

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN (CEMP)

Pandemic Emergency Plan - Introduction

The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics, and pandemics. The facility must plan effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic.

The World Health Organization (WHO) in January of 2020 declared the outbreak of COVID-19 to be a public health emergency of international concern. Based on this declaration, the facility has added COVID-19 to its Hazard Vulnerability Assessment section of the Comprehensive Emergency Management Plan (CEMP). Due to the nature of the circumstances that have occurred with COVID-19 and the information made available to us throughout this pandemic, the Hazard Vulnerability Assessment has been scored as high risk.

Therefore, in order to protect the lives of the residents, staff, and visitors of the Sitrin Health Care Center and to comply with regulations, the facility has implemented this Pandemic Emergency Plan policy and procedure section to our Comprehensive Emergency Management Plan (CEMP). These pandemic policies, some COVID-19 specific, are also a supplement to the facility's Infection Control policies and procedures. As these policies attached herein are only an annex to the CEMP, basic emergency procedures, operational concepts, and organizational responsibilities for emergency response activities located within the CEMP should continue to be referenced.

These pandemic policies and procedures will be made available to the public on the facility's website and immediately upon request. In addition, these policies will be reviewed and revised as needed but, at a minimum of at least annually. Staff will be inserviced at a minimum once per year on these policies, as well as on infectious diseases, exposure risks, symptoms, prevention, and infection control.

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Effective: Original 09/2020

COMMON INFECTIOUS DISEASE SYMPTOMS AND METHODS OF TRANSMISSION

Policy:

It is the Charles T. Sitrin Health Care Center's practice to educate and inservice all employees on an annual basis in regard to common infectious diseases that are easily transmitted and could result in a public health emergency. In addition, the facility will extend this information to both our residents and family members on admission so that they are familiar with symptoms and can take necessary actions to protect themselves from the transmission of these diseases.

Procedure:

Preventing the Spread of Infection in the Workplace for any infectious disease:

- ❖ Ensure a clean workplace, including the regular cleaning of objects and areas that are frequently used, such as bathrooms, break rooms, conference rooms, door handles and railings.
- ❖ The Infection Control nurse will monitor and coordinate events around an infectious disease outbreak, as well as to create work rules that could be implemented to promote safety through infection control.
- ❖ Frequent handwashing with warm, soapy water; utilizing proper etiquette when you sneeze or cough by either covering your mouth or sneezing or coughing in to your elbow to contain the transmission; and discarding used tissues in wastebaskets.
- ❖ Utilization of alcohol-based hand sanitizers throughout the workplace and in common areas.
- ❖ Annual education, and as needed, will be provided to staff, families and residents. Written competencies for all staff will be provided to measure the knowledge and understanding of signs and symptoms as well as transmission of the most common infectious diseases.
- ❖ Encouraging staff and residents to obtain any available vaccinations.

Covid-19:

- ❖ The virus that causes COVID-19 is in a family of viruses called Coronaviridae. A COVID-19 positive case can only be diagnosed through the administration of a SARS-CoV-2 (COVID-19) test. Antibiotics do not work against viruses. Some people who become ill with COVID-19 can also develop a bacterial infection as a complication. In this case, antibiotics may be recommended by a health care provider.
- ❖ Symptoms of COVID-19 vary and may include the following (not all inclusive):
 - Fever;
 - Sore throat;
 - Cough;
 - Shortness of breath;
 - New Loss of taste or smell;
 - New body or muscle aches;
 - Vomiting or diarrhea;
 - Headache

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Covid-19 (continued):

- ❖ COVID-19 can be transmitted between people through direct, indirect (through contaminated objects or surfaces), or close contact with infected people via mouth and nose secretions. These include saliva, respiratory secretions or secretion droplets. These are released from the mouth or nose when an infected person coughs, sneezes, speaks or sings, for example.
- ❖ To avoid contact with these droplets, it is important to stay at least 6 feet away from others, clean hands frequently, and cover the mouth with a tissue or bent elbow when sneezing or coughing. When physical distancing (standing 6 feet or more away) is not possible, wearing a mask is an important measure to protect others. Cleaning hands frequently is also critical.

Preventing the spread of Covid-19:

- ❖ Clean your hands often, either with soap and water for 20 seconds or a hand sanitizer that contains at least 60% alcohol.
- ❖ Avoid close contact with people who are sick.
- ❖ Put distance between yourself and other people (at least 6 feet).
- ❖ Cover your mouth and nose with a mask when around others.
- ❖ Clean and disinfect frequently touched objects and surfaces daily.
- ❖ Wear masks in public settings and when around people outside of their household, especially when other social distancing measures are difficult to maintain.
- ❖ Get tested if you have any signs or symptoms of the illness.
- ❖ Quarantine yourself from others if you are sick.

Influenza:

- ❖ Is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. It can cause mild to severe illness.
- ❖ Flu viruses spread mainly by tiny droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might get the flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose or possibly their eyes.
- ❖ People who have flu often feel some or all of these symptoms:
 - fever* or feeling feverish/chills;
 - cough;
 - sore throat;
 - runny or stuffy nose;
 - muscle or body aches;
 - headaches;
 - fatigue (tiredness);
 - Some people may have vomiting and diarrhea, though this is more common in children than adults.

*It's important to note that not everyone with flu will have a fever.

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Preventing the spread of Influenza:

- ❖ Administration of influenza vaccine;
- ❖ Implementation of respiratory hygiene and cough etiquette;
- ❖ Quarantine yourself from others if you are sick;
- ❖ Adherence to infection control precautions for all patient-care activities and aerosol-generating procedure.

Gastro-intestinal outbreak (NOROVIRUS):

- ❖ Norovirus is a very contagious virus that causes vomiting and diarrhea.
- ❖ An outbreak of Norovirus is best defined as the presence of more diarrhea or vomiting than would be expected in the facility*, or in a particular ward/unit, for a given time frame.
- ❖ This virus is very contagious and can spread rapidly throughout such environments.
- ❖ Symptoms of norovirus illness usually begin about 24 to 48 hours after ingestion of the virus, but they can appear as early as 12 hours after exposure.
- ❖ Signs and symptoms may include:
 - Diarrhea;
 - Vomiting;
 - Nausea;
 - Stomach pain.

Preventing the spread of Norovirus:

- ❖ Proper hand hygiene;
- ❖ Handle and prepare food safely, use gloves when touching food;
- ❖ Clean and disinfect surfaces;
- ❖ Quarantine yourself from others if you are sick.

Legionella:

- ❖ Legionella is a Gram-negative bacteria that can cause legionellosis, including a pneumonia-type illness called Legionnaires' disease and a mild flu-like illness called Pontiac fever.
- ❖ Legionnaires' disease is not contagious. No special precautions are necessary. The disease is transmitted via drinking water, not by infected persons. (So it differs from SARS and influenza where masks must be worn).
- ❖ Legionnaires' disease symptoms are similar to other types of pneumonia and it often looks the same on a chest x-ray.

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Legionella (continued):

❖ Signs and symptoms may include:

- Cough,
- Fever,
- Chills,
- Shortness of breath,
- Muscle aches, headaches,
- Diarrhea.

Preventing the spread of Legionella:

- ❖ The most important way to prevent Legionnaires' disease is to maintain the water supply properly. That way the Legionella bacteria cannot grow and multiply.
- ❖ Water systems will be periodically inspected and, if necessary, disinfected.
- ❖ Water features and fountains will be routinely cleaned.

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COVID-19 GENERAL EMPLOYEE SAFETY POLICY

POLICY STATEMENT

The personal safety and health of each employee of our organization is of primary importance. We believe that our employees are our most important assets and that their safety at the worksite is our greatest responsibility. The prevention of occupationally induced injuries and illnesses is of such consequence that it will be given precedence over operating productivity whenever necessary.

Our goals are to reduce employee injury, prevent potential hazards through consistent safety management, and ensure compliance with relevant safety and health standards. Through the attainment of these goals, our company will remain competitive and viable in our industry.

Management will procure the necessary resources to execute the objectives of our company's safety and health program. We will hold managers, supervisors and employees accountable for meeting their safety responsibilities. Everyone in our organization will need to ensure that this health and safety plan is implemented consistently for the good of our company and the public at large.

BACKGROUND INFORMATION

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China to be a Public Health Emergency of international Concern. WHO stated there is a high risk of the 2019 coronavirus disease (COVID-19) spreading to other countries around the world. WHO and public health authorities around the world are taking action to contain the COVID-19 outbreak. However, long term success cannot be taken for granted. All sections of our society – including businesses and employers – must play a role if we are to stop the spread of this disease.

HOW COVID-19 SPREADS

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects - such as desks, tables or telephones. People could catch COVID-19 by touching contaminated surfaces or objects – and then touching their eyes, nose or mouth. If they are standing within one meter (3 feet) of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled. Most persons infected with COVID-19 experience mild symptoms and recover. However, some go on to experience more serious illness and may require hospital care. Risk of serious illness rises with age: people over 40 seem to be more vulnerable than those under 40. People with weakened immune systems and people with conditions such as diabetes, heart and lung disease are also more vulnerable to serious illness.

Sitrin will focus on how best to decrease the spread of COVID-19 and lower the impact on our workplace. This will include activities to:

- A. Reduce transmission among residents and employees,
- B. Maintain healthy business operations, and
- C. Maintain a healthy work environment

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REDUCE TRANSMISSION AMONG EMPLOYEES

Actively encouraging sick employees to stay home:

- Employees who have symptoms (i.e., fever, cough, or shortness of breath) should notify their supervisor and stay home.
- Employees suffering from COVID-19 symptoms should follow CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC recommended precautions.
- Sitrin will promote regular remote working across our company when feasible for all office and management staff. Daily coordination meetings, safety meeting, etc. of more than two people should adhere to the recommendations of the CDC. When possible, the facility will utilize video conferencing, phone conferences, or emails to communicate.

Identification of where and how workers might be exposed to COVID-19 and methods to prevent the spread:

- Surfaces (e.g. handrails, doorknobs, elevators, desks and tables) and objects (e.g. telephones, keyboards, hand tools, building products) will be wiped with appropriate disinfectant regularly. Contamination on surfaces touched by employees and other personnel is one of the main ways that COVID-19 spreads. Regular disinfection schedules will be established for common surfaces and objects dictated by jobsite conditions.
- Employees and residents will be instructed to perform regular and thorough handwashing. If hand washing is not feasible, hand sanitizer dispensers (with at least 60% alcohol) are available in prominent locations around the workplace. Dispensers will either be refilled or replaced when empty.
- Every employee every shift will be monitored for signs and symptoms of COVID-19 through temperature taking and asking them questions in regard to health changes and exposures.
- Employees will be reminded to utilize proper coughing and sneezing etiquette (e.g. cough or sneeze in your elbow and turn away) in the workplace.
- All employees will be required to utilize facemasks while at work. In addition, social distancing (6 feet or 2 meters) will be enforced at any areas where employees tend to congregate through the use of either marking tape on the floor or social distancing decals.
- Handshaking will be discouraged.

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Maintain Healthy Business Operations:

Sitrin's administration will be responsible for COVID-19 issues and their impact at the workplace. The facility will adhere to any directives/executive orders from the Governor's office in regard to mandated employee testing and the frequency at which it must occur. The facility will make these test kits available at the workplace for employees, as well as pay for any costs associated with them not covered through the employee's health insurance.

Sitrin will practice established social distancing recommendations outlined by local, state and federal authorities/agencies:

Social distancing means avoiding large gatherings and maintaining distance (**approximately 6 feet or 2 meters**) from others when possible (e.g., breakrooms, cafeterias, meeting rooms). Sitrin will employ the following as needed:

- Increasing physical space between employees at the worksite.
- Increasing physical space between employees and customers.
- Downsizing operations as needed.

Employee Training:

All Sitrin employees will have ongoing training that reinforces the following:

- Understanding the symptoms of COVID-19 and how it spreads.
- What to do when you feel sick or have come into contact with a person that tested positive COVID-19.
- Current sick leave policies.
- Sanitizing your hands.
- Practicing social distancing.
- Avoid touching your face.
- Coughing and sneezing etiquette.
- Proper use of personal protective equipment (respirators, gloves, gowns, eye, and face protection)

Signage is posted throughout the campus and buildings reminding staff of proper hand hygiene, social distancing, and the proper way to wear facemasks (i.e. covering mouth and nose).

