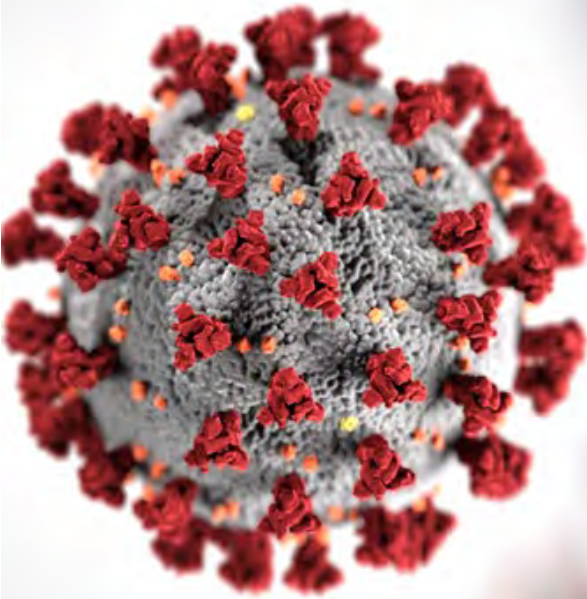


2022

Pandemic Plan



COVID-19
CORONAVIRUS DISEASE 2019

Cedarbrook Village, Inc.

3/3/2022

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COVID-19 (a.k.a. Corona Virus) Pandemic Plan

General Policy Statement(s)

SARS-CoV-2, a novel Coronavirus, was first identified as the cause of an outbreak of respiratory illness in Wuhan, Hubei Province, China in late 2019. Several Coronaviruses can infect humans, all of which typically cause respiratory disease. (To eliminate potential for confusion with a different Coronavirus, SARS-CoV, these FAQs refer to SARS-CoV-2 as “the virus that causes COVID-19” or “COVID-19”). In March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic due to the number of countries affected by its rapid spread. Cedarbrook Village is following strategies to reduce resident and employee exposure as recommended by the New York State Department of Health (NYSDOH), Occupational Safety and Health Administration (OSHA), and the Centers for Disease Control and Prevention (CDC). **All information contained in this policy is subject to change based on current guidance issued by these authorities.**

Symptoms of COVID-19

COVID-19 can cause mild to severe respiratory illness. Common symptoms include fever, cough, and difficulty breathing. Some people don't experience any symptoms. Others may experience only mild symptoms or have vague symptoms of not feeling well. Older adults, people with underlying health conditions, and people with compromised immune systems are at higher risk of severe illness from this virus. The Centers for Disease Control and Prevention (CDC) believes that symptoms of COVID-19 begin between 2 and 14 days after exposure to someone with COVID-19.

What are the basic steps Cedarbrook is doing to reduce the incidence of this illness?

Vaccination is strongly encouraged among all Cedarbrook Residents, Employees, and Visitors. Cedarbrook observes these simple steps to reduce the potential exposure of COVID and other respiratory viruses.

All employees, residents, vendors, and visitors are encouraged to:

- Wash their hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer consisting of at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

Plan Purpose and Scope

Cedarbrook is committed to providing a safe and healthy workplace for all our employees, residents, vendors, and visitors. Cedarbrook has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with OSHA's COVID-19 Emergency Temporary Standard (ETS), current NYSDOH and CDC guidance.

Roles and Responsibilities

The goal of this plan is to prevent the transmission of COVID-19 at Cedarbrook. All employees and their representatives are responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

The COVID-19 Safety Coordinator(s), listed below, implements and monitors this COVID-19 plan. The COVID-19 Safety Coordinator(s) has Cedarbrook's full support in implementing and monitoring this COVID-19 plan, and has authority to ensure compliance with all aspects of this plan.

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Cedarbrook and the COVID-19 Safety Coordinator(s) will work cooperatively with non-managerial employees, residents, and their representatives to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan.

Through the facility Quality Assurance Quality Improvement (QA/QI) Processes, employees, residents, and visitors will be able to voice suggestions in the improvement of a safe work environment. Employees can voice their concerns to any member of the QA/QI Committee, use available suggestion boxes for non-urgent issues, and communicate directly with the COVID-19 Safety Coordinator(s). Through these methods concerns regarding COVID-19 will be addressed, and suggestions will be incorporated into the QA/QI Processes for the development, implementation, and monitoring of this plan and other plans related to COVID-19.

The Vice President of Assisted Living Services and/or Case Managers will educate employee, residents, vendors, and visitors on those actions the facility is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their fellow residents.

COVID-19 Safety Coordinator(s)		
Name	Title/Facility Location	Contact Information (office location, phone, email address)
David Wallace, LPN, LNHA, MHA/Ed. (Primary)	Vice President of Assisted Living	Cedarbrook Village 101 Sitrin Lane New Hartford, NY 13413 Phone: 315-737-2710 Email: dwallace@sitrin.com
SherriAnn Young, RN (Alternate)	Director of Resident Services	Cedarbrook Village 101 Sitrin Lane New Hartford, NY 13413 Phone: 315-737-2710 Email: syoung@sitrin.com

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Hazard Assessment and Worker Protections

Cedarbrook will conduct a workplace-specific hazard assessment to determine potential workplace hazards related to COVID-19. A hazard assessment will be conducted initially and whenever changes at the workplace create a new potential risk of employee exposure to COVID-19 (e.g., new work activities).

Cedarbrook and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to conduct the workplace-specific hazard assessment. OSHA’s COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis will be used to assess hazards related to COVID-19 and guide Cedarbrook to develop and implement policies and procedures for all stakeholder protection. All completed hazard assessment forms and results will be attached to this plan and will be accessible to all employees and their representatives at each facility. Cedarbrook will address the hazards identified by the assessment, and include policies and procedures to minimize the risk of transmission of COVID-19 for each employee.

Standard and Transmission-Based Precautions

Cedarbrook has developed and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC’s “Guidelines for Isolation Precautions.”

Cedarbrook and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to develop and implement these policies and procedures. OSHA’s COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis will be used to assess COVID-19 hazards and develop and implement Standard and Transmission-Based infection control precautions.

Isolation and Quarantine Instructions

- “**Isolation**” is when an individual who is sick is separated from others, to avoid spreading germs. People remain in isolation until they are no longer infectious. Isolation might be voluntary or might be based on a legal order from the local health department.
- Residents who are **suspected or confirmed to have COVID-19** must be **isolated** in a room by themselves. Discuss with your local health department if you don’t have enough private rooms to isolate ill residents.
 - A resident **confirmed** to have COVID-19 may share a room with another resident **confirmed** to have COVID-19, if single rooms are not available.
 - Residents **suspected** to have COVID-19 **should not** share a room with residents **confirmed** to have COVID-19, in case their illness is not COVID-19.
 - Residents **suspected** to have COVID-19 **should not** share a room with other residents **suspected** to have COVID-19, if possible, in case one of them has COVID-19 and the other does not. Discuss with your local health department if you don’t have enough private rooms to isolate ill residents.
 - All residents in isolation should be given a surgical face mask and asked to wear it, if tolerated, anytime employee are in the room. This is called “source control.” the mask helps keep their respiratory secretions from getting into the air around them.
 - All employee entering the room of a resident in isolation must wear a face mask, gloves, gown, and eye protection (goggles or a face shield), if available. Discuss with your local health department if these items are not available.
- “**Quarantine**” is when an unwell person is separated from others, for a period of time, to prevent the spread of germs. Quarantine might be voluntary or might be based on a legal order from the local health department.

- Any resident who has been in “**close contact**” with a person, or who has been coughed or sneezed on by someone who has been confirmed to have COVID-19, must be quarantined for 14 days.
- “**Close contact**” means:
 - Sharing the same household;
 - Direct physical contact;
 - Direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on, touching used paper tissues with a bare hand); or
 - Being within 6 feet of a case for 10 minutes or more (e.g., room, car).

Tracking/Monitoring of COVID-19

- Cedarbrook Village will use the Respiratory Infection Surveillance tool to track any symptoms of COVID-19 or respiratory illness during any suspected or actual outbreaks.

Discontinuation of Isolation for Residents with COVID-19

Cedarbrook will follow the most recent issued guidance from the NYSDOH, CDC, and OSHA when considering the discontinuation of isolation for residents recovered from COVID-19. Cedarbrook follows a test-based strategy for the discontinuation of transmission-based precautions for residents with COVID-19 when they meet the following more stringent conditions:

- Test-based strategy:
 - Lack of fever (greater than and equal to 100.0), without fever-reducing medications; **AND**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA, **from at least two consecutive tests conducted on recommended specimens (nasopharyngeal, nasal and oropharyngeal, or nasal and saliva), collected greater than or equal to 24 hours apart.**
 - **For residents who were asymptomatic at the time of their first positive test and remain asymptomatic, testing for release from isolation may begin a minimum of 7 days from the first positive test.**

These recommendations also apply to persons suspected of having COVID-19. The test-based strategy is strongly preferred for severely immunocompromised residents (e.g., treated with immunosuppressive drugs, stem cells, or solid organ transplant recipients, inherited immunodeficiency, or poorly controlled HIV). If the test strategy is not used for individuals severely immunocompromised, the case should be discussed with the local health department or with NYSDOH.

