8/31/20 and a 60 Day supply by 9/30/20.

The Knolls currently has both a 30 day and a 60-day supply of all appropriate PPE. The stockpile of this PPE is being safely secured offsite at Bethel's Ossining Campus. There is it safely maintained and protected. If any of the stored PPE is needed in the event of an outbreak supplies will be provided to The Knolls either through Bethel's transportation or by The Knoll's transportation. The Administrator will coordinate with Bethel's Purchasing Director to coordinate this process if needed. The Knolls maintains appropriate par levels of PPE on a daily basis for distribution to Knolls staff. The daily supply of PPE is overseen by the Administrator and the Administrative Assistant. The Administrator reports the daily burn rates of PPE usage and PPE replenishment to the New York State Department of Health via the HERDS reporting process on the Health Commerce System (HCS). The Administrator reports the same PPE information to The Centers for Medicare and Medicaid Services (CMS) via the Secure Access Manager System (SAMS) weekly.

Employees

*Also applies to other health care workers such as Hospice workers, EMS personnel or dialysis technicians, which provide care to the residents

- The Knolls will review facility sick leave plan for facility employees, align with current CDC and State/Local health department requirements

- Per April 29, 2020 DOH guidance any employee testing positive and asymptomatic are not eligible to return to work until 14 days from the first positive test. Symptomatic employees will not be eligible until 14 days after the onset of symptoms, provided at least 3 days (72 hours) have passed since resolution of fever without the use of fever-reducing medications and respiratory symptoms are improving.]

- Screening Employees:

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- Facility will actively screen employees for signs and symptoms of COVID-19 when employees report to work-beginning of their shift. (5/11/20: and every 12 hours while on duty) Document temperature, absence of symptoms of COVID-19, and travel to areas requiring quarantine

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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[The Knolls will perform testing of employees **per NYSDOH/ EO guidelines dd. 5/10/20**. All employees, contract staff, medical staff, operators and administrators will be tested for COVID-19. Per Bethel plans submitted to DOH these will be conducted outside the facility at State sites available to employees. All employees working >3 days will be tested 2X week. Test results will be given to the Administrator/designee of each building who will maintain a record of same. Staff working ≤ 3 days will be required to be tested 1 X per week.]

- **Above Updated June 9th any NH/ACF in Phase 2 of reopening shall test all personnel listed above 1 X Week.**
- Any person testing positive must remain at home in isolation in accordance with all guidance and directives of the State DOH/local Health Department. Specifically, pursuant to **April 29th guidance** employees are **not eligible to return to work until 14 days from first positive test**.
- Administrators will certify weekly that all required testing has been completed. Employees declining to get tested will be considered to have their health file out of compliance and will not be allowed to work.
- Bethel Homes will attempt to assist employees without transportation to attend one of the State operated testing sites or identify a site nearby their residence.

If employee is ill, employee will be provided with a clean facemask and will immediately leave the facility and self-isolate at home and follow directions for testing in collaboration with Public Health

- Employees who develop symptoms to COVID-19 will be instructed to not report to work and referred to public health authorities for testing, medical evaluation recommendations and return to work instructions.
- Employees who develop symptoms on the job will be:
 - Instructed to immediately stop work, provide with a new facemask, and immediately leave the facility
 - Instructed on self-isolation at home
 - Follow directions for testing in collaboration with Public Health
- The Infection Preventionist/DON will work with the employee to identify individuals, equipment, and locations the employee came in contact with
- The Infection Preventionist/DON will contact the local health department for recommendations on next steps for active monitoring.
- The facility will identify employees that work at multiple facilities and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19
- Follow state and local public health department guidance as it relates to staff working between multiple locations.
- The Infection Preventionist will identify exposures that may warrant restricting asymptomatic employees from working based upon CDC guidance for exposures.

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

The Infection Preventionist/DON will add employee on the line list.

- The facility will re-educate employees and reinforce:
- Strong hand-hygiene practices
- Cough etiquette
- Respiratory hygiene
- Transmission Based Precautions

- Appropriate utilization of PPE's as indicated
- PPE Sequencing
- PPE Optimization based upon CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html> and facility policy/procedures and PPE Decontamination and Reuse of Filtering Facepiece Respirators

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- Cleaning and disinfection
- EPA List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19) <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

- Facility will provide adequate work supplies to avoid sharing, and disinfect workplace areas frequently

Employee Return to Work Criteria

Return to Work Criteria for Employees with Confirmed or Suspected COVID-19. Per CDC guidelines, The Knolls will use one of the below strategies to determine when an employee may return to work in healthcare settings (<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>)

“Symptomatic HCP with suspected or confirmed COVID-19 (Either strategy is acceptable depending on local circumstances):

- *Symptom-based strategy.* Exclude from work until:

- 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] 10 days have passed *since symptoms first appeared*
- **See above- per NYS DOH guidelines these CDC recommendations will not be followed and employees will be required to quarantine for a minimum of 14 days.**

▪(updated per DOH 8/11/20-[June 18th Interim US guidance for Risk Assessment and Work Restrictions for HCP with Potential Exposure to COVID-19 will be utilized to investigate if LTCF staff, residents/and or visitors were exposed to Covid-19. An exposure/ contact investigation will be completed and line lists “COVID exposed HCF staff monitoring linelist” (see attachment) and “COVID-19 line list template clusters “ (see attachment) will be forwarded to DOH and recommendations followed.