As situations continue to evolve, additional changes to this policy may be implemented. Any changes will be promptly communicated to our employees.

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COVID-19 VISITATION POLICY

Policy:

The Sitrin Health Care Center will, in accordance with the most recent state and federal guidance, comply with all regulations for visitation while adhering to the core principles of infection control and prevention during the COVID-19 state declared public health emergency. Visitation includes but is not limited to family members, loved ones, and representatives from the long-term care ombudsman program (LTCOP).

Procedure:

General Visitation:

1. Regular visitation hours will start at 10am and conclude at 9pm each day including Weekends and Holidays. Any resident that requires a visit that is not during regular visitation hours, will be accommodated via notification to a Social Service Representative.
2. Reservations are not required to visit.
3. There is no limit on the frequency or length of visits for residents.
4. Visitor must show proof of a negative COVID-19 test result dated within 24 hours (rapid result) of the visit or else 48 hours (PCR result) of the visit.
5. Outdoor visitation is always preferred especially when the resident and/or visitor is not fully vaccinated. The facility will provide outdoor areas (benches, etc.) for visits to occur during good weather. All appropriate infection control and prevention practices* should still be followed by residents and visitors during outside visits.
6. Indoor visits must be conducted in the resident's room. Visitors must limit their movement within the facility when coming to visit; meaning they cannot be walking around the halls, conversing with other family members or residents, and must maintain social distancing and wearing a mask when speaking with staff regardless of their vaccination status.
7. There is no limit on the number of visitors the resident can have at one time; however, visits must still be conducted in a manner that adheres to the core principles of COVID-19 infection prevention* and does not increase risk to other residents, meaning that physical distancing must still be maintained in common areas during peak times and masks should always be worn in common areas.
8. Visitors must be screened and complete paperwork, which means that **ALL** visitors are required to come to the Health Care Center's front entrance to screen and receive a visitor sticker. Any visitor who is not wearing a sticker will be asked by staff to go back to the front entrance and complete the screening process. If this becomes a regular occurrence with any visitor, the facility has the right to ban this visitor from the campus for not following infection control procedures.
9. Any visitor who has a positive viral test for COVID-19, symptoms of COVID-19, or currently meets the criteria for quarantine, should not enter the facility.
10. The facility will abide by New York State mandates in regard to whether ALL residents and visitors, regardless of vaccination status, must wear face coverings or masks and physically distance at all times. No cloth face masks are permitted. If the visitor needs a surgical face mask, the facility will provide them with one. If face masks are no longer required during visits, the facility will inform families of such.

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Procedure:

General Visitation (continued):

11. Any resident who is on transmission-based precautions or quarantine status can still receive visitors, although not recommended. In these cases, the visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Visitors must adhere to the core principles of infection prevention* including wearing PPE as outlined by the facility.
12. If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitors. Unvaccinated residents may also choose to have physical touch based on their preferences and needs as long as visitors and the resident are aware of the risks of physical contact prior to the visit.
13. If the resident is in a double room and the roommate is not vaccinated or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible. In the event that the health status of the resident receiving the visitor(s) prevents them from leaving the room, the facility will attempt to enable in-room visitation while adhering to the core principles of infection prevention*.
14. The facility is not required to provide PPE for visitors, however, in the event that a visitor does not have a surgical face mask, one will be provided by the facility.

Indoor Visitation During an Outbreak Investigation:

1. An outbreak investigation is initiated when a new nursing home onset of COVID-19 occurs among residents or staff. Visitors are still permitted in the facility, however, they will be informed that it is safer for them to not enter the facility during an outbreak investigation.
2. Visitors must adhere to the core principles of infection prevention*, meaning that the visitor and the resident (if tolerated) should wear masks during the visits regardless of vaccination status and visits should occur in the resident's room.
3. The facility will inform visitors when the facility is in outbreak investigation mode.

Compassionate Care Visits:

1. Although compassionate care visits are permitted at all times, due to visitation being allowed at all times for all residents, compassion care visit should be rare. In the event that a resident is severely immunocompromised and is limited in the number of visitors that they are exposed to, compassionate care visits would be appropriate for the resident in this scenario.

Access to the Long-Term Care Ombudsman:

1. The Ombudsman must visit a resident in their room who is on transmission-based precautions or on quarantine, or an unvaccinated resident in the nursing home when the level of community transmission is substantial or high in the past seven days and will be made aware of the potential risk of visiting.
2. If either the Ombudsman or resident requests an alternative communication in lieu of the in-person visit, the facility will accommodate this alternative either by use of phone or other technology.

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Procedure (continued):

Window Visitation:

1. Visitation outside of the resident's window is still permitted and encouraged.
2. There is no time limit with window visitation.
3. The window can be open; however, windows screens must remain intact and cannot be removed during the visit.
4. Nothing is permitted to be handed to the resident through the window.
5. Facemasks are required to be worn by the visitor(s).

FaceTime Visitation:

1. Visitation through FaceTime can be coordinated between the resident and family member(s) through the nursing, social service, and/or recreational therapy department(s).
2. Every effort will be made to accommodate electronic visits for those residents who are ineligible for in-person visits.
3. The facility's IPADs will be utilized for these visits and can be scheduled routinely.
4. Facility staff will assist the resident with these visits and will clean the IPADs between use.

Resident Outings:

1. Residents are permitted to leave the facility as they choose.
2. In the event the resident chooses to leave the facility, the resident and any individual accompanying the resident will receive be educated on the importance to adhering to infection control protocols* while away from the facility.
3. A resident and/or family member is expected to report if the resident had a possible close contact to an individual with COVID-19 while away from the nursing home.

Upon the resident's return to the facility

1. The facility will screen the resident for signs or symptoms of COVID-19.
 - a. If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the nursing home, the facility will test the resident for COVID-19 regardless of their vaccination status. If the resident has not been fully vaccinated, they will be placed on quarantine.
 - b. If the resident develops signs or symptoms of COVID-19 after the outing, the resident will be tested for COVID-19 and placed on transmission-based precautions regardless of vaccination status.
2. If an unvaccinated resident is gone from the facility for 24 hours or more, the facility physician should consider testing the resident upon the resident's return to the facility even if there are no signs or symptoms of COVID-19. In addition, unvaccinated residents who leave the facility for 24 hours or more will be managed as a new admission or readmission, meaning that they should be tested when they get back to the facility and then again on day 5-7 and quarantined for 10 days.

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Procedure (continued):

Visitor Testing and Vaccination:

1. In order to follow NYS mandates, the facility is required to assure that all visitors have a COVID-19 negative test within 24-hours of their visit if it is a rapid test. In the event that the visitor presents a negative PCR test, it must be dated within 48 hours of the visit. The facility will distribute the rapid antigen tests that have been provided to the facility by New York State, to visitors so they can self-test prior to the visit. The visitor will be required to show proof of the negative test to the main desk receptionist prior to the visit. If a visitor tests positive for COVID-19, it is their responsibility to inform the facility of the positive test, as well as quarantine for five (5) days and have a negative test result before they can visit again. Visitors who have had COVID-19 within the past 90 days are still required to test and have a negative test in order to visit. In the event that the facility no longer has antigen test kits to provide to visitors, the facility cannot request the visitor to obtain a test at their own expense. In that case, the visitor will still be permitted to visit without producing a negative test as long as the visitor(s) does not report COVID-19 symptoms or meet the criteria for quarantine.
2. The facility is allowed to ask about a visitors' vaccination status, however, if the visitor declines to disclose their vaccination status, the visitor should wear a mask at all times.

***Core Principles of COVID-19 Infection Prevention include:**

1. Use of hand-hygiene (alcohol-based hand rub is preferred if hands cannot be washed);
2. Surgical mask covering mouth and nose;
3. Physical distancing of at least six feet between people;
4. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms and infection control precautions;
5. Cleaning and disinfecting of high-frequency touched surfaces in the facility often and after visits;
6. Appropriate staff use of personal protective equipment (PPE);
7. Effective cohorting of residents (separate area for COVID-19 positive residents);
8. Resident and staff testing as required by 42 CFR section 483.80(h) (see QSO-20-38-NH).

COVID-19 GUIDANCE ON CONTACT TRACING WHEN OUTBREAK OCCURS

Policy:

When an outbreak occurs in the nursing home setting, the Centers for Disease Control and Prevention (CDC) recommends the following approach be taken for outbreak testing (excerpt taken from guidance titled Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>)).

Procedure:

1. Perform contact tracing to identify any health care personnel (HCP) who have had a higher-risk exposure or residents who may have had close contact with the individual with SARS-CoV-2 infection:
 - All HCP who have had a higher-risk exposure and residents who have had close contacts, regardless of vaccination status, should be tested immediately as described in the testing section.
 - a. Restriction from work, quarantine, and testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic. Potential exceptions are described here (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>) and here (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>).
 - Unvaccinated residents who are close contacts and HCP with higher-risk exposures:
 - a. Unvaccinated residents who are close contacts should be managed as described in Section: Manage Residents who had Close Contact with Someone with SARS-CoV-2 Infection).
 - b. For guidance about work restriction for unvaccinated HCP who have higher-risk exposures, refer to interim U.S. Guidance for Managing Healthcare Personnel with SARS-CoV-2 infection or Exposure to SARS-CoV-2 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).
 - Fully vaccinated residents who are close contacts and HCP with higher-risk exposures:
 - a. Fully vaccinated residents who are close contacts should be managed as described in Section: Manage Residents who had Close Contact with Someone with SARS-CoV-2 infection.
 - b. For guidance about work restriction for fully vaccinated HCP who have higher-risk exposures, refer to interim U.S. Guidance for Managing Healthcare Personnel with SARS-CoV-2 infection or Exposure to SARS-CoV-2 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).
 - If testing of close contacts reveals additional HCP or residents with SARS-CoV-2 infection, contact tracing should be continued to identify residents with close contact or HCP with higher-risk exposures to the newly identified individual(s) with SARS-CoV-2 infection.

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Procedure (continued):

- a. A facility-wide or group-level (e.g. unit, floor, or other specific area(s) of the facility) approach should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracking fails to halt transmission.
 - b. If the outbreak investigation is broadened to either a facility-wide or unit-based approach, follow recommendations below for alternative approaches to individual contact tracing.
2. Alternative, broad-based approach:
 - If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-level or group-level (e.g. unit, floor, or other specific area(s) of the facility).
 - a. Broader approaches might also be required if the facility is directed to do so by the jurisdiction's public health authority, or in situations where all potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission.
 - Perform testing for all residents and HCP on the affected unit(s), regardless of vaccination status, immediately (but not earlier than two days after the exposure, if known) and, if negative, again 5-7 days later.
3. Unvaccinated residents and HCP:
 - Unvaccinated residents should generally be restricted to their rooms, even if testing is negative and cared for by HCP using an N95 or higher-level respirator, eye protections (goggles or a face shield that covers the front and sides of the face), gloves and gown. They should not participate in group activities.
 - Close contacts, if known, should be managed as described in Section: Manage Residents who had Close Contact with Someone with SARS-CoV-2 Infection.
 - For guidance about work restriction for unvaccinated HCP who are identified to have had higher-risk exposures, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).

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4. Fully vaccinated residents and HCP:
 - Fully vaccinated residents should be tested as described in the testing section; they do not need to be restricted to their rooms or cared for by HCP using the full PPE recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction's public health authority.
 - For guidance about work restriction for fully vaccinated HCP who have higher-risk exposures, refer to Interim U.S. Guidance for Managing Healthcare Personnel with SARS-CoV-2 infection or Exposure to SARS-CoV-2 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).
5. If no additional cases are identified during the broad-based testing, room restriction and full PPE use by HCP caring for unvaccinated residents can be discontinued after 14 days and no further testing is indicated.
6. If additional cases are identified, testing should continue on affected unit(s) or facility-wide every 3-7 days in addition to room restriction and full PPE use for care of unvaccinated residents, until there are no new cases for 14 days.
 - If antigen testing (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>) is used, more frequent testing (every three days) should be considered.