Hospital Discharges & Admissions to Cedarbrook

ACFs, such as Cedarbrook, must provide care to residents and ensure their life, health, safety, and welfare are protected, according to Social Services Law § 461-c(2-a) and 18 NYCRR 487.7 and 488.7.

Cedarbrook shall not accept a resident back until the Administrator/VP of Assisted Living Facility has first certified that the facility can provide that resident with adequate care.

Cedarbrook will strongly encourage resident testing prior to re-admission from a hospital or other health care setting where there is a known prevalence of COVID-19 or as per most recent CDC Guidance. Cedarbrook may, at its discretion, obtain the resident/representatives consent and obtain COVID-19 testing upon admission or after admission based on current CDC and DOH guidance.

If the facility is not able to provide adequate care to a resident at any time during that resident’s stay, the facility Administrator will be responsible to notify the respective regional office of the Department of Health and provide the necessary information and assist with any relocation needs including, but not limited to, arranging transportation to an alternate facility that can provide adequate care for the resident.

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In the event a resident is stable and appropriate for discharge, and the facility is unable to certify that they can provide adequate care, a hospital may, in the event the capacity is necessary for more acute residents, choose to call their respective regional office of the Department of Health to arrange discharge and transportation to an alternate facility that can provide adequate care for the resident.

There are facilities available for COVID-19 positive residents that require skilled nursing, such as Charles T. Sitrin Health Care Center. These facilities are available around the state, and providers should contact the Department of Health to identify the appropriate setting.

Residents who are out of the building 24-hours or more are encouraged to test upon their return, if tolerated.

Resumption of Salon Services

Based upon current State and Health Department guidance, Cedarbrook Village may resume in-house salon services, provided that the facility can adhere to all local, state, and federal requirements as applicable, relative to hair salons and barbershops.

Salon services may not commence in Red or Orange micro-cluster zones (areas of high prevalence of COVID-19 as determined by state officials).

Residents who are isolated or quarantined are ineligible for salon services until cleared by the local health department or removed from droplet and/or contact precautions.

The following procedures include minimum requirements and are based on current best-known public health practices. Cedarbrook must stay current with any updates to these requirements and incorporate any hair salon or barbershop operation into their Safety Plan.

Testing and Screening

Beauticians (and Barbers) providing salon services within Cedarbrook Village are subject to all requirements below:

- Testing as per current NYSDOH, CDC, or OSHA guidance.
- Beauticians are required to screen prior to entry to the building following current visitation policies. If services exceed 8 hours the beautician must re-screen and check their temperature documenting on the **Guest Sign-in COVID (3/8/2022) Form**.
- Beauticians will be required to wash their hands when entering Cedarbrook, before initiating services, and between residents.

Sanitizing and Personal Protective Equipment

- Cedarbrook will provide each beautician enough hand sanitizer for use when traveling apartment to apartment. Before entry into a resident's apartment, the beautician must sanitize his/her hands.
- Handwashing must be performed by both the resident and beautician before and after service is provided.
- Soap will be provided for use by Cedarbrook Village in all resident apartments for good hand hygiene.
- Before services commence, the resident must be screened for signs/symptoms of COVID-19, including a temperature check. Each resident has a personal oral thermometer in his/her apartment. Any resident with a temperature equal to or greater than 100F will not be eligible for services and the beautician must immediately notify a member of the care employee.
- No sharing of items is permitted.
- The beautician will be required to disinfect all equipment/product items brought into the resident's apartment before and after removal (i.e. electric clippers, scissors, hair spray bottles, etc).
- The beautician must follow the core principles of infection control as outlined in this document.
- Only one-time use disposable capes/aprons will be permitted.
- The beautician must ensure time is built-in between appointments to allow for full disinfection between equipment/ product containers being brought from apartment to apartment.

Physical Distancing and Signage

Cedarbrook will continue to promote social distancing and implement the following:

- All current guidance regarding mask use and social distancing will apply as they related to salon services provided to Residents.

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Communication and Agreement

During any emergency declaration, the beautician and/or barber must agree to adhere to the following:

- Affirm their review and understanding of the State-issued industry guidelines and agree to implement guidelines as directed;
- Maintenance of a continuous log which includes residents served and the resident's temperature at the time of service; and,
- Submission of salon service receipts to designated employee for sign-off.

Compliance and Evaluation

To ensure compliance and that resident safety remains paramount Cedarbrook will:

- Monitor beautician/barber services to ensure compliance with testing and documentation requirements.

Personal Protective Equipment (PPE)

Cedarbrook will provide, and ensure that employees wear, facemasks or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for facemasks will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

The facility maintains adequate supplies of PPE on-site to facilitate resident, staff, and visitor use. PPE is monitored by the Vice President of Assisted Living Facility. Par levels are adjusted based on daily use and burn rates. Burn rates are adjusted based on daily use. Usage increases as the result of residents on isolation or suspected/confirmed cases of COVID-19 are considered in calculating daily burn rates. The facility works to keep a 30 day supply of PPE on hand at all times. PPE is maintained onsite and available by all care staff 24 hours a day, 7 days a week. All employees, vendors, and visitors are provided a new facemask upon arrival to the facility. Cedarbrook has PPE supply agreements with larger distributors as well as local distributors for emergent needs (i.e. Northern Safety, Wilcor).

Facemasks provided by Cedarbrook will be FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. Cedarbrook will provide employees with a sufficient number of facemasks, which must be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary (e.g., resident care reasons). Cedarbrook may also provide a respirator to employees when only a facemask is required (i.e., when a respirator is not otherwise required by OSHA's COVID-19 ETS) and, when doing so, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Cedarbrook will also permit employees to wear their own respirator instead of a facemask and, in such cases, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Additional information about when respirator use is required can be found below.

- All staff will have access to facemasks and respirators (where appropriate) while on duty. Masks are provided at the start of each shift and available at centralized locations throughout the facility for employees to change when soiled. Employees are encouraged to change facemasks daily. Employees entering resident's room on transmission based precautions are to follow all applicable PPE requirements for the type of precautions established.

Paragraph (a)(4) of the ETS exempts fully vaccinated employees from the PPE requirements of the ETS when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. The following are additional exceptions to Cedarbrook's requirements for facemasks:

1. When an employee is alone in a room.
2. While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.
3. When employees are wearing respirators in accordance with 29 CFR 1910.134 or paragraph (f) of OSHA's COVID-19 ETS.
4. When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). When this is the case, Cedarbrook will ensure that each employee wears an alternative, such as a face shield, if the conditions permit.
5. When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to religious belief. Exceptions will be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined with the Americans

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with Disability Act (42 USC 12101 et seq.), including a person who cannot independently remove the facemask. The remaining portion of the subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disability Act and other applicable laws. When an exception applies, Cedarbrook will ensure that any such employee wears a face shield, if their condition or disability permits it. Cedarbrook will provide accommodations for religious beliefs consistent with Title VII of the Civil Rights Act.

6. When Cedarbrook has demonstrated that the use of a facemask presents a hazard to an employee of serious injury or death (e.g., arc flash, heat stress, interfering with the safe operation of equipment). When this is the case, Cedarbrook will ensure that each employee wears an alternative, such as a face shield, if the conditions permit. Any employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.

If a face shield is required to comply with OSHA's COVID-19 ETS or Cedarbrook otherwise requires use of a face shield, Cedarbrook will ensure that face shields are cleaned at least daily and are not damaged.

Cedarbrook will not prevent any employee from voluntarily wearing their own facemask and/or face shield in situations when they are not required unless doing so would create a hazard of serious injury or death, such as interfering with the safe operation of equipment.

In addition to providing, and ensuring employees wear, facemasks, Cedarbrook will provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "[Guidelines for Isolation Precautions](#)," and ensure that the protective clothing and equipment is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

PPE will be provided to all employees based on established infection control programs guided through principles established by the CDC, OSHA, and DOH (See specific infection control procedures for details).

For employees with exposure to people with suspected or confirmed COVID-19, Cedarbrook will provide respirators and other PPE, including gloves, an isolation gown or protective clothing, and eye protection. Cedarbrook will ensure respirators are used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134), and other PPE is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

Cedarbrook follows current NYSDOH and CDC guidance for individuals with suspected or confirmed COVID-19. Employees are directed to follow established transmission based precaution standards established by Cedarbrook at all times when in contact with potentially infectious individuals.

For aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19, Cedarbrook will provide a respirator to each employee and ensure it is used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). Cedarbrook will also provide gloves, an isolation gown or protective clothing, and eye protection to each employee, and ensure use in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

Cedarbrook will require any employee who comes in contact with any resident with suspected or confirmed case of COVID-19 to wear appropriate respirator. Cedarbrook will encourage residents and their providers to use elastomeric respirators or powered air-purifying respirators (PAPRs) instead of filtering face piece respirators for AGPs on a residents with suspected or confirmed COVID-19 (see section below).

Cedarbrook and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees or representatives to assess and address COVID-19 hazards, including when there is employee exposure to people with suspected or confirmed COVID-19. OSHA's [COVID-19 Healthcare Worksite Checklist & Employee](#)

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Job Hazard Analysis may be used.

Ordering Supplies

Use existing vendor agreements and procurement plans to place orders for quantities needed by the type and size of PPE.