Employees who

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After returning to work, an employee should:

Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these healthcare workers for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic. ▪ A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.

- **Of note, N95 or other respirators with an exhaust valve might not provide source control.**

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- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Crisis Strategies to Mitigate Staffing Shortages

"Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for healthcare personnel (HCP) and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home."⁵

The following includes the plan and processes in place to mitigate staffing shortages for safety and quality of care provided to the residents of the facility.

- The leadership team will identify staffing needs and identify the minimum number of staff necessary to provide a safe work environment and quality of resident care
- Leadership will be in communication with local healthcare coalitions and public health partners to identify staffing resources if indicated.
- Schedules may be adjusted to meet the needs of the residents
- Agency employees will receive adequate orientation, training, and verification of competency
- Employees will be requested to postpone elective time off if able.
- Return to work after confirmed COVID-19
- Employees should be evaluated, as guided by the State and Local health department, to determine appropriateness of earlier return to work than recommended
- If an employee returns to work **earlier than recommended**, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above. For more information, see:
 - CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19
 - CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages

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▪ **Per NYS DOH guidance issued 6/24/20** by EO staff who travel from NYS to a State requiring Quarantine by EO 205 will be required to Quarantine for 14 days upon return to NYS (see list on NYSDOH website for current states). This quarantine must be followed outside of work. Staff will be required to inform their supervisor of such travel prior to time taken.

1. Upon return to NYS staff will ensure they have COVID 19 test performed within 24 hours.
2. If staffing shortages will be created by this essential worker being excluded from work for 14 days and all other efforts have been made to mitigate the shortage; then the worker will be allowed to work utilizing source control, wearing appropriate PPE and mask at all times in facility.

Visitor Restrictions

- The facility will **restrict** visitation of **all** visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation until visitation is permitted under the State and Federal guidance for reopening: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0> **[Implemented March 9,2020]**
- For individuals that enter in compassionate situations (e.g., end-of-life care), the facility will require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks.
- Decisions about visitation during an end of life situation will be made on a case by case basis, which includes careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of COVID-19 will **not be permitted** to enter the facility at any time (even in end-of-life situations).

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- Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility (such as a dedicated area by an entrance of the building, if possible for the visit to occur)
- The visitation room will be disinfected after each visit
- Visitors will be reminded to frequently perform hand hygiene.
- Prior to entry to the facility, visitor will be instructed on:
 - Hand Hygiene
 - Limiting surfaces touched
 - Use of PPE
 - Refrain from physical contact with residents and others in the facility, (practice social distancing by remaining 6 feet apart from others and not handshaking, hugging, etc.)
- Visitors that enter in compassionate situations (e.g., end-of-life) and any individuals who entered the facility will be advised (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility.
 - If COVID-19 symptoms occur, they will be advised to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited.

Policy: Visitation During Pandemic	Page 1 of 1
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Department: Administration Nursing All	Approval: Administrator

POLICY: Bethel Homes recognizes the importance of visitation for the mental health and psychosocial wellbeing of our residents. Bethel Homes will follow all NYS DOH/CDC and local DOH guidance to facilitate in person visitation for residents in a safe manner. Understanding that certain requirements must be met prior to instituting this visitation (e.g. Covid free residents *and* staff for 28 days, development of P&P addressing how visitation will occur, assuring adequate PPE, staffing etc; as well as development and submission of a New York Forward plan) we also understand that meeting these requirements are fluid and visitation may require 'pausing' if the situation requires.

PROCEDURE: Bethel Homes/ and Glen Arden including Bethel Nursing and Rehabilitation Center, Bethel Springvale Inn, Fieldstone at The KNOLLS; The KNOLLS EH. Bethel Nursing Home, Glen Arden Healthcare Center and Glen Arden EH will establish guidelines and a procedure for in person visitation. Each facility will designate a proscribed area of the facility where visitation will occur in their NY Forward plan. Visitation will occur outdoors; weather permitting. Each facility will also identify an indoor location that may be used if outdoor conditions do not allow for visitation. They will also indicate the process for signing up for visitation, who will supervise visitation, provide Temperature and Covid symptom checks, etc. Each facility will notify their families and residents of the process and post information on the facility website with contact information.

Definitions: NH= Nursing Home ACF= Enriched Housing or Assisted Living DOH= Dept. of Health

Responsibility

Action

Administrator

The Administrator will ensure the following criteria are met before visitation can resume and these must also be included in the NH, or EH/AL NY Forward Safety Plan:

1. The NH/ACF must be in a region that has entered Phase 3 of the NYS reopening plan.
2. The NH/ACF facility must be in compliance with all state and federal requirements, state Executive Orders and guidance, as well as state and federal reporting requirements (I.E. daily HERDS reporting; weekly staff testing, and weekly staff survey, and submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
3. The facility has protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staffing teams to deal with COVID-positive residents and non-positive residents.
4. The facility has undergone a focused Infection Control Survey conducted by the DOH and found to be in substantial compliance with their infection control program (after May 1, 2020).