COVID-19 VACCINES AND BOOSTER CLINICS FOR EMPLOYEES

Policy:

Per the NYS Commissioner of Health and Public Health Law, nursing homes are required to have all covered personnel be “up to date” with vaccination against COVID-19 in order to continue employment with the facility.

“Up to date” is defined by the CDC as “an individual who has received all recommended doses of COVID-19 vaccine for which they are eligible”. This means that:

- An individual who has completed a primary series and received a booster is up to date;
- An individual who has completed a primary series and is not yet eligible for a booster is up to date;
- An individual who has completed a primary series and is eligible for a booster, but has not received a booster, is not up to date.

Covered personnel is defined as all persons employed or affiliated with a covered entity, whether paid or unpaid, including but not limited to employees, members of the medical and nursing staff, contract staff, students and volunteers who engage in activities such that if they were infected with COVID-19, they could potentially expose patients, residents, or personnel working for such entity to the disease.

It is the policy of the Charles T. Sitrin Health Care Center to provide timely COVID-19 vaccine and booster clinics to the employees in an attempt to reduce the risk of COVID-19 positive cases within the facility as well as to be in compliance with New York State regulations.

Procedure:

1. New employees will be offered the vaccine/booster upon hire. Based on New York State Regulations, all nursing home employees must be “up to date” against COVID-19 or have an approved medical exemption from the vaccination in order to be employed by the Nursing Home. Therefore, all new employees must have at least their first dose of COVID-19 vaccine upon date of hire and must be willing to receive their second dose when due in order to maintain their employment with the facility. If the employee does not receive their second shot when it is due or does not receive the second shot in a reasonable timeframe thereafter, the VP of Long Term Care Services will inform their Department Head/Supervisor that it either needs to be scheduled and completed by a certain deadline or the employee comes off the schedule until they are compliant with the second dose.
2. All new employees must present their COVID-19 vaccination card (for copying) to the HR representative when completing pre-employment paperwork. If the employee has not yet received their second dose of the vaccine, or has not received their booster, the HR Representative will educate them about the facility’s weekly clinic and the opportunity for them to receive the vaccine here.
3. If the employee wants to get their second dose or booster* shot through the facility’s weekly clinic, the employee must complete a consent form in its entirety. If the employee is not yet eligible for the booster, they will still be asked to complete a consent form which will be kept on file until they are eligible. The facility will follow CDC guidelines in regard to the timeframe for eligibility.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 01/2022

() New Page

Dept. Responsible: Infection Control

Effective: Revised 02/2022

COVID-19 Vaccines and Booster Clinics for Employees

Page 2 of 4

Procedure (continued):

4. The Human Resource representative will then forward the consent form to the Vice President of Long Term Care Services. If the employee is eligible for the vaccine/booster, the Vice President of Long Term Care will write which dose of the vaccine and which manufacturer will be administered (i.e Pfizer or Moderna) on top of the form and will scan the form to Health Direct Pharmacy by no later than noon on Monday's in order for the employee to be on the roster for that Wednesday's clinic. If it is the second dose of the vaccine, the employee will be scheduled at the weekly clinic that corresponds to when they should receive the second dose. If the employee has received the J & J vaccine and wants the booster, they will either need to obtain another dose of J & J at a location other than the facility, or they can obtain the Pfizer or Moderna brand through the weekly clinic.
5. Any current employee who is fully vaccinated (i.e. five months from the second dose in a two-dose series, or two months from the one-dose series) is eligible to receive the booster shot at the facility by completing the consent form in its entirety and forward to the VP of Long Term Care Services by noon each Monday in order to be scheduled for that week's clinic.
6. The Pharmacy (Health Direct) will confirm the clinic's employee roster each week with the Vice President of Long Term Care prior to Wednesday.
7. Health Direct will deliver the vaccine to the facility on Wednesday morning of each week along with paperwork and stickers for each employee who will be receiving the vaccine/booster that week. Employees will report to the Education and Training Department on clinic day to receive their vaccine. The employee will be required to complete the screening form prior to the shot being administered.
8. Once the dose is administered, the employee will be monitored for 15 minutes after to assure that the employee does not have an anaphylactic reaction to the shot.
9. The Education and Training personnel or designee will complete the employee's COVID-19 vaccine card indicating the date that the vaccine/booster was administered. A copy of the card will be made and forwarded to the Vice President of Long Term Care Services who will record the date on the employee vaccination spreadsheet and file the card. Human Resources will also receive a copy for the employee's personnel file.
10. The employee will be given their vaccination card once the series is completed.
11. Any employee who previously has had COVID-19 will still be required to be vaccinated. In the event that the employee received monoclonal antibodies, the vaccination requirement will be extended for 90 days from the date it was administered.

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(X) Replaces – Dated: 01/2022

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Dept. Responsible: Infection Control

Effective: Revised 02/2022

Procedure (continued):

Employee Medical Exemptions from the vaccine:

Personnel shall be medically exempt from the COVID-19 vaccination requirements as follows: A licensed physician or certified nurse practitioner must certify that immunization with COVID-19 vaccine is detrimental to the health of a personnel member, based upon a pre-existing health condition. The requirements of Section 2.61 relating to COVID-19 immunization shall be inapplicable only until such immunization is found no longer to be detrimental to such personnel member's health. The nature and duration of the medical exemption must be stated in the personnel employment medical record, or other appropriate record, and must be in accordance with generally accepted medical standards. The Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services (ACIP) publishes generally accepted medical standards for COVID-19 vaccination medical exemptions. Reasonable accommodations may be granted and must be documented.

1. In the event that an employee feels they have a medical reason that would contraindicate receiving the COVID-19 vaccine, their physician or nurse practitioner/physician assistant must complete the Medical Exemption Form in its entirety and return to the Vice President of Long Term Care Services.
2. Once the Vice President of Long Term Care Services receives the completed form, she will forward it on to the Facility's Medical Director and Physician for their review and recommendation.
3. If the medical exemption is approved, the Vice President of Long Term Care Services will notify the employee, their Department Head, and Human Resources of this approval. The employee will also be advised of the applicable requirements that they must adhere to in regard to wearing personal protective equipment (PPE) while they are on duty, including any COVID-19 testing requirements that must be followed while under this medical exemption.

Medical exemptions may have an expiration date depending on the circumstance. If there is an expiration date associated with the medical exemption, it will be noted by the Vice President of Long Term Care on the employee vaccination spreadsheet along with the approved medical exemption notation. The VP of Long Term Care Services will follow up with the employee two weeks out from their expiration date to determine the status of the vaccine, i.e. if the employee will be receiving the vaccine or if another medical exemption form will need to be completed by the employee's Physician/NP/PA

4. In the event that the Medical Director recommends denying the medical exemption, the Medical Director will inform the VP of Long Term Care Services of his recommendation with the medical research supporting his decision to deny. The VP of Long Term Care Services or designee will then send a letter to the employee informing them of such as well as giving them a deadline date to either become compliant with the vaccine mandate or else be terminated from the facility with cause for non-compliance.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 01/2022

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Dept. Responsible: Infection Control

Effective: Revised 02/2022

COVID-19 Vaccines and Booster Clinics for Employees

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Procedure (continued):

Religious Exemptions from the vaccine:

Although there are no religious exemptions provided for through the regulation, the facility shall follow federal, state, and local laws and guidance to determine, on a case-by-case basis, whether and in what circumstances it may be appropriate to provide reasonable accommodations for personnel, who, because of sincerely held religious beliefs, do not get vaccinated against COVID-19.

The Sitrin Health Care Center will evaluate any requests for a religious exemption, however, per guidelines is unable to permit unvaccinated individuals to continue in "personnel" positions such that if they were infected with COVID-19, they could potentially expose other covered personnel, patients, or residents to the disease.

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(X) Replaces – Dated: 01/2022

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Dept. Responsible: Infection Control

Effective: Revised 02/2022

COVID-19 VACCINES AND BOOSTER CLINICS FOR RESIDENTS

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to provide timely COVID-19 vaccine and booster clinics to the residents in an attempt to reduce the risk of COVID-19 positive cases within the facility as well as to be in compliance with New York State regulations.

Procedure:

Residents:

1. Upon admission to the facility, all residents will be offered the COVID-19 vaccine if unvaccinated, or the booster shot, if fully vaccinated.
2. The resident will be asked by either the Charge Nurse or Social Worker to complete a consent form even if they are declining the vaccine/booster, indicating such.
3. Once the consent form is completed, it will be sent via email to the Vice President of Long Term Care Services. If the resident declined the vaccine and/or the booster*, the Vice President of Long Term Care will file the form. If the resident consented to the vaccine/booster, the Vice President of Long Term Care will review the form to make sure that it has been completed in its entirety and will write which dose of the vaccine and which manufacturer will be administered (i.e. Pfizer or Moderna) on the top of the form and will scan the form to Health Direct Pharmacy by no later than noon on Monday's in order for the resident to be on the roster for that Wednesday's clinic. If the resident received the J & J vaccine and wants the booster, they will be asked to indicate whether they want the Pfizer or the Moderna brand. In order to be eligible for the booster, the resident must have had their second dose of the vaccine series five (5) months prior to the administration of the booster. If the resident had a one-dose series, they are eligible to receive their booster as early as two (2) months after their initial dose.
4. The Pharmacy (Health Direct) will confirm the clinic's roster each week with the Vice President of Long Term Care prior to Wednesday.
5. Health Direct will deliver the vaccine to the facility on Wednesday morning of each week along with paperwork and stickers for each resident who will be receiving the vaccine/booster that week. Education and Training personnel will report to the resident's unit/house and will administer the vaccine/booster to the resident after the screening form is completed by either the Nurse or the resident.
6. Once the dose is administered, the resident will be monitored for 15 minutes after in order to assure that the resident does not have an anaphylactic reaction to the shot.
7. The Education and Training personnel or designee will complete the resident's COVID-19 vaccine card and will record the dose administered in the resident's electronic medical record under the immunization tab of Point Click Care (PCC).

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 11/21

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Dept. Responsible: Infection Control

Effective: Revised 12/2021

COVID-19 Vaccines and Booster Clinics for Residents

Page 2 of 2

Procedure:

Residents (continued):

8. If the dose administered was the first dose in a two-shot series, the Vice President of Long Term Care will automatically schedule the resident either three or four weeks later for the second dose (depending on which manufacturer of the vaccine was administered). If the resident is discharged home before the second dose is administered, the Executive Secretary will contact the resident and ask them to come back to the facility to receive the second dose.
9. Once the vaccine series is complete, the resident's COVID vaccine card will be stored in the front of the resident's chart for safekeeping.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 11/21

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Dept. Responsible: Infection Control

Effective: Revised 12/2021

COVID-19 VACCINATION LEAVE FOR EMPLOYEES

Policy:

To assure that the Sitrin Health Care Center complies with the New York State Department of Labor laws in regard to providing time for any employee who requests paid leave to obtain a COVID-19 vaccination or booster.

Procedure:

According to Labor Law 196-C – Leave Time for COVID-19 vaccination:

1. Every employee shall be provided a paid leave of absence from his or her employer for a sufficient period of time, not to exceed four hours per vaccine* injection, unless such employee shall receive a greater number of hours pursuant to a collectively bargained agreement or as otherwise authorized by the employer, to be vaccinated for COVID-19.
2. The entire period of the leave of absence granted pursuant to this section shall be provided at the employee's regular rate of pay and shall not be charged against any other leave such employee is otherwise entitled to, including sick leave.
3. The facility will not retaliate against any employee because such employee has exercised his or her rights under this act, including, but not limited to, requesting or obtaining a leave of absence to be vaccinated for COVID-19.
4. Any employee who wishes to utilize this vaccination leave time during their normally scheduled shift must receive approval by their Department Head/Supervisor prior to taking the leave.
5. It will be the responsibility of the Department Head/Supervisor to make notation on the employee's time card of the paid leave time.

*This law also applies to COVID-19 booster injections.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

() Replaces – Dated:

(X) New Page

Dept. Responsible: Safety

Effective: Original 12/2021

**SITRIN HEALTH CARE CENTER - COVID-19 PREVENTION SCREENING
FOR VISITATION**

Visitor Name: _____ Date: _____ Time of Visit: _____

Resident you are visiting: _____ Unit/House: _____

Please utilize the 60% alcohol-based hand rub provided for you prior to starting your screening.