- Activate existing Mutual Aid Agreements to obtain available support from those partners.
- Notify the County Office of Emergency Management (OEM) when all existing agreements are exhausted and supply needs exceed those available from these sources.
- Coordinate with County OEM to identify and utilize other existing county resources.
- Notify the respective Department's Regional Office of ongoing need.
- If all local resources have been exhausted, submit a request, via your County OEM, to the NYS OEM. The request should include as much detail as available, but include at a minimum the following elements:
 - Type and Quantity of PPE by size
 - Point of Contact at the requesting facility or system
 - Delivery location
 - Date request is needed to be filled by
 - Record of pending orders

Strategies to Conserve PPE

PPE will be readily available. During shortages as declared by public health officials, employee will be encouraged to preserve supplies based on current PPE availability and guidance from DOH/CDC or other governmental authority.

- Bundle care and minimize facility employee entering room
- Consider employing to dedicated hallways
- Extended wear of face masks and eye protection as per CDC/DOH guidance

*****N95 masks are required for the care of residents with suspected or confirmed COVID-19 infection*****

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Aerosol-generating procedures (AGPs) on a resident with suspected or confirmed COVID-19.

When an AGP is performed by a resident with suspected or confirmed COVID-19, Cedarbrook will:

- Provide a respirator and other PPE, as discussed in the previous section;
- Limit the number of employees present during the procedure to only those essential for resident care and procedure support;
- Ensure that the procedure is performed in an existing airborne infection isolation room (AIIR), if available; and
- Clean and disinfect the surfaces and equipment in the room or area where the procedure was performed, after the procedure is completed.

Cedarbrook and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess and address COVID-19 hazards while performing AGPs. OSHA's COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis will be referenced.

Physical Distancing

Cedarbrook will ensure that each employee is separated from all other **unvaccinated** people in the workplace by at least 6 feet when indoors, unless it can be demonstrated that such physical distance is not feasible for a specific activity. Where maintaining 6 feet of physical distance is not feasible, Cedarbrook will ensure employees are as far apart from other people as possible. Physical distancing will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Cedarbrook and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess physical distancing in the workplace.

Posted signs and floor markings will be established to indicate where employees, vendors, visitors, and residents should be located as well as any necessary path of travel to facilitate visitation.

Signage is posted indicating any necessary physical distancing.

When physical distancing is required, Cedarbrook management staff will ensure physical workplaces provide enough distance between employees whenever possible. Shared office spaces have been arranged to maximize physical distancing between employees. When physical distancing is not possible, physical barriers will be used.

Outings, Communal Activities and Dining

As per DAL #22-26 (Revised Visitation Guidance, March 3, 2022) Effective July 8, 2021, Cedarbrook resumed communal activities including, but not limited to a program of activities under 18 NYCRR §§487.7(h) or 488.7(f).

Communal Dining

- Communal dining services may be suspended as directed by local public health (or other health officials) when there are any active cases (resident or employee) of COVID-19. Cedarbrook will follow public health official recommendations.
- Under current CDC recommendations, fully vaccinated residents can participate in communal dining without social distancing or masks. Unvaccinated residents must maintain six feet of distance from others, and all other residents must wear masks when not dining (e.g., when coming to and leaving the dining room).
- Masks should be worn by residents entering and exiting the dining room.
- Communal dining is permitted under the following conditions:
 - No resident/employee member with signs/symptoms of COVID-19 may participate in communal dining services.
 - Residents maintain good hand hygiene using available hand sanitizer or sink located in the entry of the dining room (internet café or bathrooms).
 - Residents wear a mask at all times until seated.
 - Dining room staff will screen residents before entry in the dining room and monitor for signs/symptoms of COVID-19 (temperatures are not necessary per local health department guidance).
 - All tables will be cleaned with approved facility cleaning agents at the end of each meal service (see Environmental Cleaning above).
 - During periods of high community incidence of COVID-19 (or otherwise directed by health officials), visitors will not be permitted in the dining room during meal service.

Activities

- Under current CDC recommendations, fully vaccinated residents can participate in activities without social distancing or masks if all individuals participating in the activity program are vaccinated. Unvaccinated residents must maintain six feet of distance from others, and all other residents must wear masks when not dining (e.g., when coming to and leaving the dining room).
- During activities where one or more persons participating in the activity is unvaccinated, masks will be required for all individuals participating in that activity program.
- Vaccinated residents may have close contact. Mask may be removed once seated or in their group for the activity.
- As per DAL #22-26 Cedarbrook must permit residents to leave the facility as they choose. The ACF staff must remind the resident and anyone accompanying the resident to follow all recommended infection prevention practices including wearing a face mask, maintaining physical distance, and practicing hand hygiene.
 - If the resident (or family member or other individual associated with the resident) reports a possible close contact to an individual with COVID-19 while outside the ACF, and the resident is unvaccinated or not fully vaccinated, the resident should be placed in quarantine and the LHD contacted. If the resident becomes symptomatic for COVID-19, the resident should be placed on transmission-based precautions regardless of vaccination status.
 - Residents who leave the ACF for 24 hours or more should be managed as a new admission or readmission and follow applicable recommendations in the Centers for Disease Control's [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes: Create a Plan for Managing New Admissions and Readmissions](#).

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Physical Barriers

Cedarbrook will install physical barriers at each fixed work location outside of direct resident care areas where each employee is not separated from all other people by at least 6 feet of distance and spacing cannot be increased, unless it can be demonstrated that it is not feasible to install such physical barriers. Physical barriers will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Cedarbrook and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to identify where physical barriers are needed.

Where feasible, Cedarbrook will ensure that:

- Physical barriers are solid and made from impermeable materials;
- Physical barriers are easily cleanable or disposable;
- Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit;
- Physical barriers are secured so that they do not fall or shift, causing injury or creating a trip or fall hazard;
- Physical barriers do not block workspace air flow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation;
- Physical barriers are transparent in cases where employees and others have to see each other for safety; and
- Physical barriers do not interfere with effective communication between individuals.
- Locations:
 - Public facing fixed workstations (e.g., entryway/lobby, resident bank area);
 - Security screening and checkpoints.
- Methods:
 - Free-standing on the floor and secured;
 - Mounted securely to hard surfaces above the floor; or
 - Hung from above and extending down from the ceiling or other fixture and secured so as not to fall, flap, or move.

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Cleaning and Disinfection

Cedarbrook will implement policies and procedures for cleaning, disinfection, and hand hygiene, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Cedarbrook and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace.

In resident care areas, resident rooms, and for medical devices and equipment:

Cedarbrook will follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "COVID-19 Infection Prevention and Control Recommendations" and CDC's "Guidelines for Environmental Infection Control."

In all other areas:

Cedarbrook requires the cleaning of high-touch surfaces and equipment at least once a day, following manufacturers' instructions for the application of cleaners.

When a person who is COVID-19 positive has been in the workplace within the last 24 hours, Cedarbrook requires cleaning and disinfection, in accordance with CDC's "Cleaning and Disinfecting Guidance," of any areas, materials, and equipment that have likely been contaminated by that person (e.g., rooms they occupied, items they touched).

Cleaning logs will be completed by the housekeeping staff and assigned visitation staff. The Vice President of Assisted Living will review the logs weekly to ensure ongoing compliance. Logs will be located in the front office. The "Housekeeping Checklist" identifies specific high-traffic areas and surfaces to be cleaned on an ongoing basis to reduce the risk of COVID-19. Cleaning will also be the responsibility of the staff assigned to facilitate visitation for the day to ensure appropriate cleaning/sanitation of the designation visitation area inside the building.

Cedarbrook has multiple locations for hand hygiene to be completed. Visitors are provided information prior to entry on location of sinks. Housekeeping staff and Care Staff monitor par-levels of soap and paper towels for all areas with sinks. Cedarbrook will provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities. In addition, signs will be posted encouraging frequent handwashing and use of hand sanitizers.

Signs alert staff, residents, vendors, and visitors of the location of the hand sanitizer. Staff are only permitted to use hand sanitizer 3 times and then hand washing is required. Dietary staff must use soap and water.

Cleaning will be completed at the end of each visit using an approved cleaning agents. Multi-use care equipment such as Medication carts will be cleaned each shift and top surfaces cleaned in between each medication pass. Care staff may use CAVI-wipes, Clorox Disinfectant Wipes, ProSpray Wipes, or other approved EcoLab products approved for surface disinfection (purple spray). The VP of Assisted Living will ensure that any new products introduced will be reviewed, SDS data collected, and such products are listed on the CDC website and New York State Registered Disinfectants Based on EPA List.

Shared objects are cleaned before and after each use. Multi-use thermometers will be cleaned by care staff before and after use as well as blood pressure cuffs and stethoscopes. All products for disinfection will be reviewed by the VP of Assisted Living to ensure appropriate use based on manufacturers' recommendations and they are listed as approved cleaning agents for COVID-19 by the CDC. Cedarbrook care staff typically use CAVI-wipes, Clorox ® (or Dispatch) disinfectant wipes, and products supplied by EcoLab.

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Both indoor and outdoor visitation areas will be cleaned after each visit by assigned staff. All visitors, employees, and vendors are directed to perform hand-hygiene using both soap and water or approved hand-sanitizer. Hand sanitizers are located in each laundry room and hallway of the facility. Stands are available to the entrance/exit to the dining rooms. Staff and residents are encouraged to use these hand hygiene stations throughout the day. Handrails, door handles, counter-tops, and other frequently touched items are routinely cleaned by assigned staff.