5. The facility has no staffing shortages as evidenced by the facility individual staffing plan [and as reported by the NH through submissions to the NHSN].
6. The absence of any **new** onset of COVID-19 among staff or residents for at least 28 days as reported to the DOH HERDS daily survey.
7. Access to adequate testing. The facility has conducted a baseline COVID 19 testing of all consenting in house residents. The facility must have the ability to test or arrange for testing of all residents upon identification of any individual with symptoms consistent with COVID 19. If a staff member tests positive the facility must have the capacity to continue re-testing of staff and residents as applicable.
8. There should be a protocol, with demonstrated adherence, to screen all staff during each shift, and each resident at least daily; and any other persons entering the facility including visitors. Screening must include daily symptom checks, temperature monitoring, (and in Nursing Home pulse oximetry checks).
9. A copy of the NH/ACF formal visitation plan should be posted to their public website and broadcasted via email to provide visitors with guidelines for visiting. Notification should be broadcast in the same way if visitation is paused due to any instance of positive COVID 19 diagnosis in either resident or staff.
10. The facility has completed the NY Forward Safety Plan and submitted a copy of the completed plan to the NYS DOH (covidnursinghomeinf@health.ny.gov). A copy of the plan will be retained at the facility where it is easily accessible and immediately available upon request of the NYS DOH or local health department. The plan will be updated as needed and any changes will be communicated to the DOH. The plan must clearly articulate the spaces to be used for visitation (indoors and outdoors) including the number of visitors and residents which could be safely socially distanced within the space(s).

Administrator/ designee

1. The instructions and parameters of visitation will be put into a fact sheet that will be posted on each facilities' individual website and sent by email to families.
2. The Administrator will assign staff responsible for development of a schedule to sign up for visitation, and indicate the hours that visitation is available. (The hours of visitation will be indicated on the Fact Sheet Protocol for each facility) The number of visitors at any one time may be no more than 10% of the facilities census: ie if there are 100 residents no more than 10 residents may have visitors at one time; and there will be no more than 2 visitors allowed per resident. HOWEVER, this number may be modified depending on the available space in the designated visiting area; allowing for adequate spacing for social distancing of at least 6 feet between residents and visitors; and 6 feet between groups.
3. The following criteria/parameters for visitation will be individualized for each facility as indicated in their NY Forward Safety Plan:
 - a. Visitation should be limited to outdoor areas, weather permitting. Under certain limited circumstances, as defined by each facility, visitation may be conducted in a well-ventilated inside area with no more than 10

individuals at one time who are wearing a facemask or face covering while in the presence of others. This may include residents visiting one another.

- b. Visitors should be limited to adults 18 or over; or accompanied by an adult 18 or over. Priority should be given to family members/HCP, then loved ones, ombudsman, or preference of resident.
- c. Visitation is strictly prohibited in resident rooms or care areas.
- d. There must be adequate staff available to perform screening and temperature checks, assist with transporting residents, monitor visitation, and clean and disinfecting of the area between visitors.
- e. Visitors will be given a Visitation Protocol fact sheet prior to the visit with expectations and protocol for the visit. Any visitor not adhering to the protocol will result in he/she/they will be prohibited from visiting during the duration of the COVID-19 state declared public health emergency.
- f. Signage will be posted in the visitation area indicating the need for facemask utilization and hand hygiene practices as well as applicable floor or area markings to cue for social distance delineations.
- g. Screening of visitors will include both temperature checks and asking screening questions which include questions on COVID symptoms (SOB, cough, sore throat, GI symptoms [nausea, vomiting or diarrhea], headache, myalgia, chills or loss of smell or taste); as well as questions regarding International travel or travel to States designated under the Commissioner's travel advisory or the Governor's mandatory quarantine. (See Governor's list of States which is updated regularly) [include link]
- h. Visitors will be screened and documentation of screening will be maintained onsite in an electronic format which will be available for DOH inspection and contact tracing. The screening will include:
 - 1. First and last name of visitor(s)
 - 2. Physical (street address) of visitor
 - 3. Daytime and evening phone number
 - 4. Date and time of visit
 - 5. Email address if available
 - 6. Notation that the individual cleared the screening (both temperature and questions). Individual temperatures or specific information should not be on the form.
- i. Adequate PPE will be available to ensure that residents wear a mask or face covering during visitation (if medically tolerated). Visitors must wear a mask or face covering at all times covering the nose and mouth; and the facility must have these available if a visitor arrives lacking a face covering.
- j. Hand sanitizer will be available and visitors are able to demonstrate appropriate use; with staff assistance if needed.
- k. Areas where visitation occurs will be appropriately disinfected between visitations using an EPA approved disinfectant. A log shall be maintained of cleaning.
- l. The area will have an appropriate receptacle for the disposal of used PPE.
- m. Visiting hours and numbers of residents receiving visitors at any one time will be set by each facility. Every effort will be made to ensure that

there is a fair system to allow all residents/families that wish visitation to do so during the proscribed visiting hours.

