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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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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 six (6) 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 focuses on how best to decrease the spread of COVID-19 and lower the impact on our workplace. This includes 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 Sitrin's Infection Control Nurse, 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 and facility 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 are in place 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.
- Employees will be monitored for signs and symptoms of COVID-19 in regard to health changes, exposures, and as needed.
- 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 direct care employees will be required to utilize facemasks while at work during facility outbreak modes. In addition, social distancing (6 feet or 2 meters) will be enforced at any areas where employees tend to congregate through the use of signage.
- Handshaking will be discouraged.

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REDUCE TRANSMISSION AMONG EMPLOYEES (continued):

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. In addition, the facility will require employees to attend mandatory inservices on the COVID-19 annual booster vaccine and complete a consent/declination form for the booster. These boosters will be provided free of charge to the employee.

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 COVID-19 positive.
- 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, the proper way to wear facemasks (i.e. covering mouth and nose), and symptoms of COVID-19.

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

COVID-19 DISEASE SYMPTOMS, TRANSMISSION, PREVENTION AND CARE OF THE RESIDENT WITH

Policy:

This policy is designed to detect and control transmission of COVID-19 by following established guidelines and to have procedures that provide for isolation and standard precautions for residents suspected or confirmed to have COVID-19.

Protocol:

All residents noted to have symptoms consistent with COVID-19 (e.g., fever or feeling feverish/having chills, cough, wheezing, shortness of breath or difficulty breathing, fatigue (tiredness), sore throat, runny or stuffy nose, muscle pain or body aches, headache, vomiting, and/or change in or loss of taste or smell will be placed on room isolation, contact/droplet precautions, in addition to standard precautions (see also: Contact/Droplet Precaution Policies). All employees will be provided COVID-19 education upon hire and annually. All residents and their family members will receive information regarding COVID-19 on admission.

1. Residents suspected to be infected with COVID-19 will remain on isolation in their private room on contact/droplet precautions with the door closed while completing COVID-19 testing protocol. Refer to "COVID-19 Testing of Employees and Residents/Contact Tracing" Policy and Procedure.
2. Residents known to be infected with COVID-19 will remain on isolation in their private room until they can be transferred to an isolation room on the facility's COVID-19 wing at the earliest possible opportunity.
3. Masks (type N95 or equal), surgical masks over the N-95, gowns, gloves, and face shield or goggles will be worn by all persons entering the resident isolation room.
4. The door to the isolation room will always remain closed. The resident will remain in the room, except for transport purposes.
5. Residents will wear a mask for transport purposes and transport personnel will be informed of needed precautions prior to transport.
6. It is the responsibility of the Infection Control Nurse (ICN) to maintain a record of all COVID-19 infections in the facility. In addition, the ICN will maintain records including line lists, implementation of infection control interventions and corrective actions related to the infections within the nursing home, communication with NYSDOH and completion of the NORA report for COVID-19 cases and to include infections in the appropriate QA report. Additionally, the ICN will begin contact tracing to determine the possible source of the infection, as well as if others in the facility could have been exposed and to schedule testing of those individuals.

Oneida County Health Department
Phone: 315-798-6400
Off hour/weekend reporting 1-866-881-2809

Joshua Lewis
Phone: 315-477-8105
Email: Joshua.lewis@health.ny.gov

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COVID-19 Disease Symptoms, Transmission, Prevention and Care of the Resident with
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Responsibilities/Limitations:

1. It is the Charge Nurse's responsibility to assure that staff adhere to Contact/Droplet Precautions with all residents who are suspected or known to be infected with COVID-19.
2. A transmission-based room isolation sign will be posted on the outside of the resident room door to alert staff, family, and visitors to seek nursing guidance before entering the resident room when the resident is not on the COVID-19 unit.
3. An isolation cart stocked with masks (type N95 or equal), surgical masks, gowns, gloves, and face shields or goggles will be placed outside of the room.
4. A COVID-19 isolation sign will be posted on the outside of the resident room door to remind staff, family, and visitors to close the door when entering and exiting the resident room when the resident is on the COVID-19 unit.
5. The physician will be notified that the resident has tested positive for COVID-19 and order will be placed in the EMR for contact/droplet precautions.
6. The physician will determine antiviral use on a case-by-case basis.
7. The resident's task sheet will be updated to include contact/droplet precautions under "Infection Control."
8. The resident's designated representative or HCA will be notified of the resident's status and the visitation procedure will be reviewed. Refer to "COVID-19 Visitation Policy".
9. The Infection Control Nurse will be made aware of all residents who are suspected or known to be infected with COVID-19 in a timely manner.

Staff Cohorting:

1. The Infection Control Nurse in consultation with the Administrator and Director of Nursing will determine the need to cohort staff.
2. Dedicated, consistent staffing teams who directly interact with residents who are confirmed or suspected to be infected with COVID-19 may be assigned to care only for residents in cohort.
3. The facility will limit clinical and other staff who have direct resident contact to specific areas of the facility and will not rotate staff between various areas of the facility during the time they are working each day during period of recognized outbreaks.
4. Staff from ancillary departments such as occupational therapy, physical therapy, dietary, and providers should consider scheduling visits to residents on the COVID-19 unit at the end of the day.

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Equipment and Environment Disinfection:

1. 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. Refer to “Control of the Transmission of Respiratory Infection, Influenza, and/or Gastro-Intestinal Illness Policy and Procedure” under Infection Control Policies and Procedures.
2. Dedicate noncritical medical items to use on individual residents.
3. All non-disposable, non-dedicated equipment used in these rooms must be cleaned and disinfected prior to removal from the isolation room. Disinfection should be done using germicidal/virucidal wipes, used according to manufacturer’s directions with wet contact time of 60 seconds, or as needed per directions.
4. Clean and disinfect surfaces that are likely to be contaminated with the pathogen, including those that are in close proximity to the resident (e.g., bed rails, overbed tables) and frequently touched surfaces in the resident care environment (e.g., doorknobs, surfaces in and surrounding toilets in the resident’s room).

Education:

1. All employees will be provided COVID-19 education upon hire and annually.
2. Education will be provided to employees as needed during outbreaks.
3. All employees will be offered the COVID-19 vaccine if eligible upon hire and periodically after hire.
4. COVID-19 information will be provided to both our residents and family members on admission so that they are familiar with symptoms and can take necessary actions to protect themselves and our residents from the transmission of these diseases.
5. Education will be provided to families and residents as needed during outbreaks.
6. All residents will be offered the COVID-19 vaccine if eligible on admission and as available in the future.

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. An outbreak of COVID-19 is defined as a single-confirmed case among staff or a single-confirmed “nursing home onset” case among the residents.

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. The resident will be evaluated for any signs or symptoms of an infectious respiratory illness as indicated below to the Charge Nurse:
 - Elevated temperature;
 - Shortness of breath;
 - Congestion/nasal “stuffiness”;
 - 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
2. Any resident/patient that has any elevation in temperature, or any signs or symptoms of respiratory illness is immediately placed on Droplet/Contact precautions and will be COVID-19 tested. If the resident who is exhibiting symptoms is COVID negative, they will be tested again 48 hours x 2. If the resident tests positive at any point during these rounds of testing, they may either remain in their room (if in a private room) with the door closed or moved to the COVID-19 wing for a 10-day period depending on the number of positive cases on campus and based on recommendations from the Infection Control Nurse and the local Health Department Epidemiologist.
3. In the event that a resident is exposed to a COVID-19 positive resident, staff member, or family member, refer to “COVID-19 Testing of Employees and Residents/Contact Tracing” Policy and Procedure.
4. In the event that the resident’s/patient’s condition worsens and must be sent out to the hospital by physician order, the transport company and the admitting facility will be made aware that the resident has tested positive for COVID-19. 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.