Vehicles

Residents and all staff are required to wear masks, to the extent they can medically tolerate one, when being transported between locations.

Staff who cannot medically tolerate the use of a face covering should not be assigned to transport individuals.

After each trip is completed, the interior of the vehicle should be thoroughly sanitized and disinfected before additional individuals are transported.

Where appropriate and safe, windows should be rolled down to permit air flow.

Ventilation

Cedarbrook heating, ventilation, and air conditioning (HVAC) system and ensure that:

- The HVAC system(s) is used in accordance with the manufacturer’s instructions and the design specifications of the HVAC system(s);
- The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used;
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system;
- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s).

Cedarbrook’s Maintenance Supervisor works with outside contracted vendors in maintaining the optimal operation of all HVAC systems. The Maintenance Supervisor certify that the HVAC system(s) are operating in accordance with the ventilation provisions of OSHA’s COVID-19 ETS and list the individual(s) below.

Cedarbrook follows CDC’s standards for facility ventilation as it applies to Enriched Housing Communities/Assisted Living Programs. [CDC’s Ventilation Guidance](#)

Examples include

- Opening windows and doors during work hours when outdoor climate allows, and when doing so would not present other health or safety hazards;
- Placing fans in windows, but not where potentially contaminated air flows directly from one person to another;
- Running the HVAC system for at least 2 hours before and after the building is occupied;
- Using portable high-efficiency particulate air (HEPA) fan/filtration systems; or
- Other measures identified.

The following individual(s) is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of OSHA’s COVID-19 ETS.	
<i>Name/Contact Information: Don Gilberti, Maintenance Supervisor 101 Sitrin Lane; New Hartford, NY 13413</i>	<i>Location/Phone: Cedarbrook Village (315) 534-2112</i>
<i>Name/Contact Information: H.J. Brandeles Corporation 8101 Halsey Rd., Whitesboro, NY 13492</i>	<i>Location/Phone: Whitesboro, NY (315) 733-7565</i>

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Health Screening and Medical Management

Health Screening

Cedarbrook will screen each employee before each work day and each shift.

Screening and Management

In areas where direct resident care is provided, Cedarbrook will:

- Limit and monitor points of entry to the area(s);
- Screen and triage all visitors, employees, vendors, administrators and operators for symptoms of COVID-19;
- Implement other applicable resident management strategies in accordance with the CDC's COVID-19 Infection Prevention and Control Recommendations; and
- During periods of high incidence of community outbreak of COVID-19, encourage the use of telehealth services where available and appropriate in order to limit the number of people entering the workplace.

All individuals first entering the building each day must be screened prior to entry as defined below.

During any potential state/local outbreaks of COVID-19, and as directed by the NYSDOH, OSHA, or CDC, Cedarbrook Village will:

- Post signs at the entrance encouraging visitors not to visit if they have symptoms of respiratory infection.
- Ensure sick employees stay home if they have symptoms of respiratory infection.
- Monitor all resident symptoms of respiratory infection upon admission to Cedarbrook and implement appropriate infection prevention practices for incoming symptomatic residents.

Employee Notification to Employer of COVID-19 Illness or Symptoms

Cedarbrook will require employees to promptly notify their supervisor or COVID-19 Safety Coordinator(s) when they have tested positive for COVID-19 or been diagnosed with COVID-19 by a licensed healthcare provider, have been told by a licensed healthcare provider that they are suspected to have COVID-19, are experiencing recent loss of taste and/or smell with no other explanation, or are experiencing both fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath.

Employer Notification to Employees of COVID-19 Exposure in the Workplace

Cedarbrook will notify employees if they have been exposed to a person with COVID-19 at their workplace, as described below. The notification provisions below are not triggered by the presence of a resident with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 residents (e.g., emergency rooms, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals). When Cedarbrook is notified that a person who has been in the workplace (including employees, clients, residents, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) is COVID-19 positive, Cedarbrook will, within 24 hours:

- Notify each employee who was not wearing a respirator and any other required PPE and has been in close contact with the person with COVID-19 in the workplace. The notification must state the fact that the employee was in close contact with someone with COVID-19 along with the date(s) the contact occurred.
- Notify all other employees who were not wearing a respirator and any other required PPE and worked in a well-defined portion of a workplace (e.g., a particular floor) in which the person with COVID-19 was present during the potential transmission period. The notification must specify the date(s) the person

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with COVID-19 was in the workplace during the potential transmission period.

- Notify other employers whose employees were not wearing a respirator and any other required PPE and have been in close contact with the person with COVID-19, or worked in a well-defined portion of a workplace (e.g., a particular floor) in which that person was present, during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period and the location(s) where the person with COVID-19 was in the workplace.

Notifications will not include the name, contact information, or occupation of the COVID-19 positive person.

Note: Close contact means being within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period during the person's potential transmission period. The potential transmission period runs from 2 days before the person felt sick (or, if not showing symptoms, 2 days before testing) until the time the person is isolated.

- Employees will also be notified of any positive COVID-19 cases/exposures in person, telephone, memorandum, or through the Smartlinx system.

Medical Removal from the Workplace

Cedarbrook has also implemented a policy for removing employees from the workplace in certain circumstances. Cedarbrook will immediately remove an employee from the workplace when:

- The employee is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19);
- The employee has been told by a licensed healthcare provider that they are suspected to have COVID-19;
- The employee is experiencing recent loss of taste and/or smell with no other explanation; or
- The employee is experiencing both a fever of at least 100.4°F and new unexplained cough associated with shortness of breath.

For employees removed because they are COVID-19 positive, Cedarbrook will keep them removed until they meet the return-to-work criteria discussed below or otherwise determined by the most recent NYSDOH, OSHA, or CDC guidance. For employees removed because they have been told by a licensed healthcare provider that they are suspected to have COVID-19, or are experiencing symptoms as discussed above, Cedarbrook will keep them removed until they meet the return-to-work criteria discussed below or keep them removed and provide a COVID-19 polymerase chain reaction (PCR) test at no cost to the employee. If the employee tests negative, they can return to work immediately. If the employee tests positive or refuses a test, they must remain excluded from the workplace until the return-to-work criteria below are met. If the employee refuses to take the test, Cedarbrook will continue to keep the employee removed from the workplace, but is not obligated to provide the medical removal protection benefits discussed below (Note: absent undue hardship, Cedarbrook will make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons, consistent with applicable non-discrimination laws).

If Cedarbrook notifies an employee that they were in close contact with a person in the workplace (including employees, clients, residents, vendors, contractors, and other visitors, or other non-employees) who is COVID-19 positive when that employee was not wearing a respirator and any other required PPE, Cedarbrook will immediately remove the employee from the workplace unless:

1. The employee does not experience recent loss of taste and/or smell with no other explanation, or fever of at least 100.4°F and new unexplained cough associated with shortness of breath; AND
2. The employee has either been fully vaccinated against COVID-19 (i.e., 2 weeks or more following the

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final dose) or had COVID-19 and recovered within the past 3 months.

Cedarbrook will keep the employee removed from the workplace for 14 days or will keep the employee removed and provide a COVID-19 test at least 5 days after the exposure at no cost to the employee. If the employee tests negative, they may return to work 7 days following exposure. If the employee tests positive, the employee must remain excluded from the workplace until the return-to-work criteria below are met. If the employee refuses a test, Cedarbrook will keep the employee excluded for 14 days, but is not obligated to provide the medical removal protection benefits discussed below (Note: absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons, consistent with applicable non-discrimination laws).

Any time an employee must be removed from the workplace, Cedarbrook may require the employee to work remotely or in isolation if suitable work is available. When allowing an employee to work remotely or in isolation, Cedarbrook will continue to pay that employee the same regular pay and benefits the employee would have received had the employee not been absent.

Cedarbrook will not subject its employees to any adverse action or deprivation of rights or benefits because of their removal from the workplace due to COVID-19.

Return to Work Criteria

Cedarbrook will only allow employees who have been removed from the workplace to return to work in accordance with the most recent return to work guidance published by the Department of Health **(Updated Advisory on Return-to-Work Protocols for Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2; 2/4/2022)**

If an employee has severe COVID-19 or an immune disease, Cedarbrook will follow the guidance of a licensed healthcare provider regarding return to work.

Summary of Work Restrictions for Healthcare Personnel ¹				
	Vaccination Status	CDC Conventional Strategies	CDC Contingency Strategies	CDC Crisis Strategies
Infected	Any	10 days OR 7 days with negative test ² , if asymptomatic or mild-moderate illness with improving symptoms	5 days with/without negative test, if asymptomatic or mild-moderate illness with improving symptoms	Facilities contact NYSDOH. No work restrictions, with prioritization considerations (e.g., types of patients they care for).
Exposed ³	Up to date: Fully vaccinated and boosted OR Fully vaccinated but not eligible for booster dose	No work restrictions, negative test on days 1 ⁴ and 5-7	No work restrictions	No work restrictions
	Not up to date: Fully vaccinated and eligible for booster but not boosted OR Not fully vaccinated	10 days OR 7 days with negative test ²	No work restrictions with negative tests on days 1 ⁴ , 2, 3, and 5-7 (if shortage of tests prioritize testing for day 1-2 and 5-7)	No work restrictions (test if possible). Facilities contact NYSDOH if unable to test.