1. Do you have any of the following Respiratory Symptoms?

Please circle yes or no to each:

Temperature: _____

- | | |
|-------------------------------|----------|
| a. Fever | Yes / No |
| b. Sore Throat | Yes / No |
| c. Cough | Yes / No |
| d. Shortness of Breath | Yes / No |
| e. New Loss of Taste or Smell | Yes / No |
| f. New Body or Muscle Aches | Yes / No |
| g. Vomiting or Diarrhea | Yes / No |

100.0° or higher, visitation denied

If YES to any of the above, for the safety of our residents and staff members, please refrain from visitation at this time.

If NO to all, proceed to question #2.

2. Have you:

Circle any that are applicable:

- a. Have you worked in a health care setting with direct contact to COVID-19 patients within the last 14 days?
- b. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?
- c. In the last 14 days, have you had contact with or cared for someone with a confirmed diagnosis of COVID-19 or under the investigation for COVID-19, or is ill with a respiratory illness?
- d. Have you been informed by the Health Department that you meet the criteria for a mandated quarantine due to a COVID-19 exposure?

3. Do you need a surgical facemask (cloth masks are not permitted)? Yes / No

4. The section below **MUST** be completed for contact tracing requirements mandated by the Department of Health. Please print clearly:

Name: _____

Physical Address: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

(PLEASE COMPLETE OTHER SIDE)

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 11/2021

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Dept. Responsible: Safety

Effective: Revised 01/17/2022

Sitrin Health Care Center – COVID-19 Prevention Screening for Visitation
Page 2 of 2

By signing below, I am verifying that I have received a copy of the Visitor Expectation/Fact Sheet and that I have reviewed and agree to follow the COVID-19 visitation requirements as outlined. I understand that if I violate any of the infection control rules while visiting that I will be prohibited from visiting for the duration of the COVID-19 state declared public health emergency. I further agree to immediately notify the Health Care Center should I develop any COVID-19 symptoms after visiting the facility for a period 14 days.

In addition, my signature below is my attestation that I have utilized the iHealth COVID-19 test accurately, that the test results are my results and not those of someone other than me, and that the test was completed within 24 hours of my visit.

Visitor Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED QUESTIONNAIRE TO THE EMPLOYEE SCREENER

This section to be completed by facility staff:

Questionnaire completed in entirety and reviewed? Yes / No

Visitation Guidance Sheet given? Yes / No

Visitation sticker given? Yes / No

Facemask given? Yes / No

Green or Yellow (please circle)

Visitor is wearing surgical facemask properly? Yes / No

Visitor utilized alcohol-based hand rub and demonstrated proper use? Yes / No

Rapid Test Results: Negative Positive Verified by: _____

Rapid Test given for next visit: Yes / No

Screeener Signature: _____ Title: _____ Date: _____

Completed Questionnaire must go in to manila envelope and returned to VP of Long Term Care Services

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 11/2021

() New Page

Dept. Responsible: Safety

Effective: Revised 01/17/2022

COVID-19 EMPLOYEE RETURN TO WORK POLICY

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to follow appropriate CMS and CDC guidance regarding health care personnel (HCP) return to work after SARS-CoV-2 infection or after exposure to SARS-CoV-2.

The following definitions will be used to assure the facility is applying these definitions to the return-to-work protocols.

Healthcare Personnel (HCP): Defined as all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g. blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

“Up to date” with vaccination: A person is considered up to date when all recommended COVID-19 vaccine doses have been received, including any booster dose(s) when eligible. Many people who are immunocompromised may need an additional dose as part of their primary vaccine series.

Fully vaccinated: Currently, a person is considered fully vaccinated against COVID-19 two weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines or 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.

Exposure: Is defined as a HCP having a higher-risk exposure in a healthcare setting to a patient, visitor, or HCP with confirmed or suspected COVID-19 while not wearing recommended personal protective equipment (PPE) per CDC guidelines or had close contact (e.g. in a community setting) within 6 feet of a person confirmed or suspected to have COVID-19 infection for a cumulative 15 minutes or more within a 24-hour period, or was deemed to have had an exposure (including proximate contact) by a local health department.

Procedure:

Please refer to the “Summary of Work Restrictions for Health Care Personnel Matrix” which is attached to this policy for guidance.

1. In the event that “crisis” strategies are required in order to provide essential services to the residents due to a lack of staffing, New York State Department of Health will be notified by the VP of Long Term Care Services or designee by contacting the Surge and Flex Operations Center at 917-909-2676. Mitigation strategies that have already been implemented, as well as a description of crisis strategies regarding HCP return-to-work which the facility intends to implement, and our planned prioritization strategy will need to be provided to the Surge and Flex Operations Center.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 12/2021

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Dept. Responsible: Infection Control

Effective: Revised 02/2022

Procedure (continued):

Refer to the CDC's "Strategies to Mitigate Healthcare Personnel Staffing Shortages" for guidance. In addition, the facility will assure that the criteria for identifying higher risk HCP exposures in healthcare settings are applied properly according to CDC guidance (e.g., missing PPE or inappropriate wearing of PPE while caring for a resident with suspected or confirmed COVID-19 or during aerosol-generating procedures).

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	No work restrictions
	Not up to date: Fully vaccinated and eligible for booster but not boosted OR Not fully vaccinated	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.

- 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.
- Negative test result within 48 hours before returning to work.
- 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.
- 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.

COVID-19 SCREENING AND HEALTH CHECK POLICY FOR ALL EMPLOYEES, VISITORS, VENDORS, REPAIRMEN, OUTSIDE AGENCY PERSONNEL, ETC.

Policy:

It is the policy of the Charles T. Sitrin HCC to require a health check/screening on all employees/visitors/vendors/repairmen, outside agency personnel, etc., prior to admittance to a patient/resident area.

Procedure:

All Facility Staff

- A. All employees will report to a designated non-patient area to be screened via a kiosk prior to the start of their shift. These areas include: the employee entrance located in the main building; the main front entrance of the main building; the community center located near the long-term care houses; and the outpatient rehab entrance. These kiosks will record the employee's temperature as well as ask the employee a series of questions relating to symptoms of COVID as well as any exposures or quarantine situations that have occurred with the employee. The baseline temperature that these kiosks consider "abnormal" begins at 100.0 degrees. If the kiosk reads a temperature as abnormal, an email will be sent to the VP of Long Term Care Services, Director of Nursing, and the IS associate. If the employee is trying to obtain entrance through the employee entrance at the main building, the door will remain locked and they will not be able to enter the building. If there is any question in regard to an abnormal temperature or screening, the Infection Control Nurse or designee will be notified and will follow up with the employee to determine the cause of the abnormal screening.
- B. The receptionists at both the front entrance to the main building as well as the receptionist on the outpatient rehab entrance will be able to monitor screenings and temperatures from a screen at their desks.
- B. Staff must be rescreened if they leave the Sitrin Campus for break and/or any other related work task or if they work longer than a regular 7.5 hour shift.

Vendors/Repairmen/Outside Agency Personnel

All vendors/repairmen/outside agency personnel will be screened at the front entrance to the main building utilizing the kiosk as described above.

- A. Once their temperature is taken by the kiosk, they will need to complete a questionnaire form in its entirety (located at the table inside the front entrance). The completed form will then be taken to the front desk receptionist who will record the visitor's temperature. She will then review the form to assure that there are no additional issues with the individual coming in to the building based on how they answered the questions. If the person does not have a face mask or is wearing a cloth face mask, the receptionist will give them a surgical mask and will assure that the face mask is applied correctly. In addition, the receptionist will offer the visitor the opportunity to either wash their hands in the public bathroom or to use hand sanitizer. The visitor will also be given a sticker to wear by the receptionist which shows that they have been screened and are permitted to be in the building.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 08/2021

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Dept. Responsible: Safety

Effective: Revised 11/2021

**COVID-19 Screening and Health Check Policy for all
Employees, Visitors, Vendors, Repairmen, Outside Agency Personnel, etc.
Page 2 of 2**

Procedure:

Vendors/Repairmen/Outside Agency Personnel

- B. If the visitor has a temperature of 100.0 degrees or higher or indicates that they are COVID-19 positive or have recently been exposed, the receptionist will immediately give them a face mask if they do not have one, inform them that they cannot be in the building and ask that they leave immediately.
- C. Depending upon the nature of the work as well as the length of time in the building and/or on campus, vendors, repairmen, consulting auditors, etc., will be required to COVID-19 test upon entry to the building as well as provide vaccine card.
- D. If anyone refuses to be screened or COVID-19 tested, they are NOT permitted in the facility and will be asked to leave the campus immediately.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 08/2021

() New Page

Dept. Responsible: Safety

Effective: Revised 11/2021

COVID-19 TESTING OF EMPLOYEES AND RESIDENTS

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to provide and follow directives for COVID-19 testing of residents, as well as COVID-19 testing of staff, consultants and volunteers as put forth by the federal and state guidelines. In the event that the guidelines defer, the facility will implement the most stringent guidelines/regulations.

Procedure:

Employee testing:

Any employee who is not fully vaccinated or has a medical exemption from obtaining the COVID-19 vaccine will be required to test one time per week in order to maintain compliance. Any employee who is non-compliant with the required testing schedule will be removed from the schedule. All employee testing is logged on a tracking form with the date of the test and the results.

Any employee who has been positive for COVID-19 will not be tested for 90-days from the date of onset unless they are exhibiting symptoms of COVID.

Any employee, regardless of vaccination status, who has symptoms of COVID-19 will be required to be tested.

If an employee refuses to be COVID-19 tested at any time during the public health emergency, the employee will be prohibited from entering the building until the return to work criteria has been met, including a COVID-19 negative test result.

Any COVID-19 positive result must be reported to the New York State Department of Health by the Vice President of Long Term Care Services or designee on the daily HERDS report the day the result is received.

In addition, the positive result is also reported to the Local Health Department along with contact tracing completed by the Infection Control Nurse.

The facility will provide COVID-19 testing to all employees at no cost to them.

Testing of Residents/Patients:

All new residents/patients that have been admitted from another facility or hospital, re-admitted, or admitted from home must be COVID-19 tested on admission and then again on day 5-7, regardless of vaccination status.

Any resident/patient showing signs or symptoms consistent with COVID-19 will be tested.

Any resident/patient who is known to have been exposed to COVID-19 and is not fully vaccinated will be tested.

Any resident/patient who has already been COVID-19 positive will not be reswabbed within 90 days of the date they tested positive.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 01/2021

() New Page

Dept. Responsible: Infection Control

Effective: Revised 01/2022

COVID-19 Testing of Employees and Residents

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Procedure:

Testing of Residents/Patients (continued):

Any clusters of three residents/patients or more showing signs or symptoms of any respiratory illness will be tested.

Any resident testing positive for COVID-19 must be reported to the New York State Department of Health by the Vice President of Long Term Care Services or designee on the daily HERDS report the day after the result is received.

In addition, the positive result is also reported to the Local Health Department along with contact tracing completed by the Infection Control Nurse.

Residents have the right to decline testing. Any resident who refuses COVID-19 testing will be assessed by the Physician, placed on transmission-based precautions, and be placed on room isolation for 14-day or until removed by the Physician. Documentation of testing and/or refusal will be completed in the resident's medical record.

COVID-19 Testing During an Outbreak for both Residents and Employees:

An outbreak is defined as a single-confirmed case among staff or a single-confirmed "nursing home onset" case among the residents.

Testing must be completed every 3 to 7 days until at least 14 days elapse without a positive result.

A line list and contact tracing will be performed for each positive case and reported to the Local Health Department.

Any resident who tests COVID-19 positive will be transferred to the designed COVID wing for a minimum of 10-days before they can be discharged from that unit.

Expired Residents:

Any patient/resident who dies in the nursing home must be tested for both COVID-19 and influenza within 48 hours after death, if he/she is suspected of having died of either disease and had not been tested for COVID-19 and influenza in the 14 days prior to death. Deaths must be reported immediately after receiving both test results to Department of Health through the Health Emergency Response Data System (HERDS). The deceased resident's/patient's next of kin is permitted to object to this testing. The facility can also request that Department of Health perform these tests.