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COVID-19 WING

Policy:

In order to limit exposure when there is an outbreak of COVID-19, a positive resident may be moved to the COVID-19 wing located on the inpatient rehab unit. Since 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. However, if there is a cluster of positive COVID-19 residents identified, then it may be necessary to cohort these residents on the COVID-19 isolation wing. 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.

An outbreak of COVID-19 is defined as a single-confirmed case among staff or a single-confirmed “nursing home onset” case among the residents.

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 placed on contact/droplet isolation and their door will remain closed. They may be transferred from their unit/house to the COVID wing by staff members dependent upon the number of COVID-19 positive cases within the facility, the likelihood of transmission, as well as the recommendations from the facility Infection Control Nurse and the Oneida County Health Department Epidemiologist. In addition, a single new case of COVID-19 infection in any resident or health care personnel will be evaluated to determine if others in the facility could have been exposed.
2. The 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. The COVID-19 wing is isolated from the rest of the unit by a separate entrance door that is accessed only by designated staff. The individual room doors on the wing will also be kept closed.
3. Any patient/resident who needs to be transferred from the long-term care houses to the COVID wing will be masked and will enter the wing via the entrance/exit door located at the end of the hallway located off Tilden Avenue. Any patient/resident within the main building who needs to be transferred to the COVID wing will be masked. Any staff involved in the transfer to the COVID wing will be instructed to don/doff the correct personal protective equipment (PPE) prior to moving the patient to the wing and upon exiting the wing.
4. Residents will remain on the COVID wing for a minimum of 10 days with a maximum of 20 days if their symptoms are not improving. The Physician/NP, in conjunction with the Infection Control Nurse, will determine when a resident is released from the COVID unit and back to their unit/house.

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COVID-19 Wing

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Procedure (continued):

5. 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. Nursing staff assigned to the COVID wing, will be educated on entering and exiting the unit, adhering to standard precautions and the use of PPE, including donning and doffing. The facility will try and limit the amount of ancillary staff members entering the COVID-19 wing to only those who are necessary. Any staff member from other departments who may need to enter the COVID wing, i.e. Maintenance, IT, Dietary, Social Services, Housekeeping will adhere to standard precautions and be instructed on the proper usage of PPE prior to entering the wing.
6. 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 including the use of proper PPE while cleaning the rooms. Once COVID rooms are vacated, the door must be closed in the hallway and sit until sufficient time has elapsed for enough air changes to remove the potentially infectious particles before entry can occur back into the room for terminal cleaning. In the event that housekeeping staff is cleaning the vacated COVID rooms, proper PPE will be utilized during the clean.
7. All patients/residents on the COVID wing will be restricted to their rooms, including for meals and therapy. If it is necessary to complete a therapy assessment outside of the patient's room, the patient will be masked and will remain on the COVID unit.
8. Any procedure that could generate infectious aerosols should be performed cautiously and avoided if appropriate alternatives exist. The number of health care personnel present during the procedure should be limited to only those that are essential for patient care and procedure support. Visitors should not be present for the procedure.
9. Dedicated medical equipment should be used when caring for a patient with suspected or confirmed COVID-19 infection. All non-dedicated, non-disposable medical equipment used for that patient/resident should be cleaned and disinfected according to manufacturer's instructions and facility policies before use on another patient.
10. Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.
11. If it is necessary for a COVID-19 positive patient/resident to be transported to an outside medical appointment, the resident's positive status will be communicated with both the transportation agency and the medical provider prior to transfer.

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Procedure (continued):

12. Visitors who have a resident on the COVID unit are permitted to visit. These visitors will be supplied with information about the risks of an in-person visit as well as supplied with the proper PPE and instructions prior to the visit. Visitors are instructed to visit only in the patient room. Visitors will enter and exit the COVID wing via the doors off Tilden Avenue. All PPE will be disposed of prior to leaving their resident's room with the exception of masks, which will be removed at the exit door.
13. 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.