1. For details and for return to work recommendations for HCP who are immunocompromised, have severe or critical illness, or are within 90 days of a prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards), [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards), and Infection Control FAQs at [Clinical Questions about COVID-19: Questions and Answers](#).
2. Negative test result within 48 hours before returning to work.
3. HCP who are not able to avoid ongoing exposure to an infected individual throughout the duration of the individual's illness (e.g., a household contact) should be tested according to the matrix above and then regularly thereafter, with the final testing occurring 5-7 days after their last exposure. See Infection Control FAQs at [Clinical Questions about COVID-19: Questions and Answers](#).
4. For calculating day of test: For those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; for those with exposure consider day of exposure as day 0.

Medical Removal Protection Benefits

Cedarbrook will continue to pay employees who have been removed from the workplace under the medical removal provisions of OSHA's COVID-19 ETS.

Staff will be paid in accordance with the New York State Department of Labor Guidance on use of COVID-19 Sick Leave issued on January 20, 2021 which states the following:

1. An employee who returns to work following a period of mandatory quarantine or isolation does not need to be tested before returning to work, except for nursing home staff. However, an employee who subsequently received a positive diagnostic test result for COVID-19 must not report to work. The employee shall be deemed to be subject to a mandatory order of isolation from the Department of Health and shall be entitled to sick leave as required by New York's COVID-19 sick leave law, whether or not the employee already has received sick leave as required by the law for the first period of quarantine or

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isolation. However, the employee must submit documentation from a licensed medical provider or testing facility attesting that the employee has tested positive for COVID-19. The employee does not need to submit documentation of a positive result if the employee's employer gave the employee the test for COVID-19 that showed the positive result.

2. An employee who is subject to an order of quarantine or isolation but continues to test positive for COVID-19 after the end of such quarantine or isolation period must not report to work. Please note that an employee is not recommended to be tested to discontinue isolation or quarantine. The employee shall be deemed to be subject to a second mandatory order of isolation from the Department of Health and shall be entitled to sick leave as required by New York's COVID-19 sick leave law for the second period of isolation. However, the employee must submit documentation from a licensed medical provider or testing facility attesting that the employee has received a positive diagnostic test for COVID-19 after completing the initial period of isolation. The employee does not need to submit documentation of a positive result if the employee's employer gave the employee the test for COVID-19 that showed the positive result.
3. If an employer mandates that an employee who is not otherwise subject to a mandatory or precautionary order of quarantine or isolation to remain out of work due to exposure or potential exposure to COVID-19, regardless of whether such exposure or potential exposure was in the workplace, the employer shall continue to pay the employee at the employee's regular rate of pay until such time as the employer permits the employee to return to work or the employee becomes subject to a mandatory or precautionary order of quarantine or isolation, at which time the employee shall receive sick leave as required by New York's COVID-19 sick leave law, in accordance with this guidance, for the period of time the employee is subject to such mandatory or precautionary order of quarantine or isolation.
4. In no event shall an employee qualify for sick leave under New York's COVID-19 sick leave law for more than three orders of quarantine or isolation. The second and third orders must be based on a positive COVID-19 test in accordance with paragraphs 1 and 2.

General Considerations when COVID is Prevalent

Screening for Symptoms - Employee

- All **employee** must have their temperature taken and be screened for cough, difficulty breathing, or presence of any other respiratory symptoms (such as a sore throat), at the start of each shift, and every 8 hours thereafter, while on duty.
- Any **employee** with fever (greater than or equal to 100.0), cough, difficulty breathing, or other respiratory symptoms must be sent home immediately. Refer to the most recent guidance from the New York State Department of Health concerning protocols for personnel returning to work following COVID-19 exposure [**note: OSHA temperature threshold is greater than or equal to 100.4; NYSDOH threshold is greater than or equal to 100.0 degrees. NYSDOH threshold will be observed unless otherwise revised by state officials**]

Employees with Confirmed or Suspected COVID

- If a Cedarbrook employee has tested positive for COVID-19 and/or is symptomatic for COVID-19, the employee must not report to work and contact his/her supervisor for the most current guidance information.
- Cedarbrook continues to follow any Department of Health Advisories regarding return to work in all cases.
- Refer current Health Advisory for protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection.

Steps to take WITHIN facility:

- **Monitor residents and employees for fever or respiratory symptoms.**
 - *Restrict residents with fever or acute respiratory symptoms to their apartment. If they must leave the room for medically necessary procedures, have the individual wear a face mask (if tolerated).*
 - *In general, for the care of residents with undiagnosed respiratory infection, use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).*
 - *If there is a transmission of COVID-19 in the facility, in addition to implementing the precautions described above for residents with respiratory infections, Cedarbrook will also contact the local regional office of the NYSDOH for additional guidance.*
- **Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.**
 - *Ensure employees clean their hands according to CDC Guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).*
 - *Put alcohol-based hand rub in common areas of the facility and encourage resident/employee use.*
 - *Make sure tissues are available and any sink is well stocked with soap and paper towels for handwashing.*

When a resident is suspected to have COVID-19

- *Place a procedure mask on resident*
- *Isolate the resident in the apartment with the DOOR CLOSED.*
- *Ensure proper use of PPE*
 - *Gloves, gown, facemask, eye protection*
- *Immediately contact NYSDOH regional Epidemiology team and/or local public health*
- *Transfer decision should be based on medical need, not suspicion of COVID-19 alone. Contact the resident's physician.*

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Confirmed Resident Cases

- *Notify NYSDOH Epi contact and/or local public health office*
- *When there is a confirmed positive case of a communicable disease, Cedarbrook must notify the local health department (LHD) if not already involved and follow all recommendations from the LHD.*
- *Cedarbrook will notify family members or next of kin within 24 hours of a resident testing positive or suffering a COVID-19 related death.*
- *Actively monitor all residents*
- *Encourage all residents to remain in their apartments*
- *Follow applicable Health Advisories and guidance from local public health regarding suspending congregate dining services and activities.*
- *All residents are encouraged to wear face masks when exiting apartments*
- *Facilitate cohorting of employee (same employee assigned to those residents daily)*
- **Contact and Droplet precautions while caring for all residents in the affected hallway.**
- **Follow most recent Health Advisory regarding the discontinuation of isolation for resident who have been exposed, or recovering from COVID-19.**
- **As appropriate, Cedarbrook Leadership will ensure employees receive reeducation on the infection control practices of Cedarbrook, reeducation of this policy, and measures to prevent the spread of nosocomial infections.**

Routine Employee Testing Policy

The execution of this Plan filed pursuant to the most current Governor's Executive Order.

- I. Assessment/Research Capabilities:
 - a. Network Administration has contacted the following labs/pharmacies/testing sites:
 - i. Sites not currently available for testing:
 1. Mohawk Valley Health Systems
 2. Health Direct Pharmacy
 3. Oneida County Government (Mutual Aide Plan)
 4. Nunn's Medical Equipment
 5. Slocum Dickson Medical Group
 6. LabCorp
 - ii. Sites currently available via Drive-thru service:
 1. **Site One**
Rite Aid Pharmacy
4584 Commercial Drive
New Hartford, NY 13413
Test can be scheduled online at:
<https://www.projectbaseline.com/study/covid-19/eligibility/>
 2. **Site Two**
Griffiss International Airport
592 Hanger Road
Rome, NY 13440
Test can be scheduled by calling the New York State COVID-19 Hotline at:
888-364-3065
Or by visiting on the web:
www.Covid19screening.health.ny.gov

Procedure/ Plan:

As per DAL # 21-16 (July 2021) Updated COVID-19 Testing Requirements, Cedarbrook Village is no longer required to test or arrange for the **routine testing** for COVID-19 of personnel, including employees, contract staff, medical staff, operators and administrators, irrespective of the individual personnel's vaccination status.

Cedarbrook will comply with all applicable regulations, State guidance and directives, including but not limited to regulatory requirements under Title 18 NYCRR regarding supervision of personnel as well as vaccination requirements at 10 NYCRR Subpart 66-4.

Cedarbrook will continue to screen all staff (each shift), each resident (daily), and all persons entering the ACF, including vendors, volunteers, and visitors, for signs and symptoms of COVID-19.

Unvaccinated individuals should be encouraged to wear a facemask or face covering. Whenever a potential outbreak is identified, Cedarbrook will contact its local health department to ensure implementation of appropriate infection control recommendations.

When testing is deemed appropriate, **testing must be spaced at least two days apart**. If the employee is asymptomatic and being tested solely for the purpose of meeting the requirements of Executive Order No. 202.30, they may continue work while waiting for test results.

- Employee must test negative before returning to work.
- If an employee has tested positive for COVID-19 and/or is symptomatic for COVID-19, the employee must not report to work.

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- The employee shall be deemed to be subject to a mandatory order of isolation from the Department of Health. However, the health care employee must submit documentation from a licensed medical provider who has treated the health care employee attesting that the employee has tested positive for COVID-19 and/or is symptomatic for COVID-19.