- n. An interdisciplinary team will be created at each facility to review visitation program compliance with the DOH Health Advisory dd. 7/10/20. (ACF must include administrator, case manager and quality assurance manager at a minimum).
4. Any resident with s/s of Covid 19 or on quarantine may not have visitors.
5. If at any time the DOH restricts visitation for any reason at any facility the facility will follow these restrictions.
6. Once a facility is open and accepting visitors then specialty practitioner, podiatric and dental services may continue.

Appendix:

- A. Signage for facemasks/ face covering
- B. Signage for social distancing
- C. Signage for not visiting if sick
- D. Visitation Protocol Fact Sheet(s)
- E. NY Forward Safety Plan- including specific areas of each building's visitation area and hours of visitation/ number of residents allowed visitors at one time.
- F. Sample of Visitor screening log

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- The facility will immediately screen the individuals of reported contact, and take all necessary actions based on findings.
- The facility will notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Communication will be provided through multiple means of the visitation restriction such as signage, letters, emails, phone calls and recorded messages for receiving calls).
 - Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.
- **PLEASE SEE VISITATION P&P DD. 7/15/20 FOR BETHEL HOMES VISITATION.. A COPY OF THIS POLICY IS ON THE WEBPAGE ALONG WITH A VISITATION PROTOCOL FACT SHEET FOR EACH BUILDING'S INDIVIDUAL VISITATION GUIDELINES.**
- EACH BUILDING HAS SUBMITTED A NY FORWARD SAFETY PLAN TO THE NYSDOH PRIOR TO INITIATING VISITATION.
- Ombudsman – residents still have the right to the Ombudsman program. Their access should be restricted per the guidance for visitors (except in compassionate care situations) however, the facility will review this on a case by case basis and will identify alternate means of communication and access in coordination with the Ombudsman.

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- The facility will increase visible signage at entrances/exits, perform temperature checks and COVID-19 symptom evaluation, increase availability to hand sanitizer, offer PPE for individuals entering the facility for end of life visits (if supply allows).
- Volunteers will not be permitted in the facility.
- Vendors will not be permitted in the facility.
- Vendors will be instructed to drop off supplies at a dedicated location (loading dock)
- EMS personnel (e.g., when taking residents to offsite appointments, etc.) will take necessary actions to prevent any potential transmission.
- In lieu of visits (either through limiting or discouraging), The facility will consider
 - Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
 - Creating/increasing listserv communication to update families, such as advising to not visit.
 - Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.



VISITOR GUIDELINES

For the safety of our residents and team members, visitation limitations are currently in place.

Outdoor visitation is allowed **by appointment only!**

- 10am to 1pm & 3pm to 5pm, Monday – Friday
- Visits will be limited to a 30-minute time frame.
- 2 designated visitors are permitted to visit a resident, separately during the scheduled appointment time.
- Visitors are not allowed indoors past the concierge's desk.
- Visitors must be **18 or older**.
- **Visitors Can not have COVID-19 symptoms.**
Symptoms include; fever, cough, shortness of breath, dizziness, diarrhea, nausea and vomiting.
- **NO PETS, EATING, or DRINKING ALLOWED** during visits with residents.
- Visitors will be screened during each visit, which consist of being asked a series of questions and having their temperature checked (Anyone with a temperature of 100°F or more will not be permitted).
- Visitors will also need to provide their contact information in the event that tracing becomes necessary.
- MASK must be worn at **ALL** times!
- Visitors will be expected to practice social distancing (Maintain a 6ft distance). Floor markings will display the appropriate distance.
- Visitors must perform hand hygiene before visiting a patient. Sanitizing foam or gel will be available.
- A designated staff will be present during all visit.
- Limited visitation may change at any time at the discretion of the NYSDOH or the facility



- If staff or resident's test positive for COVID-19; in-person visitation will be suspended for 28 days from the date the positive test was reported on the DOH HERDS survey
- If you are visiting from one of the 36 States on New York States traveler quarantine list within the last 14 days you will not be allowed to visit.
- Visitation is limited to the designated outdoor area only, weather permitting. In case of inclement weather visit will be rescheduled.
- Appointments must be made with the Concierge three days' in advance. Appointments should be emailed to the following email address Knolls.Concierge@bethelwell.org
If you email a request on a Monday, then your visit will be on that Thursday assuming there is room. Appointments made on Fridays will be scheduled for Wednesday in the following week. Appointments cannot be made on Saturdays or Sundays. The Concierge will respond with a email confirmation within a 24-hour window.
- If a resident is in a 14-day quarantine or observation period, visitation is not permitted.

PLEASE NOTE

Failure to adhere to the visitor & covid-19 guidelines, will result in you being asked to leave the premises & you will forfeit your visiting privileges.



NY FORWARD SAFETY PLAN TEMPLATE

Each business or entity, including those that have been designated as essential under Empire State Development's Essential Business Guidance, must develop a written Safety Plan outlining how its workplace will prevent the spread of COVID-19. A business may fill out this template to fulfill the requirement, or may develop its own Safety Plan. **This plan does not need to be submitted to a state agency for approval** but must be retained on the premises of the business and must be made available to the New York State Department of Health (DOH) or local health or safety authorities in the event of an inspection.