****Only antigen or nucleic acid testing will satisfy testing requirements, not antibody testing. Both point-of-care and off-site laboratory analysis are acceptable.**

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 01/2021

() New Page

Dept. Responsible: Infection Control

Effective: Revised 01/2022

SCREENING AND MONITORING OF RESIDENTS/PATIENTS DURING AN INFECTIOUS OUTBREAK OR PANDEMIC

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to immediately address and mitigate the spread and transmission of any infectious disease. When there is an infectious outbreak or pandemic within the facility or surrounding area, the facility will take necessary screening precautions to assure that the residents are monitored effectively and protected to the best of our ability.

Procedure:

Once an infectious outbreak is recognized within the facility, the facility will follow “best-practice” procedures below in order to promptly identify any residents with signs and/or symptoms of the outbreak.

1. Temperatures and oxygen saturation levels will be obtained and recorded on every resident at a minimum daily during the outbreak. Depending on the severity of the outbreak, these may be obtained every shift.
2. Certified Nurse Aides will report any elevation in temp to the Charge Nurse and any signs or symptoms as indicated below to the Charge Nurse:
 - Shortness of breath;
 - Congestion/nasal “stiffness”;
 - Runny nose/nasal discharge;
 - Loss of taste or smell;
 - Sore or scratchy throat;
 - Sneezing;
 - Cough;
 - General malaise (i.e. “just not feeling well”);
 - Nausea, vomiting;
 - Diarrhea
3. The Charge Nurse will evaluate the resident and report any above symptoms to the Supervisor/MD. Any resident/patient that has any elevation in temperature, or any signs or symptoms of respiratory illness is immediately placed on Droplet/Contact precautions. The Infection Control Nurse or designee will notify both the MD and Vice President of Long Term Care Services of any clusters of three or more residents/patients with signs or symptoms of respiratory illness.
4. Resident/patient will remain on precautions until removed by MD/NP. The physician will make the determination as to whether the resident will be COVID-19 tested based on clinical suspicion if the resident is exhibiting symptoms consistent with COVID-19, exposure, and epidemiologic risk.
5. In the event that the resident’s/patient’s condition worsens and must be sent out to the hospital by physician order, the facility will readmit the resident/patient back to the facility provided that the facility can provide the necessary services to the patient/resident and that they are in stable condition.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 09/2020

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Dept. Responsible: Safety

Effective: Revised 02/2022

Screening and Monitoring of Residents/Patients During an Infectious Outbreak or Pandemic
Page 2 of 2

Procedure (continued):

6. Any resident that is admitted/readmitted to the facility from the hospital that are asymptomatic and are “up to date” with all recommended COVID-19 vaccine doses or who have recovered from SARS-CoV-2 infection in the prior 90 days do not need to quarantine. However, any resident who is asymptomatic and is “up to date” with all recommended COVID-19 vaccine doses must still be tested on arrival to the facility and then again at day 5-7. Asymptomatic residents who are not “up to date” with all recommended COVID-19 vaccine doses must quarantine for a total of 10-days and must submit to a series of two tests following admission, readmission, or “close contact” exposure. Testing must occur on day 1 and then again at day 5-7.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 09/2020

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Dept. Responsible: Safety

Effective: Revised 02/2022

COVID-19 DEDICATED WING

Policy:

Due to the fact that the Charles T. Sitrin Health Care Center is composed mainly of private rooms with private bathrooms, it is feasible to cohort and isolate any patients and residents displaying an infectious disease within their own room. In response to the COVID-19 pandemic, the Charles T. Sitrin Health Care Center has designated a dedicated COVID-19 wing for any patient/resident that becomes COVID-19 positive. The unit is separate from the general population of the facility and is used for cohorting positive patients/residents with the purpose of limiting exposure and transmission to other patients/residents on campus.

Procedure:

1. Any resident who is displaying signs or symptoms of COVID-19 will be tested per physician order. If the resident tests positive, they will be immediately transferred from their unit/house to the COVID wing by staff members. Any staff involved in the transfer will be instructed to don the correct personal protective equipment (PPE) prior to moving the patient.
2. Residents will remain on the COVID unit for a minimum of 10 days with a maximum of 20 days if their symptoms are not improving. The Physician/NP will determine when a resident is released from the COVID unit and back to their unit/house.
3. The designated COVID wing is the first long hallway on the rehab unit and may consist of either the entire hallway or else a portion of the patient/resident rooms. The number of rooms allotted on the COVID-19 wing can fluctuate and will be determined by the number of in-house patients/residents who are COVID-19 positive and need to be cohorted.
4. The doors to the COVID wing will be kept shut. In addition, if all the beds on the unit are not being used, an additional barrier wall may be used to separate the COVID wing from the remainder of the hallway and will remain intact and closed to the general population as well as the remainder of the patients residing on the rest of the hallway and unit.
5. As a precautionary infection control measure, any patient/resident who needs to be transferred to the COVID wing, will enter the wing via the entrance/exit door located at the end of the hallway located off of Tilden Avenue.
6. One patient room on the COVID wing will be utilized as an equipment storage/staff room. In addition, there will be a room on the wing that is dedicated as the patient's shower room.
7. Staff will be assigned to the COVID wing. The facility will take all necessary measures to not float these designated COVID staff; however, in the event of a contingency staffing plan, these staff members may need to float. All staff, as well as nursing staff assigned to the COVID unit, will be educated on entering and exiting the unit, the use of PPE, including donning and doffing. Any staff members from other departments who may need to enter the COVID wing, i.e. Maintenance, IT, Dietary, Social Services, Housekeeping will be instructed on the proper PPE prior to them entering the wing.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 11/2021

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Dept. Responsible: Safety

Effective: Revised 02/2022

Procedure (continued):

8. The nursing staff assigned to the wing will be inserviced on the proper disposal of trash and infectious waste, as well as the proper cleaning of rooms after discharge. Once COVID rooms are vacated, the door must be closed in the hallway and sit for 24 hours before entry can occur back in to the room for terminal cleaning.
9. All patients/residents on the COVID wing will be restricted to their rooms, including therapy and meals.
10. A medication cart will be maintained with meds on the COVID wing. When a patient/resident is discharged, the medications must remain bagged up in individual bags for a 24-hour period, before they can be transported for disposal or to the pharmacy for credit. The patient's paper chart will remain off the COVID wing. Any and all documentation will be done electronically via the computer that will be kept in the COVID wing. In addition, for any patient who is COVID-19 positive, all aerosol and/or nebulizer treatments will be discontinued by the physician, who will order an alternate medication, if necessary.
11. Staff will be permitted, if they choose, to shower and change after working on the COVID wing. Scrubs may be provided to each staff member upon request each time they work the COVID wing. Any facility scrubs that are utilized must be doffed and put in the laundry bins located in the shower room and will be washed at the facility as per protocol.
12. If an RN assessment is required and an RN is not assigned to the unit for that shift, the RN Charge Nurse, Unit Manager or Supervisor may enter the wing donned appropriately per facility policy and assess the patient as needed.
13. Visitors who have a resident on the COVID unit are permitted to visit. These visitors will be screened and supplied with the proper PPE from the front desk receptionist or designee. Visitors will enter and exit the COVID unit via the doors off of Tilden Avenue. All PPE will be disposed of prior to leaving their resident's room. Vendors/repairmen will not enter the wing; only in the event of an emergency. In the event of an emergency, the facility will provide the proper PPE to the vendor; the Infection Control Nurse or designee will ensure that the PPE has been donned correctly. The Infection Control Nurse or designee will escort the vendor to the area and remain with them throughout the process and will ensure that the PPE is disposed of properly upon exiting the area.

REVIEW OF ALL OPERATIONS DURING AN OUTBREAK, PUBLIC HEALTH EMERGENCY, OR PANDEMIC

Policy:

It is the intent of the Charles T. Sitrin Health Care Center to review all facility operations during a public health emergency or pandemic to see what functions can cease in order to maintain safety and reduce the transmission of the disease between staff and residents.

Procedure:

The following are areas that will be reviewed and considered during an outbreak to determine if any operations need to cease or change until the outbreak, public health emergency, or pandemic has subsided:

1. Resident/patient visitation. Based on facility outbreaks and/or mandates from Department of Health or CDC, possibly limit the number of visitors on campus at one time, as well as enforce visitors to utilize source control measures when visitors, i.e. wearing PPE, social distance, provide negative test.
2. Cohort all ill residents to one specific wing or unit.
3. Isolate all residents/patients to their rooms. This can differ between units and houses depending on where the outbreaks are occurring.
4. Cease all communal dining. All meals should be delivered to resident/patient rooms and should be served on throw-away trays which should be disposed of in the resident room eliminating further contamination.
5. Cease all group activities. Depending on where outbreak is occurring, small groups in the houses or on the units may still occur. In-room visits with recreational therapy staff may also be an option in order to maintain a resident's socialization. Visits with families can be scheduled via FaceTime.
6. Cease all in-group therapy services and therapy off the units. Therapy should be provided at the resident/patient bedside.
7. Review staff schedule in the attempt to not float or mix staff who are currently working on a unit or in a house that is involved in the outbreak.
8. Eliminate all unnecessary staff from entering the units/houses.
9. Cancel all unnecessary medical appointments to outside providers. Utilize telemedicine whenever possible.
10. Assess whether in-house admissions from the hospital should temporarily cease depending on County percentages and whether the facility can adequately care for these admissions.
11. Review ancillary departments to determine if non-essential staff could viably work from home until after the outbreak.
12. Reduce the number of in-person group meetings. Utilize ZOOM or teleconferencing whenever possible.
13. Temporarily cease all patient/resident package drop-offs in order to eliminate potential foot traffic on the campus and possible exposures.
14. Eliminate the employee cafeteria line service and only offer pre-ordered box lunches to staff.
15. Limit the number of vendors in the building. Supply drop-offs can be dropped at the front entrance of the building versus dropping off in the building.
16. Re-educate staff on proper handwashing and the use of PPE during the pandemic.
17. High surveillance monitoring of all residents and staff for changes in medical conditions.
18. Reinforcing the facility's sick policies and monitoring to assure staff abides by them.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 09/2020

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Dept. Responsible: Safety

Effective: Revised 01/2022

PANDEMIC STAFFING PLAN

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to provide the adequate amount of qualified staff to meet residents' needs. In the event of an emergency staffing situation, the facility will identify basic resident needs and reorganize staffing assignments to best meet those needs. The Vice President of Long Term Care Services along with the Director of Nursing and Infection Control Nurse would be the individuals responsible for assessing the emergent situation and implementing the pandemic staffing plan. In the event of an emergency situation on an off-shift, the RN Nursing Supervisor in conjunction with the Director of Nursing would be responsible to implement the plan.