Resource: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, Centers for Disease Control and Prevention, Updated 05/08/2023

INFECTIOUS DISEASE HEALTH CHECK POLICY FOR ALL EMPLOYEES

Policy:

It is the policy of the Charles T. Sitrin HCC to require employees to perform a self-monitoring health check when not feeling well and to report any signs/symptoms of an infectious disease to their Supervisor and/or Infection Control Nurse.

Procedure:

Employees are highly encouraged without fear of disciplinary action to not report to work when they are exhibiting signs and symptoms of an infectious disease. Additionally, if an employee tests positive for an infectious disease, they will be furloughed from work for the required number of days based on the disease without incurring any disciplinary action. The facility offers the maximum amount of flexibility to staff in conjunction with state guidance in regard to sick leave for infectious diseases and offers up to 60 hours of paid sick leave per year.

In addition, it is the employee's responsibility to report any signs and symptoms of illness to their Supervisor and/or the Infection Control Nurse including the following (not all inclusive):

Fever;
Sore throat;
Cough;
Congestion/nasal stuffiness;
Runny nose/nasal discharge;
Shortness of breath;
New loss of taste or smell;
New body or muscle aches;
Vomiting or Diarrhea;
Headache

Any employee showing any of these signs and symptoms will be informed that they need to COVID test. If the first test result is negative, the employee will be tested every 48 hours x 2 additional times. If at anytime during the testing schedule they test positive, the employee will be furloughed for five (5) days and can return to work on day six (6) if the symptoms are improving. The employee must be fever free for 24 hours (with no medication to reduce the fever) to come back. The employee must continue to wear a N95 facemask for the remainder of the 10-day isolation period. When determining the employee's return to work date, day "0" is the day that the employee's symptoms started.

If an employee has been exposed to someone who has a COVID-19 positive test result, it is their responsibility to report this information to their Supervisor and/or Infection Control Nurse immediately upon notification of the exposure. The employee will be required to test immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test, and if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. As long as the employee is negative, they are permitted to continue to work but must wear a N95 facemask for 10-days. If the employee tests positive and is asymptomatic, they will be furloughed for five (5) days. When determining the employee's return to work date, day "0" is the day of the positive test result.

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COVID-19 TESTING OF EMPLOYEES AND RESIDENTS/CONTACT TRACING

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to provide and follow directives for COVID-19 testing of residents, 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, 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, the employee will be prohibited from entering the building until they are tested and have a negative test result.

If an employee is confirmed COVID-19 positive after testing, they will be furloughed. See "COVID-19 Employee Return to Work Policy and Procedure".

Any COVID-19 positive employee 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 as well as on the NHSN CDC weekly report.

In addition, the positive result is also reported to the Local Health Department along with contact tracing completed by the Infection Control Nurse. If an employee who tests positive and has not worked in the facility for the previous seven (7) days, it is not necessary to perform contact tracing nor will the employee be reported on the daily HCS report. The Infection Control Nurse will be responsible to conduct contact tracing for each positive employee case to determine any exposures. The Infection Control Nurse will interview the positive employee to determine who they had close contact with 72 hours prior to when symptoms started to establish which employees and residents need to be tested. Exposures are defined as close contact, being within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period with someone with COVID-19 infection with or without a mask.

Any employee who is known to have been exposed to COVID-19 will be tested immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day, and day 5. Testing is generally not recommended for asymptomatic people who have recovered from COVID-19 infection in the prior 30 days unless they are exhibiting symptoms.

Exposed employees can continue to work as long as they test negative but will be required to practice infection control protocols including wearing a N95 mask for the 10-days and social distancing when possible.

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

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COVID-19 Testing of Employees and Residents

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Procedure (continued):

Testing of Residents/Patients:

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

Any clusters of three residents/patients or more showing signs or symptoms of any respiratory illness will be tested. Based on recommendations from the CDC and state/local Health Departments in conjunction with the Infection Control Nurse, a respiratory panel may be ordered for any resident exhibiting respiratory symptoms.

Any resident who tests COVID-19 positive may be transferred to the designed COVID wing for the required quarantine time before they can be discharged from that unit. Refer to "COVID-19 Wing" Policy and Procedure.