Business owners should refer to the State's industry-specific guidance for more information on how to safely operate. For a list of regions and sectors that are authorized to re-open, as well as detailed guidance for each sector, please visit: forward.ny.gov. If your industry is not included in the posted guidance but your businesses has been operating as essential, please refer to ESD's [Essential Business Guidance](#) and adhere to the guidelines within this Safety Plan. Please continue to regularly check the New York Forward site for guidance that is applicable to your business or certain parts of your business functions, and consult the state and federal resources listed below.

COVID-19 Reopening Safety Plan

Name of Business:

The Knolls

Industry:

Nursing Home/Health Care

Address:

55 Grasslands Road Valhalla, NY 10595

Contact Information:

914-461-4500 Ext. 4201

Owner/Manager of Business:

Michael Dobbins, Executive Director & Administrator

Human Resources Representative and Contact Information, if applicable:

Richard Keener 914-739-6700 x 1208 Richard.Keener@bethelwell.org

I. PEOPLE

A. Physical Distancing. To ensure employees comply with physical distancing requirements, you agree that you will do the following:

- ☒ Ensure 6 ft. distance between personnel, unless safety or core function of the work activity requires a shorter distance. Any time personnel are less than 6 ft. apart from one another, personnel must wear acceptable face coverings.
- ☒ Tightly confined spaces will be occupied by only one individual at a time, unless all occupants are wearing face coverings. If occupied by more than one person, will keep occupancy under 50% of maximum capacity.

- ☒ Post social distancing markers using tape or signs that denote 6 ft. of spacing in commonly used and other applicable areas on the site (e.g. clock in/out stations, health screening stations)
- ☒ Limit in-person gatherings as much as possible and use tele- or video-conferencing whenever possible. Essential in-person gatherings (e.g. meetings) should be held in open, well-ventilated spaces with appropriate social distancing among participants.
- ☒ Establish designated areas for pick-ups and deliveries, limiting contact to the extent possible.

List common situations that may not allow for 6 ft. of distance between individuals. What measures will you implement to ensure the safety of your employees in such situations?

Assigned monitors will be screening visitors and transporting residents to and from visitation which may require less than 6 ft. of distance between individuals.

Measures we will be proper hand washing, maintaining proper PPE, and ensuring all details outlined in the visitation fact sheet will be followed.

How you will manage engagement with customers and visitors on these requirements (as applicable)?

Staff will be monitoring scheduled visitation and ensuring social distancing guidelines will be adhered to at all times.

How you will manage industry-specific physical social distancing (e.g., shift changes, lunch breaks) (as applicable)?

There will be no scheduled visitation at shift change or during resident lunch time. The monitor will take their break during resident lunch time.

Residents and visitors will be socially distanced 6 feet apart using a table and markers.

II. PLACES

A. Protective Equipment. To ensure employees comply with protective equipment requirements, you agree that you will do the following:

- ☒ Employers must provide employees with an acceptable face covering at no-cost to the employee and have an adequate supply of coverings in case of replacement.

What quantity of face coverings – and any other PPE – will you need to procure to ensure that you always have a sufficient supply on hand for employees and visitors? How will you procure these supplies?

3 month par of PPE is being procured through our vendors by the purchasing dept. PPE Supply is maintained in the facility storeroom; and a weeks supply of PPE is always available directly on the unit.

- ☒ Face coverings must be cleaned or replaced after use or when damaged or soiled, may not be shared, and should be properly stored or discarded.

What policy will you implement to ensure that PPE is appropriately cleaned, stored, and/or discarded?

Our Visitation policy outlines the usage of a disposal receptacle for discarding soiled PPE and masks will be available for visitors who do not have one.

- ☒ Limit the sharing of objects and discourage touching of shared surfaces; or, when in contact with shared objects or frequently touched areas, wear gloves (trade-appropriate or medical); or, sanitize or wash hands before and after contact.

List common objects that are likely to be shared between employees. What measures will you implement to ensure the safety of your employees when using these objects?

Common objects that are likely to be shared between employees will be the thermometer to be used for temperature checks, pen for signing screening sheet, resident wheelchair, table and chairs.

All common objects will be wiped down with a EPA-approved disinfectant in between each visit.

B. Hygiene and Cleaning. To ensure employees comply with hygiene and cleaning requirements, you agree that you will do the following:

- ☒ Adhere to hygiene and sanitation requirements from the [Centers for Disease Control and Prevention \(CDC\)](#) and [Department of Health \(DOH\)](#) and maintain cleaning logs on site that document date, time, and scope of cleaning.

Who will be responsible for maintaining a cleaning log? Where will the log be kept?

The monitor will be responsible for the cleaning log.

The cleaning log will be kept along with the visitation fact sheet on a table specifically set up for visitation, at the work location.

- ☒ Provide and maintain hand hygiene stations for personnel, including handwashing with soap, water, and paper towels, or an alcohol-based hand sanitizer containing 60% or more alcohol for areas where handwashing is not feasible.

Where on the work location will you provide employees with access to the appropriate hand hygiene and/or sanitizing products and how will you promote good hand hygiene?