Procedure:

1. Overall staffing needs will be determined and based upon the number of in-house infectious residents and clinical and psychosocial needs of all of the residents to determine minimum number of staff needed to provide a safe work environment and resident care.
2. Staff may be cross-trained between departments to provide for adequate numbers of staff in various roles. Training and competencies will be completed and documented. Potential reallocation of specific job duties will be determined in which non-clinical, non-licensed staff can complete in the absence of nursing employees, i.e. therapy staff providing ADL care for residents. Reallocation of nursing administrative staff (i.e. Director of Nursing, Director of Education and Training, Associate Director of Education and Training, Unit Managers, Supervisors, Quality Assurance and MDS Coordinator, etc.) from normal duties and reassignment to specific houses and units for resident care will be done. Companion care aides and ancillary staff will be utilized as much as possible to assist nursing staff with providing resident assistance by answering call bells, doing laundry, answering phones, providing 1:1 with behavioral residents, and conducting activities or FaceTime calls and any other duties as needed.
3. All non-care tasks from nurses and certified nurse aides will be removed and assistance from other ancillary staff and department heads will be elicited. This would also include bundling tasks in isolation rooms to minimize the number of staff interacting with the resident. The on-staff physicians will be asked to review medication orders to see if medications could be trimmed down or for a resident to have a drug holiday which would reduce medication passes.
4. The facility will continue to hire additional staff as able. Reduction of general orientation time for new employees; utilizing competencies and mentoring so the employee can be trained quicker will be considered.
5. Defer any health care personnel from taking any elective benefit time off from work until further notice.
6. Continue to reach out to current staffing agencies for additional staff as well as contract with additional agencies for any short-term employees to assist during the emergency situation.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 01/2021

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Dept. Responsible: Safety

Effective: Revised 01/2022

Procedure (continued):

7. Reach out to area agencies (i.e. medical offices, urgent care centers, hospitals) who may have closed due to the pandemic or furloughed licensed employees that could be utilized in our facility as needed.
8. Reach out to area agencies (i.e. medical offices, urgent care centers, hospitals) who may have closed due to the pandemic or furloughed licensed employees that could be utilized in our facility as needed.
9. The Vice President of Long Term Care Services will contact other Administrators with whom the facility has an emergency transfer agreement to determine if they have any staff that could be shared between the two facilities. In addition, the representative from the Oneida County Mutual Aid plan will be contacted notifying them of our emergency staffing situation in the event that they may have other resources to utilize.
10. The facility will attempt to address any social factors that might prevent staff from reporting to work to include: uncertainty about the pandemic; its impact on the individual, family and organization; transportation to and from the facility; child care situations (i.e. lack thereof) that would prevent an individual from reporting to work.
11. Review a list of retired clinical employees that could be reached out to and ask for them to return to work as a paid individual or to volunteer their time. Review any federal waivers that would allow us to recruit out of state employees, qualified volunteers, etc.
12. Offer "pandemic" pay for staff members who are working directly with the infectious patients as an incentive.
13. Ask staff to work additional shifts and provide meals for these individuals. In the event that additional staff (or next shift) is unwilling to report for duty, on-site staff would be mandated to stay. If mandated staff is not able to go home, hours worked would be monitored and rest/sleep time would be provided if necessary.
14. The Vice President of Long Term Care Services or designee will access the Pandemic (COVID) Staffing Portal for health care workers across New York State for any potential employees.

In the event that the facility has staffing shortages due to health care personnel who have been furloughed due to a COVID-19 positive test or due to an exposure, the facility must utilize the above strategies to mitigate the shortages. If, however, there is an actual or anticipated inability to provide essential patient services, the Vice President of Long Term Care Services will reach out to the Flex and Surge Department of the New York State Department of Health to obtain approval to move from conventional staffing to either contingency or crisis staffing.

FACEMASK/COVERING REQUIREMENTS DURING AN OUTBREAK, PUBLIC HEALTH EMERGENCY, OR PANDEMIC

Policy:

To assure that the Sitrin Health Care Center is in compliance with Department of Health Guidelines during any outbreak, public health emergency, or pandemic as well as reducing the risk of the transmission of any infectious outbreak between residents/patients, visitors, and staff members.

Procedure:

1. Employees are required to wear facemasks/coverings when reporting for duty and throughout the duration of their work schedule.
2. The facility will supply surgical facemasks to all employees at no cost.
3. The employee is permitted to utilize their own facemask/covering. Acceptable face coverings consist of the following, but, are not limited to: cloth (homemade sewn), surgical masks or N95 masks.
4. Face coverings must be clean and replaced as they become soiled. There will be no sharing of face coverings.
5. Face coverings must be applied correctly covering both nose and mouth, ear loops must be secured and metal band (if applicable) pinched at the bridge of the nose. Face coverings will be removed by removing ear loops from around the ears without touching the front of the mask and disposing of it in the proper receptacle.
6. Families/visitors/vendors must also wear a surgical face mask upon entering the campus and must keep it on throughout the duration of their visit.
7. If a family/visitor/vendor arrives on campus without a surgical face mask, they will be asked to put one on. If they do not have one, the Center will provide one for them.
8. Signage will be posted throughout campus instructing the proper way to wear a facemask (covering).

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Revised – Dated: 09/2020

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Dept. Responsible: Safety

Effective: Revised 12/2021

PANDEMIC DROPLET/CONTACT PROTOCOL

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to mitigate the transmission of any infectious disease by following testing requirements and quarantine requirements of all new admissions, re-admissions, or any resident who has had an extended stay away from the facility or has had a high-risk exposure.

Procedure:

Any resident who is admitted from the hospital, re-admitted from the hospital, is a new admission from the community, or who has been away from the facility for an extended period of time or has had a high risk exposure will be COVID-19 rapid tested on day 1 and then again on day 5-7.

In addition, any resident who is not up to date with all recommended COVID-19 vaccine doses (have not received booster) will be placed in quarantine for 10 days even if they have a negative test upon admission. In addition, the COVID-19 will be offered. Any new admission/re-admission who are up-to-date with all recommended COVID-19 vaccine doses and residents who have recovered from SARS-CoV-2 infection in the prior 90 days do not need to be placed in quarantine but must still be tested as described above. In addition, any resident who has been exposed or has been out of the facility for 24 hours or longer will be handled the same way.

For those on quarantine:

1. A Droplet/Contact Precaution Sign will be posted outside the room of the patient/resident.
2. Staff will wear gloves whenever entering the droplet precaution room. Face Shields will be utilized over N95 masks and gowns will be utilized per facility policy.
3. Gown and gloves will be removed and disposed of in the precaution room and hands washed per policy before leaving the room. Face shields will be sanitized per facility policy.
4. Contact rooms will contain bins to allow for disposal of linens, clothing, and refuse, prior to leaving the room. These bins will be emptied as needed, double bagging and applying isolation identification tape.
5. The patient will remain on room isolation, to include bedside therapies, meal trays, and activities for a minimum of 10 days post admission.
6. The patient will wear a mask if it is necessary to leave the room for transport purposes.
7. At the close of 10 days, droplet and contact precautions will be discontinued pending health status of resident as deemed by the MD.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 09/2020

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Dept. Responsible: Safety

Effective: Revised 02/2022

NOTIFICATION TO THE LOCAL HEALTH DEPARTMENT OF INFECTIOUS RESIDENTS

Policy:

The Charles T. Sitrin Health Care Center will notify the local health department if residents/patients become COVID-19 positive while at the facility, and/or when COVID-19 patients are discharged from the facility or if a COVID-19 resident or patient expires while at the facility.

Procedure:

COVID-19 Positive Patients/Residents:

1. If a resident or patient becomes COVID-19 positive while at the facility, the Infection Control Nurse will begin the COVID-19 reporting form to submit to the local Department of Health designee for the county in which the resident resides.
2. The COVID-19 reporting form will include patient's demographic information, admission date, reporting facility, reporting infection control nurse, admitting diagnosis and any symptoms or temperature on arrival and any COVID-19 test results that are available at the time of admission. This information will be sent electronically.
3. When the patient is discharged from the facility, the COVID-19 form will be updated to reflect patient's discharge date, any COVID test results that was obtained during their stay, any symptoms on discharge, and discharge teaching that was done with the resident and/or family.
4. The COVID-19 reporting form is again sent to the local Department of Health designee for the county in which the resident resides with all updated information in regards to their discharge from the facility.
5. The form will be printed out and maintained in a binder that will be kept in the infection control office.
6. In addition, the Infection Control Nurse will conduct contact tracing of anyone (staff members or other residents) who may have come in contact with the COVID-19 positive resident starting with three days before onset.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 04/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

HCS REPORTS DURING A PANDEMIC

Policy:

To assure that the Sitrin Health Care Center complies with the New York State Department of Health mandates in regard to facility reporting during any public health emergency and/or pandemic.

Procedure:

1. The facility will assure that at least two individuals are assigned who are capable of meeting any daily reporting deadlines on the HERDS application of the Health Commerce System (HCS) and who are available to answer any calls from the Department of Health. The roles that must be assigned on the Health Commerce System (HCS) include the following:
 - Administrator;
 - Director of Nursing;
 - Data Reporter;
 - Director of Patient Services;
 - Emergency Response Coordinator;
 - HPN Coordinator
2. Notification of any reports that are due will be made via an email from the New York State Department of Health and will go to all the assigned titles as listed above. It will be the responsibility of the Vice President of Long Term Care Services (Administrator) to assure that all mandated reports are submitted to the HERDS by the designated date and time due.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 03/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

TELEMEDICINE DURING A PANDEMIC

Policy:

During a public health emergency or pandemic, the Sitrin Health Care Center will, in accordance with HIPAA guidelines, provide telemedicine services to patients and residents who require medical appointments with outside providers in order to reduce transmission and exposures of the infectious disease. These telemedicine visits may include digital imaging, video consultations, and remote medical diagnosis.

Procedure:

1. Whenever possible during a pandemic, a telemedicine visit will be arranged between the patient/resident and the outside provider. The Unit Secretaries will make these appointments with the physician offices assuring that they are HIPAA compliant and equipped to conduct these visits. The Unit Secretaries will contact the IS Department to reserve the telemedicine equipment for the date and time of the visit.
2. The IS Department will be responsible to set-up the equipment for the visit. This setup will require:
 - A. A secure internet connection
 - B. A video platform
 - C. Technology support.
3. Determine which site is being used
 - A. Originating site: The originating site is where the patient is located at the time health care services are delivered to him/her by means of telemedicine. Originating sites during the public health emergency can be anywhere the patient is located. There are no limits on originating sites during the public health emergency.
 - ❖ If this site is chosen, the facility will set up a secure platform using HIPAA Compliant video software to conduct the visit remotely.
 - ❖ Consent will be obtained by the patient prior to the visit.
 - ❖ The Participating physician will establish the purpose of the visit.
 - ❖ Confirm patient identity.
 - ❖ Conduct assessment.
 - ❖ Document in the medical record
 - B. Distant site: The distant site is the site where the provider is located while delivering health care services by means of telemedicine. During the public health emergency, any site within the fifty United States or United States' territories, is eligible to be a distant site for delivery and payment purposes, including Federally Qualified Health Centers and providers' homes, for all patients including patients dually eligible for Medicaid and Medicare.
 - ❖ If this site is chosen the provider will email the patient/facility a link that will provide a secure connection to the video appointment.
 - ❖ Any patient or resident will be provided a secure area and a HIPAA compliant device to complete the telemedicine appointment.
 - ❖ A staff member that has direct care of the resident will be assigned to assist the resident if needed during the remote visit.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 04/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

MAINTAINING ADEQUATE SUPPLY OF PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING AN INFECTIOUS OUTBREAK/PANDEMIC

Policy:

In order to comply with the 60-day PPE supply mandates from Department of Health, the facility will monitor daily usage and burn rates of in-stock inventory to assure that adequate supplies are maintained in the event of an infectious outbreak or pandemic.

PPE supplies to be maintained by the facility will include:

1. N95 respirators;
2. Facemasks (surgical);
3. Face Shields;
4. Eye Protection;
5. Gowns/isolation gowns;
6. Gloves;
7. Sanitizers and disinfectants

Procedure:

1. The Vice President of Long Term Care Services in conjunction with the Purchasing Manager will assure that the facility has a constant 60-day supply of PPE for the above-stated items as mandated by the New York State Department of Health.
 - A. Sixty-day guidance numbers that must be maintained by the facility have been supplied by the NYS Department of Health which calculated the facility's historical burn rate utilizing a period in April when the COVID-19 pandemic was at the height of the outbreak.
2. The Purchasing Manager will be responsible to manually count PPE inventory daily and will report those numbers to the Vice President of Long Term Care Services. The Vice President of Long Term Care Services is responsible to report these inventory numbers as well as the daily usage of PPE to the New York State Department of Health via the Health Commerce System (HCS) HERDS Application - COVID-19 Nursing Home daily report.
3. As the facility's daily burn rate will change according to any infectious outbreaks that are occurring within the facility at any given time; the monitoring of this inventory is crucial in order to retain the required 60-day supply. Therefore, the Vice President of Long Term Care Services will inform the Purchasing Manager when additional supplies must be ordered to maintain the constant 60-day inventory.
4. The Purchasing Manager will communicate on a regular basis with local and national PPE suppliers in order to assure that supplies are readily available for purchase. The facility will utilize all resources in order to obtain PPE as needed to include the following:
 - Use of existing vendor agreements and procurement plans to place orders for quantities needed by type and size of PPE;

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(X) Replaces – Dated: 03/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

**Maintaining Adequate Supply of Personal Protective Equipment (PPE)
During an Infectious Outbreak/Pandemic**
Page 2 of 2

Procedure (continued):

- Notify 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, we will submit a request to our County OEM, who will communicate needs to the New York State OEM. These requests must include:
 - Type and quantity of PPE by size;
 - Point of contact at the requesting facility;
 - Delivery location;
 - Date request is needed to be filled by record of pending order.
5. In the event that the Purchasing Manager receives information from routine vendors that any PPE item is becoming difficult to obtain due to national demands, the Purchasing Manager will communicate this information to the Vice President of Long Term Care Services who will give permission to place an emergency order to assure the facility maintains a 60-day supply.
6. In the unforeseen event that the facility has minimal inventory of PPE and is unable to obtain adequate supplies, crisis strategies may need to be implemented to preserve supplies. See Infectious Outbreak/Pandemic Crisis Capacity Strategy for PPE Policy and Procedure.
7. All PPE inventory will be stored and locked in the Pandemic supply room to limit general access to these supplies.