Cedarbrook Visitation Policy

Cedarbrook Village will follow the most recent state guidance and comply with all state and federal regulations for visitation during the COVID-19 state-declared public health emergency.

Residents of Cedarbrook per DAL #22-26 (3/3/2022) must have immediate unrestricted visitation.

Cedarbrook Case Managers must document in the case notes any denied visitation including the date, time, name of visitor banned, and reasons.

General Visitation Principles

Subject to the resident's right to deny or withdraw consent at any time, and to the rules defined by the most current NYSDOH, OSHA, and CDC guidance, Cedarbrook must provide immediate access to any resident of visitors of their choice, including but not limited to immediate family or other relatives of the resident and any others who are visiting with the consent of the resident.

Core Principles / Best Practices – *to prevent unnecessary exposure to COVID-19*

Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission. Cedarbrook requires all residents, employee, visitors, and vendors to follow these core principles. These core principles include, but are not limited to:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of visitors with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status).
- Hand hygiene (use of alcohol-based hand rub is preferred).
- The use of face coverings or masks (covering mouth and nose).
- Social distancing at least six feet between persons for unvaccinated individuals.
- Instructional signage is located throughout the facility. Visitors are expected to follow all applicable signage throughout the facility regarding signs and symptoms, infection control precautions, other applicable facility practices.
- Cleaning and disinfecting high frequency touched surfaces and designated visitation areas in the facility often and after each visit.
- Appropriate employee use of Personal Protective Equipment (PPE) such as masks, gloves, gowns, face shield/ eye protection (where appropriate).
- Residents in isolation or observation, and residents with suspected or confirmed COVID-19 status, irrespective of vaccination status, should not have visitors outside of compassionate care or end-of-life situations. In these instances, every effort will be made to accommodate visits using electronic devices and alternative visitation techniques.

These core principles are consistent with federal guidelines and must be adhered to at all times. Additionally, visitation is person-centered and Cedarbrook considers the residents' physical, mental, and psychosocial well-being, and supports an individual's quality of life.

Limitations

Visitors who are unable to adhere to the core principles will not be permitted to visit or should be asked to leave the facility. Cedarbrook must document this occurrence per Title 18 of New York Codes, Rules, and Regulations, §485.14(h). **Visitors must report directly to the intended visitation area.**

Visitors may enter shared indoor common areas such as the dining room, internet café, sitting areas, or

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employee offices unless otherwise authorized following the core principles. Visitors must exit the facility upon the completion of each visit. Visitors must be able to adhere to the core principles, established Cedarbrook policies, and Cedarbrook employee is expected to provide regulatory required supervision and monitoring for all visitors.

Hours, Time Limits, and Appointments

Visitation is permitted at any time and no appointment is necessary. Out-of-area visitors are encouraged to call ahead.

Visitor Testing & Vaccination

Cedarbrook nursing staff will provide rapid antigen testing upon the request of a family member during normal business hours of Monday – Friday 8AM to 4PM. **Home COVID-19 test kits are available for independent use by Visitors.** Currently, there are no travel restrictions for out-of-town visitors in place. Cedarbrook strongly encourages but does not require visitors to vaccinate for COVID-19 before visitation. When vaccination information is shared by visitors it will be maintained in a confidential file by the Director of Patient Services and subject to all applicable privacy laws. Cedarbrook will not solicit vaccination status from visitors, nor will it restrict visitation based solely on vaccination status, but if provided will collect such information if available.

When both the Resident and visitor are vaccinated and visitation is taking place in the residents apartment, neither the resident nor visitor is required to wear a mask during visitation under current CDC guidance, but masking is suggested by Cedarbrook.

Visitation Locations & Max Peron(s)

To facilitate adherence to the core principles Cedarbrook has established maximum occupants for designated visitation areas based on the size of the space and physical building layout. ***There is no specific limit on the number of visitors in the building at one time. There are limitations on the number of visitors per occupied space during visitation.*** At any one time, the number of visitors must not exceed the number of persons Cedarbrook employee can safely accommodate and supervise to comply with the core principles.

Suggested occupancy to facilitate appropriate social distancing:

Indoor Visitation

- *Parlor*
 - Occupancy: 4
 - Resident(s): 1
 - Visitor(s): 3
- *Library*
 - Occupancy: 4
 - Resident(s): 1
 - Visitor(s): 3
- *Resident Room / Apartment*
 - *One-Bedroom Apartments Only:*
 - Occupancy: 4
 - Resident(s): 1
 - Visitor(s): 3
 - *Two-Bedroom Apartments/Deluxe:*
 - Occupancy: 5
 - Resident(s): 1 / 2
 - Visitor(s): 3 / 4
 - *Two-Bedroom Apartments (all other):*
 - Occupancy: 5
 - Resident(s): 1 / 2
 - Visitor(s): 3 / 4
- Other Common Areas

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- Visitors and Residents may utilize other facility common areas such as the dining room, parlor, internet café, but must adhere to the core principles when visiting in these areas. Unvaccinated Residents and visitors must wear a facemask at all times when in common areas.

Outdoor Visitation

- **Benches located in front and surrounding areas of the building**
 - Occupants per bench(s): 1
 - Benches will be spaced apart to facilitate social distancing of at least six feet between persons.
- **Balcony**
 - Occupants per table(s): 4
 - Tables will be spaced apart to facilitate social distancing of at least six feet between persons.
- **Patio**
 - Occupants per table(s): 4
 - Tables will be spaced apart to facilitate social distancing of at least six feet between persons.

Procedure

- Before visitation, all visitors are screened for signs and symptoms of COVID-19 before resident access.
- Screening shall consist of both temperature checks and asking screening questions to determine potential exposure to COVID-19 as outlined in the core principles.

COVID-19 VISITOR SCREENING

The COVID-19 VISITOR QUESTIONNAIRE/ ATTENTION VISITORS SIGN will be the screening tool used for all residents, visitors, and vendors. The sign directs the following:

Attention Visitors – Read prior to entry

STEP 1

- **Wash your hands**
- **Do not enter and report to staff if you have:**
 - Fever, cough, sore throat, shortness of breath, cold symptoms, runny nose, loss of taste or smell, new body or muscle aches, vomiting, nausea, diarrhea, or headache.
 - Have a known exposure to COVID-19 or travelled please alert staff so additional instruction can be provided.
 - In the last 14 days, have had a confirmed diagnosis or positive test (PCR or Antigen) for COVID-19, or ill with a respiratory illness.
- You **MUST** check your temperature **prior** to entry and **every 8 hours during visit**. If you have a temperature above **100.0** degrees you must notify staff.
- Vaccination is not required for visitation. If you are unable or unwilling to provide staff proof of vaccination you will be required to wear a mask at all times while visiting a Residents apartment, and maintain social distancing unless otherwise directed by care staff.
- Alert staff if you have worked in a health care or similar high risk setting with direct contact with COVID-19 positive individuals.
- The number of visitors is based on the designated space available and ability to maintain appropriate social distancing, please ask staff for further guidance prior to entry.
- Visitors may not interact with other residents or facility staff.
- Visitors may not enter staff workspaces or offices. If you would like to meet with a member of staff please contact us prior to entry to the facility to schedule a visit.

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- Visitors should wear face masks when around other residents or healthcare staff, regardless of vaccination status.
- Visitors may not enter common areas such as the dining room, internet café, lower level common area, or the library. The parlor may be used for visitation. Outdoor visitation is preferred, weather permitting.
- Unvaccinated residents may choose to have physical touch based on preferences and needs. In such instances, please see a care staff member to be informed of the risks of such contact prior to visitation.
- No food or beverages are allowed for consumption in apartments for unvaccinated visitors or residents, as masks are required at all times.
- Compassionate care visitors are allowed at all times.
- Visitation with Residents with roommates (who are not spouses, domestic partners, or similar) should wear masks and social distance at all times. Close contact with roommates is discouraged.

STEP 2

Approach the Kiosk. The kiosk will check your temperature and make sure proper mask placement.

STEP 3

Record your temperature on the visitation log and complete the questions acknowledging acceptance to the COVID-19 visitation policies.

STEP 4

Dial 2701 for staff assistance and/or entry.

Visitation – Additional Core Principles

- Core principles that must be demonstrated by all visitors and residents include:
- Appropriate application and removal of face mask or face covering which covers both the nose and mouth at all times when on the premises of Cedarbrook Village. Cloth face masks are discouraged. Visitors will be provided a disposable face mask at each visit by Cedarbrook employees.
- Cedarbrook employees will provide cues to residents and instruct family upon entry of all signage regarding face mask utilization, hand hygiene practices, and applicable markings to cue social distancing delineations.
- Signage is posted throughout Cedarbrook in high traffic areas (i.e., entry to hallways, parlor, etc.) as a reminder to all residents, employee, and visitors.
- Cedarbrook will provide alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, to residents, visitors, and representatives of the Long-Term Care Ombudsman Program before visiting the residents. Rub hands together using friction following posted guidance.

Staff will be available to assist new visitors, vendors, and staff with screening. Documentation of screening will maintained on file using the Guest Sign-in Form (3/8/2022).

Technology-based Visitation Methods

- Visitation through Apple® FaceTime or Webex® can be coordinated between the resident and family member(s) through the Manager of Life Enrichment & Recreation.
- The Portal by Facebook® device is available in the Library for virtual visits.
- Cedarbrook's IPADs will be utilized for these visits and can be scheduled routinely.
- Cedarbrook employee will assist the resident with these visits and will clean the IPADs between uses.