A table will be set up at the work location and facility will provide the appropriate sanitizing products and signage will be posted which outlines proper hand hygiene for the employee, and visitors/residents.

- ☒ Conduct regular cleaning and disinfection at least after every shift, daily, or more frequently as needed, and frequent cleaning and disinfection of shared objects (e.g. tools, machinery) and surfaces, as well as high transit areas, such as restrooms and common areas, must be completed.

*What policies will you implement to ensure regular cleaning and disinfection of your worksite and any shared objects or materials, using **products** identified as effective against COVID-19?*

The Visitation policy addresses regular cleaning and disinfection of the worksite. Any shared objects or materials will be wiped down with EPA-approved disinfectant products which are kept in the facility and will be used after every visit.

C. Communication. To ensure the business and its employees comply with communication requirements, you agree that you will do the following:

- ☒ Post signage throughout the site to remind personnel to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.
- ☒ Establish a communication plan for employees, visitors, and customers with a consistent means to provide updated information.
- ☒ Maintain a continuous log of every person, including workers and visitors, who may have close contact with other individuals at the work site or area; excluding deliveries that are performed with appropriate PPE or through contactless means; excluding customers, who may be encouraged to provide contact information to be logged but are not mandated to do so.

Which employee(s) will be in charge of maintaining a log of each person that enters the site (excluding customers and deliveries that are performed with appropriate PPE or through contactless means), and where will the log be kept?

The electronic log will be maintained of each person that enters the site at the Administrative Assistance office computer which is convenient to the visitation area.

- ☒ If a worker tests positive for COVID-19, employer must immediately notify state and local health departments and cooperate with contact tracing efforts, including notification of potential contacts, such as workers or visitors who had close contact with the individual, while maintaining confidentiality required by state and federal law and regulations.

If a worker tests positive for COVID-19, which employee(s) will be responsible for notifying state and local health departments?

Michael Dobbins, Executive Director & Administrator

Patricia Olonilua, Director of Nursing

III. PROCESS

A. Screening. To ensure the business and its employees comply with protective equipment requirements, you agree that you will do the following:

- ☒ Implement mandatory health screening assessment (e.g. questionnaire, temperature check) before employees begin work each day and for essential visitors, asking about (1) COVID-19 [symptoms](#) in past 14 days, (2) positive COVID-19 test in past 14 days, and/or (3) close contact with confirmed or suspected COVID-19 case in past 14 days. Assessment responses must be reviewed every day and such review must be documented.

What type(s) of daily health and screening practices will you implement? Will the screening be done before employee gets to work or on site? Who will be responsible for performing them, and how will those individuals be trained?

A line listing of all employees has been implemented and maintained in the vestibule area before entering the facility. The monitor will be responsible for performing temperature checks and has been trained on the proper use of the thermometer. If any person's temperature is 100 degrees or above or they have any symptoms of COVID-19; they will be asked to leave the premises immediately. A temperature and screening of all Visitors for symptoms of COVID-19 will be done before they can visit with residents by the monitor.

If screening onsite, how much PPE will be required for the responsible parties carrying out the screening practices? How will you supply this PPE?

The facility maintains at all times the appropriate supply of PPE and masks for the monitor carrying out the screening practices. Masks will be maintained at the visitation table to be available for all parties involved in the visitation.

B. Contact tracing and disinfection of contaminated areas. To ensure the business and its employees comply with contact tracing and disinfection requirements, you agree that you will do the following:

- ☒ Have a plan for cleaning, disinfection, and contact tracing in the event of a positive case.

In the case of an employee testing positive for COVID-19, how will you clean the applicable contaminated areas? What products identified as effective against COVID-19 will you need and how will you acquire them?

The facility maintains at all times from their vendor PDI brand Sani-Cloth Germicidal Disposable Wipe with Bleach, and Super-Cloth Disposable Wipes which kills pathogenic organisms including viruses. These wipes will be kept at the visitation table during all visits. Alternatively, EPA approved sanitizer will be used with disposable wipes.

In the case of an employee testing positive for COVID-19, how will you trace close contacts in the workplace? How will you inform close contacts that they may have been exposed to COVID-19?

Daily staffing sheets must be posted and maintained by the facility and can be accessed to trace close contacts on a particular day. Informing close contacts that may have been exposed to COVID-19 can be done through telephone and documentation of that call. Westchester County will also be informed and they then can inform the employee through phone or mail.

IV. OTHER

Please use this space to provide additional details about your business's Safety Plan, including anything to address specific industry guidance.

Visitation will take place in an outdoor area weather permitting.

The number of visitors will be restricted to no more than 10% of resident population at one time, and no more than 2 visitors per resident.

Visits will be scheduled and monitored.

No visitation will take place in resident rooms or care areas.

Visitors will be limited to those over the age of 18, or accompanied by an adult over the age of 18.

Visitors will be given a fact sheet with the expectations for the visit including hand hygiene and face coverings when they are screened. The sheet includes notification that if protocols are not adhered to then the visitor will not be allowed further visits during the State declared public health emergency.