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 as well as the weekly NHSN CDC report.

In addition, the positive result is also reported to the Local Health Department along with contact tracing completed by the Infection Control Nurse. The Infection Control Nurse will be responsible to conduct contact tracing for each positive case to determine any exposures. The Infection Control Nurse will interview the positive employee/positive resident to determine who they had close contact with 72 hours prior to when symptoms started, to establish which employees and residents need to be tested. Exposures are defined as close contact, being within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period with someone with COVID-19 infection with or without a mask.

Any resident/patient who is known to have been exposed to COVID-19 will be tested immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day, and day 5. Testing is generally not recommended for asymptomatic people who have recovered from COVID-19 infection in the prior 30 days, unless they are exhibiting symptoms.

Asymptomatic residents/patients do not require use of transmission-based precautions while being evaluated for COVID-19 following close contact with someone with COVID-19 infection. However, these patients/residents should wear source control.

Examples of when transmission-based precautions following close contact may be considered include:

- Patient/resident is unable to be tested or wear source control as recommended for the 10-days following their exposure.
- Patient/resident is moderately to severely immunocompromised;
- Patient/resident is residing on a unit with others who are moderately to severely immunocompromised;

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Procedure (continued):

Testing of Residents/Patients:

- Patient/resident is residing on a unit experience ongoing COVID-19 transmission that is not controlled with initial interventions.

Residents have the right to decline testing. Documentation of testing and/or refusal will be documented in the resident's medical record.

During an outbreak, new residents may be tested upon admission to the facility to identify if they are COVID-19 positive and need to be isolated. The Infection Control Nurse will determine the need to implement this practice.

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.

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COVID-19 EMPLOYEE RETURN TO WORK POLICY

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to follow the outlined criteria regarding health care personnel (HCP) return to work after COVID-19 infection.

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).

Conventional strategy:

1. HCP with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met:
 - At least seven (7) days have passed since symptoms first appeared if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) and
 - At least 24 hours have passed since last fever without the use of fever-reducing medications, and
 - Symptoms (e.g. cough, shortness of breath) have improved.
 - *Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later.
2. HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the following criteria have been met:
 - At least seven (7) days have passed since the date of their first positive viral test if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).
 - *Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later.
3. HCP with several to critical illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met:
 - At least 10 days and up to 20 days have passed since symptoms first appeared, and
 - At least 24 hours have passed since last fever without the use of fever-reducing medications, and
 - Symptoms (e.g. cough, shortness of breath) have improved.
 - The test-based strategy as described below for moderately to severely immunocompromised HCP can be used to inform the duration of work restriction.

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Conventional strategy (continued):

4. HCP who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptoms onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.
 - Use of a test-based strategy (as described below) and consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.

Contingency strategy:

1. HCP with mild to moderate illness who are not moderately to severely immunocompromised:
 - At least five (5) days have passed since symptoms first appeared (day 0) and
 - At least 24 hours have passed since last fever without the use of fever-reducing medications, and
 - Symptoms (e.g. cough, shortness of breath) have improved.
2. HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised:
 - At least five (5) days have passed since the date of their first positive viral test (day 0)

Upon returning to work under the contingency strategy:

- Employees should self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen;
- They should wear a N95 mask at all times, even when they are in non-patient care areas such as breakrooms;
- If they must remove their N95 mask in order to eat or drink, they should separate themselves from others;
- To the extent possible, they should practice physical distancing from others;
- Patients/residents should wear (if tolerated) well-fitting source control while interacting with these HCP.