INFECTIOUS OUTBREAK/PANDEMIC CRISIS CAPACITY STRATEGY FOR PPE

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to implement Crisis Capacity Strategies in accordance with CDC guidelines in the event of PPE shortages. These measures, or a combination of these measures, may need to be considered during periods of known PPE shortages.

Decisions to implement crisis strategies are based upon these assumptions:

1. Facilities understand their current PPE inventory and supply chain.
2. Facilities understand their PPE utilization rate.
3. Facilities are in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies.
4. Facilities have already implemented contingency capacity measures.
5. Facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care.

Procedure:

1. Eyewear – Prioritize eye protection for selected activities such as:

- During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures.
- During activities where prolonged face-to-face or close contact with a potentially infectious patient in unavoidable.
- Exclude health care personnel at higher risk for severe illness from the outbreak/pandemic such as those of older age, those with chronic medical conditions, or those who may be pregnant from caring for patients with confirmed or suspected infection.

Elected options for reprocessing eye protection: Adhere to recommended manufacturer instructions for cleaning and disinfecting:

- While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
- Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
- Wipe the outside of the face shield or goggles with clean water or alcohol to remove residue.
- Fully dry (air dry or use clean absorbent towels).
- Remove gloves and perform hand hygiene.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 03/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

Procedure:

2. Gowns –

- In situations of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of the infectious patients as a single use. However, none of these options can be considered PPE, since their capability to protect health care personnel is unknown. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured.
 - Disposable laboratory coats;
 - Reusable (washable) patient gowns;
 - Reusable (washable) laboratory coats;
 - Disposable aprons;
 - Combinations of clothing - combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available:
 - a. Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats;
 - b. Open back gowns with long sleeve patient gowns or laboratory coats;
 - c. Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats;
 - d. Reusable patient gowns and lab coats that can be safely laundered according to routine procedures;
- Staff should inspect all attire prior to donning for holes, missing fastening ties, or thinning or ripped material.

3. Facemasks –

- All employees are required to wear facemasks. In the event that the supply usage diminishes and there are no facemasks available, options include:
 - Limiting which staff wear a facemask in order to preserve PPE inventory. For example, many ancillary staff who have no direct contact with residents or patients would not be required to wear a mask, including administration, accounting, information technology, human resources, community relations, health information management, purchasing, and nursing administrative staff.
 - Exclude health care personnel at higher risk for severe illness from contact with known or suspected infectious patients. Such as those of older age, those with chronic medication conditions, or those who may be pregnant.
 - Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.

Procedure:

Facemasks (continued):

- Use of homemade masks. In settings where facemasks are not available, health care personnel might use homemade masks (e.g. bandana, scarf) for care of the infectious patients as a last resort. However, homemade masks are not considered PPE, since their capability to protect health care personnel is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.
- Designate convalescent health care personnel for provision of care to known or suspected infectious patients. It may be possible to designate health care personnel who have clinically recovered from the infectious disease to preferentially provide care for infectious patients. Individuals who have recovered from infection may have developed some protective immunity.

4. N95 Masks –

- When no N95 masks are left:
 - During severe resource limitations, consider excluding health care personnel who may be at higher risk for severe illness, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from caring for patients with confirmed or suspected infection.
 - It may be possible to designate health care personnel who have clinically recovered from the infectious disease to preferentially provide care for additional patients with COVID-19. Individuals who have recovered from the infection may have developed some protective immunity.
 - Portable fan devices with high-efficiency particulate air (HEPA) filtration that are carefully placed can increase the effective air changes per hour of clean air to the patient room, reducing risk to individuals entering the room without respiratory protection. NIOSH has developed guidance for using portable HEPA filtration systems to create expedient patient isolation rooms. The expedient patient isolation room approach involves establishing a high-ventilation-rate, negative pressure inner isolation zone that sits within a “clean” larger ventilated zone. In the absence of any remaining supply of N95 respirators, it may be possible to use this technology in conjunction with health care personnel wearing facemasks.

NOTIFICATION TO FAMILIES DURING AN OUTBREAK OR PANDEMIC

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to provide transparency with resident representatives or next of kin through continual communication in regard to any infectious outbreaks or pandemics (residents and/or employees), as well as any related deaths.

Procedure:

General communication:

1. As infectious outbreaks or pandemic cases are identified on campus, or any related-infectious disease deaths occur, all residents and resident representatives will be notified by email or by telephone within 24 hours of occurrence. Email addresses are obtained from new admissions and are on file within PCC. If a resident representative elects to not provide an email address, it will be noted and a telephone call will be made to them by the Executive Secretary notifying them of the situation. Requests by family members for alternate methods of communication will be granted if able. Residents will be notified of any infectious outbreaks or pandemic cases via internal email notification to each house/unit.
2. The Executive Secretary will be responsible to update the resident representative email group as needed assuring that new representative information is added as well as deleting any email information for residents/patients who are no longer residing at the facility.
3. The Sitrin Health Care Center website will also be updated in the same timeframe that residents and resident representatives are notified to reflect any new cases (both resident and employee) as well as any related resident/patient deaths.
4. In addition, three or more residents or staff with the new onset of any infectious symptoms will be monitored and will also be reported to residents and their representatives within 72 hours of occurrence. The website will also be updated with this information.
5. Communication with families during a pandemic or outbreak will occur at a minimum of one time per week by the methods listed above. Communication will include whenever there is a change in resident visitation (i.e. visitation is reopened or shut-down) as well as any relevant activities regarding recovery/return to normal operations.
6. HIPAA rules and regulations will be followed in regard to any facility pandemic information that is released; therefore, no resident or employee identifying information will be given in any communication to residents or resident representatives.
7. Residents and resident representatives will be encouraged to submit their concerns or questions to the facility via our website at <https://www.sitrin.com/about/contact/>.

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Procedure (continued):

Communication with families of infected residents:

1. Designated facility staff will communicate with authorized family members and/or guardians of those residents/patients infected with a pandemic-related infection at least once per day and upon a change in the resident's condition. This communication will be done via telephone, unless the family member requests a different method of communication and will be documented in the resident's medical record.

USE OF FACE SHIELDS/GOGGLES

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to prevent the development and transmission of disease and infection and to provide a safe environment for patients/residents by utilizing face shields/goggles when caring for a resident/patient or screening a visitor to the facility.

- A face shield is a device used to protect the user's eyes and face from bodily fluids, liquid splashes, or potentially infectious materials.
- Goggles are a form of protective eyewear that usually enclose or protect the area surrounding the eye in order to prevent particulates, water or chemicals from striking the eyes.

Procedure:

1. Determine what eye protection you will be using.
 - A. If you wear corrective lenses, or if you are at risk for contact of bodily fluids or splashes, a face shield would be appropriate.
 - B. If you are not at risk for contact of body fluids, goggles may better suit you.
2. Apply the face shield or goggles using the appropriate order of donning PPE.
 - A. Gown;
 - B. Mask;
 - C. Goggles/face shield
3. When removing the goggles/face shield, use appropriate order of removing PPE.
 - A. Gown/gloves;
 - B. Face Shield/goggles;
 - C. Mask
4. Eye protection should be removed if it becomes visibly soiled or difficult to see through.
5. Eye protection should be discarded if damaged (e.g face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility.)
6. HCP should take care not to touch their eye protection. If they touch or adjust their eye protection, they must immediately perform hand hygiene.

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Effective: Revised 11/2020

Procedure (continued):

7. You may implement extended use of eye protection.

A. Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters.

To clean the face shield/eye goggles:

1. While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
2. Carefully wipe the outside of the face shield or goggles using a bleach wipe or approved facility wipe.
3. Wipe the outside of the face shield or goggles with clean water or alcohol to remove residue.
4. Fully dry (air dry or use clean absorbent towels).
5. Remove gloves and perform hand hygiene.

USE OF FACE MASKS FOR RESIDENTS DURING AN INFECTIOUS OUTBREAK/PANDEMIC

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to immediately address and mitigate the spread of any infectious outbreak/pandemic. It is imperative that all staff respond responsibly, consistently and transparently to these health precautions by assuring that residents are protected to the best of our ability by offering the use of facemasks whenever they are out of their room. *This facility policy is subject to change with the introduction of additional governmental guidelines which include updates to staff as needed.

Procedure:

1. Cloth masks may be distributed to the patients and residents of the Rehab unit and LTC houses for use in order to mitigate the spread of an infectious disease.
2. The licensed nursing staff on both the Rehab unit and in the LTC houses** will institute an order in the EMAR that reads: "offer mask to resident when out of room". This order must include supplemental documentation as to whether the mask was accepted, declined or the resident was unable to comply (see below).
3. Any resident who is on supplemental oxygen, has severe end stage respiratory issues such as COPD, or the resident's respiratory status would be compromised by wearing a mask, would be documented under "unable to comply". If a resident is confused and will not keep a mask in place, this would also constitute "unable to comply".
4. Each mask will be laundered by the house staff at least one time per day. This must occur on the 3-11 shift in order to return the mask to the resident's room as soon as possible. The masks must be laundered in hot water, dried and returned to the resident's room in a timely manner. Every effort will be made to secure two masks per resident so there is always an extra available.
5. When a resident is awake and comes out of his/her room, s/he must be offered his/her mask to wear. The nurse must document appropriately at that time.
6. Masks will be inspected for any damage frequently and will be replaced as needed.

** Any resident on the neuro unit with a diagnosis of Huntington's Disease is exempt from wearing a mask for safety reasons due to both the movement disorder and cognitive deficits associated with the disease.

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N95 MASKS

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to implement the use of N95 masks during an infectious pandemic with the intent to reuse for a specific period of time per CDC guidelines.

Procedure:

1. Three (3) N95 masks will be given to each staff member on the rehab unit along with three labeled paper bags.
 - Label bags used for storing the N95 masks and label the mask itself (e.g. on the straps) with the user's name to reduce accidental usage of another person's respirator.
2. A staff member will use one (1) N95 mask for an 8-hour shift.
 - At the end of their shift, the mask will be placed in the bag labeled with their name, date, and sequence of number, 1, 2, 3.
 - The N95 mask will stay in the bag for three (3) consecutive days, the masks will be rotated and worn, day 1, day 2, day 3 and then repeated up to five (5) times per mask.
 - Place used N95 masks in the designated paper bag between uses.
 - To minimize potential cross-contamination, store masks so that they do not touch each other and the person using the mask is clearly identified.
 - Paper bags must be disposed of along with the mask after the fifth use.
3. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
4. Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
5. Use a pair of clean (non-sterile) gloves when donning a used N95 mask and performing a user seal check. Discard gloves after the N95 mask is donned and any adjustments are made to ensure the mask is sitting comfortably on your face with a good seal.
6. Discard N95 masks contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
7. Discard N95 masks following use during aerosol generating procedures.

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Procedure (continued):

8. Discard any mask that is obviously damaged or becomes hard to breathe through.
9. A surgical mask will be worn over the N95 for droplet/contact precautions and then discard only the surgical mask when leaving the room.

User Seal Check:

1. A user seal check must be done every time the N95 is donned.
2. A user seal check is a procedure conducted by the mask wearer to determine fit the mask is being properly worn. The user seal check can either be a positive pressure or a negative pressure check.