Staying up to date on industry-specific guidance:

To ensure that you stay up to date on the guidance that is being issued by the State, you will:

- ☒ Consult the NY Forward website at forward.ny.gov and applicable Executive Orders at governor.ny.gov/executiveorders on a periodic basis or whenever notified of the availability of new guidance.

STAY HOME.

STOP THE SPREAD.

SAVE LIVES.

State and Federal Resources for Businesses and Entities

As these resources are frequently updated, please stay current on state and federal guidance issued in response to COVID-19.

General Information

[New York State Department of Health \(DOH\) Novel Coronavirus \(COVID-19\) Website](#)

[Centers for Disease Control and Prevention \(CDC\) Coronavirus \(COVID-19\) Website](#)

[Occupational Safety and Health Administration \(OSHA\) COVID-19 Website](#)

Workplace Guidance

[CDC Guidance for Businesses and Employers to Plan, Prepare and Respond to Coronavirus Disease 2019](#)

[OSHA Guidance on Preparing Workplaces for COVID-19](#)

Personal Protective Equipment Guidance

[DOH Interim Guidance on Executive Order 202.16 Requiring Face Coverings for Public and Private Employees](#)

[OSHA Personal Protective Equipment](#)

Cleaning and Disinfecting Guidance

[New York State Department of Environmental Conservation \(DEC\) Registered Disinfectants of COVID-19](#)

[DOH Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19](#)

[CDC Cleaning and Disinfecting Facilities](#)

Screening and Testing Guidance

[DOH COVID-19 Testing](#)

[CDC COVID-19 Symptoms](#)

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- Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.
- Residents still have the right to access the Ombudsman program. ▪ In-person access is restricted at this time except for compassionate care situation ▪ This will be reviewed on a case by case basis
- Facility will facilitate resident communication (by phone or another format) with the Ombudsman program

Communication

- **Reporting and Communication to Residents, their Representatives and Families:**

PLEASE SEE BETHEL HOMES P&P COMMUNICATIONS WITH RESIDENTS AND FAMILY/STAFF DURING COVID 19 PANDEMIC DD. 4/19/20,

- The facility will "inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—
 - (i) Not include personally identifiable information.
 - (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and
 - (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other."⁶
- The facility will review facility communication procedures for COVID-19 (initial, ongoing and upon suspected or confirmed outbreak) through multiple means (i.e. signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls) to inform individuals and non-essential health care personnel of the visitation restrictions, as outlined in <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>
- The facility will, to their fullest extent possible, inform residents and their families of limitations of their access to and ability to leave and re-enter the facility, as well as any requirements and procedures for placement in alternative facilities for COVID-19-positive or unknown status.

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- Develop and implement key talking points
- Preparation strategies for COVID-19
- Visitor restriction protocols
- Suspected or confirmed cases
- Facility process if an outbreak occurs
- Determine communication (written, verbal, electronic) for:
 - Residents

THE KNOLLS

POLICY AND PROCEDURE

Policy: Communications with Residents and family/Staff during COVID 19 Pandemic	Page 1 of 1
New Policy Date: 4/19/20	Revision Dates: 4/27/20
Departments: Administration, Social Services, Nursing, Recreation, Medicine	Approval: Administrator

POLICY: It is the Policy of The Knolls to assure that our residents, families/ and staff are kept apprised of ongoing developments in our homes as it relates to Covid 19 infections; and to keep all members of our communities informed during this difficult time. This is especially important while there is a restriction on visitation to keep our residents safe. Bethel will do everything possible to maintain the wellbeing of residents, and try to maintain quality of life in the context of social distancing and elimination of communal activity.

PROCEDURE: The Knolls will notify residents and families when any resident tests positive for Covid 19; or if a resident suffers a Covid 19 related death as documented by a physician. Bethel will also notify families and staff when there is a resident with severe respiratory infection resulting in hospitalization or death (even if not confirmed Covid 19- IE 'presumed' Covid), or ≥ 3 residents or staff with new onset respiratory symptoms within 72 hours of each other. [or as required by CMS and NYS DOH]. Bethel Homes will also follow current guidelines and notify NYS DOH, and CMS, of communicable diseases as part of our ongoing Infection Prevention and Control program. Bethel Homes will strive for transparency in reporting and communication with all interested parties.

Responsibility

Action

DON, IP or designee

1. A line list will be maintained during any outbreak of respiratory illness (as defined by 1 case of a reportable infection such as Covid 19, or ≥ 3 residents or staff with new onset respiratory symptoms) for both residents and staff.
2. When there is a new resident or staff with +COVID19 the administrator will be made aware, as well as any cluster of residents or staff with new onset respiratory symptoms.
3. Mandatory reporting requirements to DOH, CMS will be completed.

THE KNOLLS

POLICY AND PROCEDURE

Policy: Communications with Residents and family/Staff during COVID 19 Pandemic	Page 1 of 1
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Responsibility

Action

DON, IP or designee

1. A line list will be maintained during any outbreak of respiratory illness (as defined by 1 case of a reportable infection such as Covid 19, or ≥ 3 residents or staff with new onset respiratory symptoms) for both residents and staff.
2. When there is a new resident or staff with +COVID19 the administrator will be made aware, as well as any cluster of residents or staff with new onset respiratory symptoms.
3. Mandatory reporting requirements to DOH, CMS will be completed.