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Compassionate and Personal Caregiving Visitation

Policy

The Personal Caregiving and Compassionate Caregiving Visitation Regulations, which implement the Essential Caregiver Act, are in effect; however, visitation under these regulations must be implemented only when there is a declared State or local public health emergency. All residents shall be afforded the opportunity to designate at least two personal caregiving visitors (PCV) and two compassionate caregiver visitors (CCV). Residents of Cedarbrook can identify “personal caregiving visitors” to assist with personal caregiving or compassionate caregiving for the resident during a public health emergency. In the event that an emergency is declared, personal and compassionate caregiving visitors are permitted to visit residents pursuant to 18 NYCRR § 485.18(c). In some cases, visits by a personal caregiving visitor can be limited, as set forth in this guidance and 18 NYCRR § 485.18(c)(1). However, compassionate caregiving visitors shall be permitted at all times during the declared emergency, regardless of any general visitation or personal caregiving restrictions currently in effect at a facility. Compassionate care situations must be considered by the ACF on a resident-specific, individualized basis.

Definitions

Personal caregiving (PCV) is defined as care and support of a resident to benefit such resident’s mental, physical, or social well-being.

Compassionate caregiving (CCV) is defined as personal caregiving provided in anticipation of the end of the resident’s life or in the instance of significant mental, physical, or social decline or crisis.

Procedure

Designation and Modification of PCV and CCVs

- 1) All residents residing in Cedarbrook on or before 6/1/2021 must be afforded the opportunity to designate at least two personal caregiving visitors (PCV) and two compassionate caregiver visitors (CCV) prior to June 15, 2021.
- 2) All residents moving into Cedarbrook on or after 6/2/2021 will be afforded the opportunity to designate at least two personal caregiving visitors and two compassionate caregiver visitors at the time of admission or readmission.
- 3) If a resident lacks capacity to designate PCVs and/or CCVs, the resident representative shall be given the opportunity to designate the PCVs or CCVs.
- 4) Each resident, or resident representative, if applicable, shall be afforded the opportunity to name up to two PCVs or CCVs.
- 5) Cedarbrook Case Management Staff will record in the case management notes the date that it inquired as to the PCV and CCV designation, record the initial designations and any changes in the case management notes.
- 6) Cedarbrook must inquire with the resident, or resident representative, if applicable, every six months, or earlier upon change of condition, if a change in the designated PCV or CCV is desired.

Activation of PCV Visitation

In the event of a personal health emergency declared under the state executive law, residents should be afforded the following rights with respect to their PCV:

Limitation of Access to a PCV

Denial of Access to a PCV

A PCV may be denied access to Cedarbrook if the facility:

- 1) Has reasonable cause to believe the resident will not benefit from the visits, however, if Resident or PCV disputes this determination, Cedarbrook may require a health or mental health professional to provide a written statement of the substantial benefits of the PCV. Such statement may be made by providers such as physicians, RNs, licensed clinical social workers, psychologists, psychiatrists

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and other qualified providers licensed in New York State. Such documentation must be maintained in the resident's case management file.

- 2) If the PCV is likely to pose a threat of serious physical, mental or psychological harm and that denying the visit is in the best interest of the resident.
- 3) Personal caregiving visitors are not permitted to visit a resident who is on Transmission Based Precautions until the resident is removed from such precautions; however, if the personal caregiving visitor is providing compassionate care, as defined in the new 18 NYCRR § 485.18(d), or is otherwise an authorized visitor under the federal disability rights law, such visitor must be permitted into the facility provided they meet the screening standards set forth at 18 NYCRR § 485.18(d)(3). Residents who are on transmission-based precautions should only receive visits that are virtual, through windows, or in-person for compassionate care situations. This restriction should be lifted once transmission-based precautions are no longer required per applicable guidelines and other visits must be allowed to occur as described above.

If Cedarbrook denies visitation to a particular PCV, it must:

- 1) Document such denial in the case management notes
- 2) Communicate decision to refuse visit to the resident and PCV on the same day

Removal of a PCV

Notwithstanding any requirement to afford PCV's access, Cedarbrook may remove a PCV who is causing or reasonably likely to cause physical injury to any resident or personnel.

Suspension of PCV Visits

Cedarbrook may suspend access of all PCVs on a temporary basis if:

- 1) There is a communicable disease that the Department finds has an infection rate that presents a serious risk
- 2) Cedarbrook is experiencing a temporary staffing shortage which it has reported to the state
- 3) There is an acute emergency at Cedarbrook such as loss of power, loss of elevators or loss of an essential service

In the event of a temporary suspension of access, Cedarbrook must:

- 1) Notify all residents within 24 hours
- 2) Notify all resident representatives within 24 hours
- 3) Notify its regional office within 24 hours
- 4) Document each day such temporary suspension continues the reason for such suspension
- 5) Facilitate remote visitation for all residents via phone, video or other means.

PCV Visitation Rules

All PCVs can be required to adhere to applicable infection control measures, including

- 1) Testing for communicable disease
- 2) Temperature check (access to be denied if temperature is above 100 degrees Fahrenheit)
- 3) Health Screening
- 4) Wearing of PPE (facility will provide PPE if needed)
- 5) Social distancing, other than when necessary to provide personal care for the resident.

Cedarbrook has established the following recommendations on the frequency, duration, and number of visits by a PCV, provided such restrictions may only be enforced if consisted with the residents' care and:

- 1) The frequency of PCV visits can be no more frequent than once daily.
- 2) The duration of PCV visits can be no longer than four hours.

These restrictions were developed to be permissive enough to ensure that residents are able to receive their designated personal caregiving visitors for their desired frequency and length, and the restrictions have been

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put into place to:

- 1) Allow for resident's clinical and personal care needs to be met;
- 2) Ensure that a roommate(if applicable) will have adequate privacy and space to receive their own personal caregiving visitors;
- 3) Because increased frequency or duration of visitation would impair the effective implementation of applicable infection control measures, including staff screening and monitoring of visitors;
- 4) Because increased frequency would deplete personal protective equipment necessary to ensure an adequate supply for all PCVs.

Compassionate Care Visitation

A resident is entitled to receive Compassionate Care Visitation when a resident is:

- 1) In the end of their life
- 2) Had previously lived with family and is now struggling with their change of environment
- 3) Is grieving a recent loss
- 4) Experiencing weight loss or dehydration, and requires cuing or encouragement with eating or drinking, which was formerly provided by family members
- 5) Experiencing out of character emotional distress, seldom speak or frequent crying.

Compassionate care visitation is permitted regardless of other visitation restrictions that are in place.

Compassionate care visitors are required to subject themselves to screening for communicable disease and practice social distancing, except for where physical contact would be beneficial and the CCV agrees to follow infection control protocols, use PPE, practice hand hygiene and limit the duration of physical contact.

Cedarbrook will ensure that each residents privacy is respected and accommodations are considered when a resident has a roommate, if applicable.

Documentation of PCV and CCV Visits

Cedarbrook Case Management staff will document in the resident's case management file when PCV or CCV is provided.

Leave of Absence(s) during COVID Pandemic:

It is the position of Cedarbrook Village to honor each resident's rights while preserving the safety and wellbeing of all residents, employee, and visitors during the COVID-19 pandemic. During periods of high incidence of COVID-19 within the local community or as otherwise directed by the Health Department, Residents who choose to leave the facility for social visits with family or designated facility employee will be provided education by the case manager or designee to facilitate compliance to the core principles of prevention of and any unnecessary exposure to COVID-19. Residents, family members, friends, and employee are encouraged to follow all public health requirements regarding mask use, social distancing, and hand hygiene. They are encouraged to follow any applicable state and local public health laws when visiting public places such as restaurants, churches, or other similar settings. Residents will be provided masks and other PPE by the facility for social visits to support compliance to infection prevention/control strategies.

Cedarbrook will:

- Test residents for **COVID-19 and influenza** if the resident develops signs or symptoms of COVID-19 or influenza, or if the resident had confirmed or possible exposure to COVID-19 or influenza while outside.
- If a resident is symptomatic, Cedarbrook care employee will notify the resident's medical provider and place the resident on appropriate transmission-based precautions.
- Symptomatic residents will not be permitted to participate in small group activities or congregate dining services.
- **Testing is encouraged for Residents who are on leave of absence greater than 24 hours.**

COVID-19 Vaccination Policy

Effective **November 22, 2021**, as per DAL 21-32 and DHCBS 21-13, Cedarbrook must ensure that covered “personnel” under the Department’s [August 26, 2021 – Prevention of COVID-19 Transmission by Covered Entities](#) Emergency Regulation who were previously granted religious exemptions have documentation of either a first dose COVID-19 vaccination or a valid medical exemption. Facilities should have a process in place to consider reasonable accommodation requests from covered personnel based on sincerely held religious beliefs consistent with applicable Federal and State laws, including Equal Employment Opportunity (EEO) laws such as Title VII of the Civil Rights Act and NYS Human Rights Law, and their applicable guidance. <https://coronavirus.health.ny.gov/system/files/documents/2021/11/faqs-for-10-nycrr-section-2.61-11-08-21.pdf> Questions or concerns concerning this DAL can be addressed to hospinfo@health.ny.gov, covidnursinghomeinfo@health.ny.gov, covidadultcareinfo@health.ny.gov, or covidhomecareinfo@health.ny.gov based on the specific covered entity.