Procedure:

1. Don non-sterile gloves.
 - Positive pressure check: Place your hands over the face piece, covering as much surface area as possible. Exhale gently in to the face piece. The face fit is considered satisfactory if a slight positive pressure is being built up inside the face piece without any evidence of outward leakage of air at the seal. Examples of such evidence would be the feeling of air movement on your face along the seal of the face piece, fogging of your glasses, or a lack of pressure being built up inside the face piece.
 - Negative pressure check: Place your hands over the face piece covering as much surface area as possible and then inhale. The face piece should collapse on your face and you should not feel air passing between your face and the face piece.
 - In the case of either type of seal check, if air leaks around the nose, use both hands to readjust the nosepiece by placing your fingertips at the top of the metal nose clip. Slide your fingertips down both sides of the metal strip to more efficiently mold the nose area to the shape of your nose. Readjust the straps along the sides of your head until a proper seal is achieved.
 - Once the user check seal is completed, remove your gloves and discard per facility policy and perform hand hygiene.

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LAUNDERING OF ISOLATION CLOTHING

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to insure that patient clothing and bedding from isolation rooms and any facility-issued scrubs to employees are thoroughly cleaned and disinfected.

Procedure:

1. Resident clothing, blankets and spreads from the isolation rooms and employee's scrubs will be double bagged and marked "ISOLATION" and placed in laundry bin with a cover, designated for infectious patients.
2. Plastic bags are to be disposed of as infectious waste in designated isolation bins in the laundry room.
3. The designated covered linen cart with isolation laundry will be transported to the laundry room, by the Laundry Aide who must wear gloves, gown, mask and face shield when transporting.
4. The designated Laundry Aide must wear gloves, gown, mask, and face shield while handling the infectious laundry.
5. Isolation items are to be washed separately in hot water with detergent and bleach. The automatic soap dispensers will be utilized.
6. Wash hands thoroughly after handling soiled isolation clothing and bedding.
7. Once clothing has been washed and dried, fold and bag resident laundry and return to the unit, placing it in the clean utility room. Make sure bag is labeled with resident's name. Laundry will be returned to the isolated resident by the staff who is providing care to the resident in order to reduce transmission of the infectious illness to other staff members.
8. Scrubs should be folded, bagged and return to the rehab unit central shower room.

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DISPOSAL OF INFECTIOUS WASTE

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to adhere to strict guidelines to manage infectious waste from its inception to disposal. This includes the collection, transport, treatment and disposal of infectious waste together with monitoring and regulation of the waste management process.

Definition: Infectious waste is untreated solid waste capable of causing infectious disease via exposure to a pathogenic organism of sufficient virulence and dosage through a portal of entry in a susceptible host.

Infectious waste includes the following:

1. Sharps (i.e. needles with syringes, scalpel blades, razor blades go in the sharps container);
2. Gloves, masks, gowns, face shields, booties;
3. Blood, blood saturated gauze, or bandages;
4. Feces/urine, briefs, chux.

Procedure:

1. PPE must be donned prior to disposing of infectious waste. PPE includes: N95 mask, gown, gloves, and a face shield.
2. Infectious waste will be disposed of in the red isolation bags.
3. Each bag must be hand tied by gathering and twisting the neck of the bag and using a tie or hand knot to secure the bag and each container must be securely closed.
4. Infectious waste is then removed and placed in the receptacle labeled infectious waste outside of the COVID-19 wing. Infectious waste must NOT be placed in the regular dumpster.
5. Proper handwashing should be performed after the removal of infectious waste.

Waste that can go in the regular trash includes the following:

- Newspaper;
- Paper towels after washing your hands;
- Styrofoam cups/plates and tray/plastic silverware from dietary;

Regular trash may be placed in normal, clear plastic bags and placed in the dumpster outside of the COVID-19 wing.

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ISOLATION ROOM DISCHARGE CLEANING

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to terminally disinfect a patient's room once discharged to ensure complete elimination of all pathogens from the environment, for the safety of the next patient as well as facility staff.

The following PPE should be utilized when terminally disinfecting as follows:

1. N95 mask;
2. Gown;
3. Gloves;
4. Face shield

Procedure:

1. Once the patient is discharged, the door to the room should remain closed for 24 hours and the negative pressure fan will remain on.
2. At the end of the 24 hours, designated personnel may enter the room and perform terminal cleaning to include:

A. Using A-456 disinfectant (dwell time of 2 minutes), the following items should be cleaned:

- Top, front and sides of the bed including the headboard; mattress; bedframe; footboard; and mobility rails including the bed control remote and the footboard controls.
- TV remote.
- Call bell and cord.
- All high-touch areas in the room including tabletops; bedside tabletop, including pull drawers (if applicable) and inner drawer with mirror; phone and cradle; armchairs; door and cabinet handles; light switches; closet handles; etc.
- Additional items to be wiped down include: any rail or ledge that a patient could grab to help with mobility; fall mats (if in use); pull cord to turn on and off lights; AC/heating control panel as well as the top vent and bottom filter; the window fan; any oxygen supply being used (i.e. concentrator, tank holders, etc.); any wheelchair or walker located in the room and/or other assist devices.

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Isolation Room Discharge Cleaning
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Procedure (continued):

- In the bathroom, start with the highest surface and clean the toilet last; clean the sink and counter area, including sink fixtures as well as the soap dispenser and push bar; paper towel dispenser, including the push bar; mirror; and if there is a shower, the support bars and shower fixtures and surfaces.
 - Cleaning of window curtains, ceiling or walls is not necessary unless visibly soiled.
3. Following patient discharge, clinical equipment must be cleaned and disinfected and moved to the door of the room for removal to central supply.
 4. Once disinfection is completed, staff should bag all soiled supplies in a clear bag and mark with isolation tape. The bag is then placed with soiled laundry and sent to the laundry room to be washed and put back in to use. Ensure that the same rags and mop pads are not being used in another room after disinfection has taken place. Gloves, rags and mop pads should be changed after every room. Before exiting the room, make sure to wipe down the entire cleaning cart as well as any tools that have been used during the disinfection process (toilet bowl brush, mop, broom, spray bottle, etc.).

Points to Remember:

1. Wash your hands before going in the room, before coming out of the room and after you are out of the room.
2. Inspect the room:
 - A. Report any needed repairs;
 - B. Correct any deficiencies;
 - C. Replace all cleaning equipment on the cart and leave the room;
 - D. Dispose of all waste bags.
3. Thoroughly wash your hands. Following the terminal cleaning of a patient room, gloves should be removed so as to avoid touching the outside of the gloves. Hands should be washed with an antimicrobial soap and water or an alcohol rub applied to the hands prior to donning a new set of gloves.

Inspection Standards include:

1. Room is totally disinfected.

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Isolation Room Discharge Cleaning
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Inspection Standards include (continued):

2. Room is free of dust, debris, and build-up.
3. Trash and linen are disposed of in accordance with policies and procedures.
4. All equipment is cleaned with germicidal solution before going to the next area to clean.

ELECTRONIC VISITS BETWEEN RESIDENTS AND FAMILIES DURING A PANDEMIC

Policy:

To assure that the residents of the Sitrin Health Care Center are able to communicate with their families during any public health emergency which may prohibit in person visitation, while reducing the risk of the transmission of any infectious outbreak/pandemic between residents/patients, visitors, and staff members.

Procedure:

1. In the event of a pandemic or public health emergency that may limit or entirely prohibit visitation within the nursing home, the facility will provide all residents with daily access to free remote videoconferencing, Facetime application, or texting with authorized family members and guardians.
2. The resident and/or family member may reach out to any staff member and ask to set up an electronic visit. The Social Service Department will work in conjunction with the Recreational Therapy staff to assure that these visits get scheduled between the resident and the family member.
3. Staff will assist the resident as needed with these visits utilizing the facility IPADs unless the resident has their own electronic device that they would prefer to use. Staff will assure proper connectivity between the resident and the family member.
4. Families and/or residents can arrange to have daily or weekly scheduled visits by reserving a particular day and time with the Recreational Therapy Department.
5. Proper cleaning and sanitizing of the IPAD will occur before and after use. To sanitize:
 - A. Unplug all external power sources, devices, and cables.
 - B. Employee will wipe the IPAD down with an alcohol pad before and after use.
 - C. Gently wipe the hard, nonporous surface of the device (i.e. Apple product) such as the display, keyboard, or other exterior surfaces.
 - D. Keep liquids away from the products, do not submerge any part of the IPAD in water.
 - E. Do not get moisture in to any openings.
 - F. Do not use aerosol sprays, bleaches, or abrasives.
 - G. Do not spray cleaners directly on to the IPAD.

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RECOVERY PROCEDURES FOLLOWING AN OUTBREAK, PUBLIC HEALTH EMERGENCY, OR PANDEMIC

Policy:

It is the goal of the Charles T Sitrin Health Care Center to resume all operations as safely and as quickly as possible following an outbreak, public health emergency, or pandemic situation. The facility will obtain Department of Health or external Agency approval prior to resuming any practices that have been mandated to cease due to state and/or federal directives during the public health emergency or pandemic.

Procedure:

The following areas will be reviewed and considered when a reopening is permitted:

1. Assure an individual with training in Infection Control provides on-site management and monitoring of the Infection Control Program.
2. Reinforce adherence to standard infection control measures including hand hygiene and correct use of personal protective equipment (PPE).
3. Have employees demonstrate competency with putting on and removing PPE.
4. Educate employees about infectious disease, current precautions being taken in the facility, as well as actions they should take to protect themselves. Encourage employees to receive the vaccination, if applicable to the infectious disease.
5. Educate residents and families on topics including information about the transmission of infectious diseases, actions the facility is taking to protect them and/or their loved ones, any visitor restrictions that are in place, and the actions that residents and families should take to protect themselves in the facility, emphasizing the importance of hand hygiene and source control.
6. Implement source control. Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing.
7. Report COVID-19 cases, facility staffing, and supply information to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module weekly.
8. Reinforce sick leave policies and remind employees not to report to work when ill.
9. Allow communal dining and group activities for residents who are not ill, including those who have fully recovered from the infectious outbreak while maintaining social distancing, source control measures, and limiting the numbers of residents who participate.
10. Create a plan for testing residents and healthcare personnel for the infectious disease that aligns with any state and federal requirements for testing residents and employees.
11. Implement social distancing measures at any areas in the building or on campus where staff or residents can congregate.
12. Create a plan for safe visiting between residents and family members. If required, assure that the plan has been submitted to Department of Health or any outside agency prior to resuming visitation. Communicate this plan to residents, families, and employees to assure understanding with any restrictions that must be implemented as well as for compliance.

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REPORTING COMMUNICABLE DISEASES

Policy:

The facility will notify the New York State Health Department (NYSDOH) and Oneida County Health Department (OCHD) of any reportable disease or outbreak, in accordance with the most recent available NYSDOH Communicable Disease Reporting Requirements. *The New York State Department of Health Epidemiologist for our region is:

Patricia Many
Phone: 315-866-1689
Fax: 315-866-8094
Email: patricia.many@health.ny.gov

Procedure:

1. When communicable diseases or outbreaks are noted within the facility, they will be reported and followed up on by the facility Infection Control Nurse (ICN) and/or designee.
2. NYSDOH notification will be done via electronic mail and/or via phone following the NYSDOH reporting guidelines.
3. Follow up information for reporting and patient/resident clearance will be done via daily line list or in accordance with the recommendations of the NYSDOH epidemiologist.
4. Patients/residents will be placed on specific precautions based on facility policy or as recommended by the NYSDOH epidemiologist.
5. Samples, cultures will be acquired by order of the Physician/Physician Assistant in accordance with the facility ICN and NYSDOH epidemiologist.
6. Patients/Residents conditions will be followed closely by the medical staff and the facility ICN. Employee/staff infection related absences/illnesses will be monitored by the ICN.
7. Follow up statistics will be communicated to the NYSDOH and OCHD as needed and upon the resolution /closure of facility illness/outbreak.

Responsibilities/Limitations:

It is the responsibility of the Unit Manager/Nursing Supervisor or Charge Nurse to report confirmed or suspected instances of communicable infections or outbreaks to the ICN. It is the responsibility of the ICN to report and follow up with the NYSDOH regarding reportable infections and/or outbreaks and to include outbreak or reportable infections in the appropriate QA report.

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Dept. Responsible: Infection Control

Effective: Revised 07/19