Social Services	<p>4. Communication with resident/designated representative will be made by Nursing, or Medicine advising of change in condition, plan of care.</p> <p>5. If a room change is required to prevent to spread of infection resident/family will be notified of same. Every effort will be made to return resident to prior living arrangement/or floor but this may not be possible during a pandemic due to infection control needs.</p>
Physician/NP/PA	<p>1. Physicians/ physician extenders will document in the medical record if there is a + Covid 19 diagnosis or if they feel that the presentation is related to Covid 19. They will also document on the death certificate if there is a + Covid diagnosis or if there is 'presumed Covid 19' in the absence of a Covid 19 test performed.</p>
Administrator/designee	<p>1. The Administrator/designee will inform residents/designated representative whenever a new positive Covid 19 case is identified; or a cluster of 3 or more respiratory infections of residents/staff. This will be done in accordance with time requirements, currently w/in 24 hours per NYS DOH mandate. Any death will also be reported within this time frame. This may be done by email, phone or letter.</p> <p>2. At a minimum the administration will provide a weekly update to residents and their representatives which will also include information of mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (IE visitation, room change notifications, etc).</p>
Recreation	<p>1. Recreation will attempt to provide activities that can be enjoyed within social distancing guidelines.</p>
Social Services	<p>2. Recreation/and or Social Services/Nursing will provide alternative methods for family/ resident involvement and communication. Video conference/face time or similar methods of engagement will be offered to residents/families. Visiting at a window, if able, can also be arranged.</p> <p>3. Families will be encouraged to attend care plan meetings via telephone.</p>

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- Resident Representatives
- Employees
- Vendors
- Visitors
- Media
- State/local health departments
- Local hospitals, EMS providers and provider community
- Other Key Stakeholders

- Determine and implement a communication lead
- Develop key facts and talking points for media (preparation and response)
- Facility Signage ▪ Signs will be posted at the entrances, elevators, and breakrooms to provide residents, staff, and visitors on instructions on hand hygiene, PPE, respiratory hygiene, and cough etiquette. Facemasks, Alcohol-based hand rub (ABHR), tissues and a waste receptacle will be available at the facility entrances.

Reporting COVID-19 Information to CDC's NHSN

- Facility will to NHSN COVID-19 Module <https://www.cdc.gov/nhsn/pdfs/covid19/ltrcf/cms-covid19-req-508.pdf> :
- Resident Impact & Facility Capacity
- Staff & Personnel Impact
- Supplies & Personal Protective Equipment
- Ventilator Capacity & Supplies

References and Resources

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

¹Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings. May 18, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

²Centers for Disease Control and Prevention: Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities (LTCFs). June 12, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>

³Centers for Disease Control and Prevention: Testing Guidelines for Nursing Homes. June 13, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

⁴Centers for Disease Control and Prevention. Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance). May 2, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

⁵Centers for Disease Control and Prevention. Strategies to Mitigate Healthcare Personnel Staffing Shortages. April 30, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

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Centers for Medicare & Medicaid Services. Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes. May 6, 2020:
<https://www.cms.gov/files/document/qso-20-29-nh.pdf>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Overview of Testing for SARS-CoV-2: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. May 29, 2020:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Information for Healthcare Providers about Coronavirus (COVID-19). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

Centers for Disease Control and Prevention. "Healthcare Personnel Preparedness Checklist for 2019-nCoV that can be downloaded and completed by the Infection Preventionist at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf>

Centers for Medicare & Medicaid Services. Upcoming requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes <https://www.cms.gov/files/document/qso-20-26-nh.pdf>

Centers for Medicare & Medicaid Services. COVID-19 Long Term Care Facility Guidance. April 2, 2020.
<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

Centers for Medicare & Medicaid Services. QSO-20-14-NH. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes: <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>

Centers for Medicare and Medicaid Services QSO-20-20-ALL <https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>

Centers for Medicare & Medicaid Services QSO-20-29-NH: <https://www.cms.gov/files/document/qso-20-29-nh.pdf>

Centers for Medicare & Medicaid Services QSO-20-30-NH: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>

Centers for Medicare & Medicaid Services. QSO-20-17-ALL. Guidance for the use of Certain Industrial Respirators by Health Care Personnel. <https://www.cms.gov/files/document/qso-20-17-all.pdf>

Local Health Department Listing and Contacts. <https://www.naccho.org/membership/lhd-directory>

Information on affected US locations: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>
FDA Resources

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Emergency Use Authorizations: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations-medical-devices>

CMS Additional Resources

Long term care facility – Infection control self-assessment worksheet:

https://qsep.cms.gov/data/252/A_NursingHome_InfectionControl_Worksheet11-8-19508.pdf

Infection control toolkit for bedside licensed nurses and nurse aides (“Head to Toe Infection Prevention (H2T) Toolkit”):

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>

Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>

Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

CMS COVID-19 Focused Survey for Nursing Homes: <https://www.cms.gov/files/document/qso-20-29-nh.pdf>

CDC Additional Resources

CDC Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and Other Long-Term Care

Settings: https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

CDC Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-

19: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>