As per DAL 21-34 (11/24/2021) Cedarbrook is required to make ongoing efforts to make booster doses of the Pfizer BioNTech, Moderna and Janssen COVID-19 vaccines available for all residents within our facilities. On November 19, 2021 the Centers for Disease Control and Prevention (CDC) authorized a single booster dose six months or more after Pfizer or Moderna initial series of COVID-19 vaccines, and two months or more after a single-dose of the Janssen COVID-19 vaccine, for all individuals.

Pursuant to [10 NYCRR §§ 66-4.2](#), adult care facilities must make diligent efforts to arrange for all eligible residents to register for an appointment to receive their booster dose. As required by regulation, adult care facilities must keep proper documentation of those residents who are eligible but decline to receive a booster dose.

Questions or concerns regarding this correspondence can be addressed to covidnursinghomeinfo@health.ny.gov or covidadultcareinfo@health.ny.gov based on the specific facility.

Cedarbrook encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. Cedarbrook Village will assist and arrange for COVID vaccination for residents and employees and to document certain information regarding attempts to secure vaccination appointments.

Procedure:

- Within 7 days, make diligent efforts to arrange for all consenting, unvaccinated existing employee (including contract employee) and residents to register for a vaccine appointment for the first or any required next dose.
- Within 7 days, document these attempts to schedule the appointment and the methods used in each individual’s personnel file (employee) or case management notes (resident).
- Contract Employee:
 - Resident-facing personnel working under a contract with the facility who are consenting and willing to be vaccinated must be offered an opportunity to be vaccinated within the defined timeframe.
- For residents, during the pre-admission screening process and in no event after the first day of admission or readmission, screen for vaccinate eligibility and status. If not vaccinated, determine whether the resident is interested in vaccination.
- Document the screening information in both the pre-admission screening document (Pre-Admission Functional Evaluation) and in the resident’s case management notes
- Within 7 days of admission or readmission, the ACF must make diligent efforts to schedule vaccination for all consenting and eligible new or readmitted residents, document attempts to schedule, and methods used to schedule in the resident’s case management notes.

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- For employee, during pre-employment screening process, screen for vaccine eligibility and status. If not vaccinated, determine whether the prospective employee person is interested in vaccination.
- Document the screening information in both the pre-employment screening and, if hired, retained in their personnel file.
- Within 7 days of hiring, the ACF must make diligent efforts to schedule vaccination for all consenting and eligible new personnel.
- On a weekly basis, certify to the Department of Health that the ACF has proactively arranged for all new unvaccinated residents and personnel an opportunity to obtain the COVID-19 vaccine within seven days of hire or admission. *(Note: This does not indicate that the appointment must be within 7 days. Rather that the efforts be made and those efforts documented.)*
- Obtain a written affirmation from all current or new resident or employee, with their signature, that they decline the vaccination. Such affirmation must contain the statement that the signatory is aware that if they later decide to be vaccinated, it is their responsibility to request the ACF to arrange for their vaccination.

Training

Cedarbrook will implement policies and procedures for employee training, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Cedarbrook and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess COVID-19 hazards and implement an employee training program at each facility.

Cedarbrook's COVID-19 training program will be accessible in the following ways:

- Annually
- Upon hire
- As needed based on regulatory changes or other COVID-19 related changes.

Cedarbrook will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:

- COVID-19, including:
 - How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
 - The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
 - Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth;
 - The signs and symptoms of COVID-19;
 - Risk factors for severe illness; and
 - When to seek medical attention;
- Cedarbrook's policies and procedures on resident screening and management;
- Tasks and situations in the workplace that could result in COVID-19 infection;
- Workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);
- Employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;
- Cedarbrook's policies and procedures for PPE worn to comply with OSHA's COVID-19 ETS, including:
 - When PPE is required for protection against COVID-19;
 - Limitations of PPE for protection against COVID-19;
 - How to properly put on, wear, and take off PPE;
 - How to properly care for, store, clean, maintain, and dispose of PPE; and
 - Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19;

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- Workplace-specific policies and procedures for cleaning and disinfection;
- Cedarbrook's policies and procedures on health screening and medical management;
- Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours);
- The identity of Cedarbrook's Safety Coordinator(s) specified in this COVID-19 plan;
- OSHA's COVID-19 ETS; and
- How the employee can obtain copies of OSHA's COVID-19 ETS and any employer-specific policies and procedures developed under OSHA's COVID-19 ETS, including this written COVID-19 plan.

Cedarbrook will ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee's job duties.

Cedarbrook will provide additional training whenever changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

Anti-Retaliation

Cedarbrook will inform each employee that employees have a right to the protections required by OSHA's COVID-19 ETS, and that employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

Cedarbrook will not discharge or in any manner discriminate against any employee for exercising their right to the protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

Requirements implemented at no cost to employees

Cedarbrook will comply with the provisions of OSHA's COVID-19 ETS at no cost to its employees, with the exception of any employee self-monitoring conducted under the Health Screening and Medical Management section of this Plan.

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Recordkeeping

Cedarbrook will retain all versions of this COVID-19 plan implemented to comply with OSHA's COVID-19 ETS while the ETS remains in effect.

COVID-19 Log

Cedarbrook will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.

Cedarbrook will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. Cedarbrook will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by OSHA's COVID-19 ETS or other federal law. OSHA's COVID-19 log.

Cedarbrook will maintain and preserve the COVID-19 log while OSHA's COVID-19 ETS remains in effect.

By the end of the next business day after a request, Cedarbrook will provide, for examination and copying:

- All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.
- The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee;
- A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their potential representatives, and their authorized representatives.

Contacting NYSDOH

Non-urgent or Policy Related Issues:

covidadultcareinfo@health.ny.gov

Confirmed or suspected cases NYSDOH Regional Epidemiologist:

https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_employee.htm

OSHA Reporting

Cedarbrook will report to OSHA:

- Each work-related COVID-19 fatality within 8 hours of Cedarbrook learning about the fatality;
- Each work-related COVID-19 in-resident hospitalization within 24 hours of Cedarbrook learning about the in-resident hospitalization.

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Monitoring Effectiveness

Cedarbrook and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to monitor the effectiveness of this COVID-19 plan so as to ensure ongoing progress and efficacy.

Cedarbrook will update this COVID-19 plan as needed to address changes in workplace-specific COVID-19 hazards and exposures.

Coordination with Other Employers

Cedarbrook will communicate this COVID-19 plan with all other employers that share the same worksite, and will coordinate with each employer to ensure that all workers are protected.

Cedarbrook will adjust this COVID-19 plan to address any particular hazards presented by employees of other employers at the worksite.

Cedarbrook has identified below all other employers to coordinate with to ensure employees are protected.

Other Worksite Employers	
Employer Name / Employer Representative:	Contact Information:
Sitrin Network of Homes and Services 2050 Tilden Avenue New Hartford, NY 13413	Christa Serafin, CEO (315) 737-2247 cserafin@sitrin.com
Charles T. Sitrin Health Care Center 2050 Tilden Avenue New Hartford, NY 13413	Brenda Cobane, VP of Long Term Care Services (315) 737-2224 bcobane@sitrin.com

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Family/Resident/Employee Communication

- Cedarbrook Village will notify residents and families of positive COVID-19 related events as per the most recent Department of Health Guidance.
- Communication of known COVID-19 positive residents or employee may be communicated to residents or employee by phone, U.S. mail, social media, e-mail, and/or memorandums.
- Families will be encouraged to join the private Cedarbrook Village Facebook page.
- All residents and their representatives may contact the facility Case Manager, or VP of Assisted Living Services at any time with questions related to COVID-19.

Entering Private Residences

Cedarbrook will identify potential hazards and implement measures to protect employees who, in the course of their employment, enter into private residences and other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 (OSH Act). Cedarbrook requires that COVID-19 protocols be communicated to homeowners and sole proprietors prior to conducting work activities at private residences or other physical locations not covered by the OSH Act. Cedarbrook employees do not enter private homes or entities as part of their job responsibilities that are not covered by the Occupational Safety & Health Act of 1970 (OSH Act).

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Signature and Plan Availability

Cedarbrook has prepared and issued this COVID-19 plan on July 12, 2021.

Employer Name:	Cedarbrook Village, Incorporated
Address:	101 Sitrin Lane; New Hartford, NY 13413
Signature:	

This COVID-19 plan is available:

<input type="checkbox"/> Via hard copy at Resident Services Office	<input type="checkbox"/> Posted to Sitrin Intranet and Cedarbrook website	<input type="checkbox"/> Available by request. Contact: Vice President of Assisted Living Services 101 Sitrin Lane New Hartford, NY 13413 Phone: (315) 737-2710 <i>Note that this COVID-19 plan must be provided for examination and copying by employees and their representatives by the end of the next business day after a request.</i>
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CEDARBROOK VILLAGE, INC.

(X) Replaces – Dated: 12/26/2021, 7/12/2021

() New Page

Department: Administration

Effective Date: 3/3/2022