Crisis strategy:

1. There are no work restrictions, however the following are considerations for determining which HCP should be prioritized for this option include:
 - The type of HCP shortages that need to be addressed;
 - Where individual HCP are in the course of their illness (e.g. viral shedding is likely to be higher earlier in the course of illness);
 - The types of symptoms they are experiencing (e.g. persistent fever, cough);
 - Their degree of interaction with patients/residents and other HCP in the facility;
 - The type of patients/residents they care for

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Crisis strategy (continued):

2. If HCP are requested to work before meeting all criteria, the following should be followed:
 - HCP should be restricted from contact with patients/residents who are moderately to severely immunocompromised (e.g. transplant, hematology-oncology);
 - Allow HCP with COVID-19 infection to perform job duties where they do not interact with others (e.g. patients/residents or other HCP);
 - Allow HCP with confirmed COVID-19 infection to provide direct care only for patients/residents with confirmed COVID-19 infection, preferably in a cohort setting;
 - Allow HCP with confirmed COVID-19 infection to provide direct care only for patients/residents with suspected COVID-19 infection;
 - As a last resort, allow HCP with confirmed COVID-19 infection to provide direct care for patients/residents without suspected or confirmed COVID-19 INFECTION. If this is being considered, this should be used only as a bridge to longer term strategies that do not involve care of uninfected patients/residents by potentially infectious HCP.
3. Strict adherence to all other recommended infection prevention and control measures is essential including:
 - employees should self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen;
 - They should wear a N95 mask at all times, even when they are in non-patient care areas such as breakrooms;
 - If they must remove their N95 mask in order to eat or drink, they should separate themselves from others;
 - To the extent possible, they should practice physical distancing from others;
 - Patients/residents should wear (if tolerated) well-fitting source control while interacting with these HCP.

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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. 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 nice weather.
5. 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 when speaking with staff regardless of their vaccination status.
6. 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.
7. Any visitor who has recently tested positive test for COVID-19, symptoms of COVID-19, or has been exposed, should not enter the facility to visit for 10-days and symptoms have subsided.
8. 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 will be encouraged to 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.
9. The facility is not required to provide PPE for visitors, however, in the event that a visitor wants to wear a surgical face mask, one will be provided by the facility.

Indoor Visitation During an Outbreak:

1. An outbreak 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 encouraged to not enter the facility during an outbreak.
2. Visitors must adhere to the core principles of infection prevention*, meaning that the visitor will be encouraged to wash their hands before entering the resident's room, wear a mask and socially distance. All visits should occur in the resident's room.

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Procedure (continued):

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 visits should be rare.

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.
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.

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. A resident and/or family member is expected to report if the resident had a possible close contact or exposure to an individual with COVID-19 while away from the nursing home.

***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 per guidelines (separate area for COVID-19 positive residents);

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

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 determine 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 may be reviewed and considered during an outbreak to determine if any operations need to cease or change in order to control the transmission of the illness.

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 visiting, i.e. wearing PPE including facemasks, maintain six (6) feet of social distancing in public/common areas, do not visit if exhibiting signs and symptoms of the illness, hand hygiene, limiting visitation to resident's room only, etc.
2. Alerting visitors and staff of outbreak by posting infection control signage on entrances, units, elevators, staff entrance, employee cafeteria, front desk, etc.
3. Cohort all ill residents to one specific wing or unit and keep doors shut.
4. Isolate all residents/patients to their rooms. This can differ between units and houses depending on where the outbreaks are occurring.
5. Test all residents for any infectious diseases upon admission in order to immediately isolate positive residents to control further transmission.
6. Utilize effective contact tracing of positive cases to determine source and implement testing for residents and employees who were exposed.
7. Expand testing of residents and employees to include entire units/houses, not just those that have been exposed.
8. Cease communal dining in areas where outbreak is occurring. 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.
9. Cease group activities in areas where outbreak is occurring. 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.
10. Cease all in-group therapy services and therapy off the units. Therapy should be provided at the resident/patient bedside.
11. 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.
12. Eliminate all unnecessary staff from entering the units/houses.
13. Cancel all unnecessary medical appointments to outside providers. Utilize telemedicine whenever possible.
14. 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.

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Review of all Operations during an Outbreak, Public Health Emergency, or Pandemic to Control Transmission
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Procedure (continued):

15. Review ancillary departments to determine if non-essential staff could viably work from home until after the outbreak.
16. Reduce the number of in-person group meetings. Utilize ZOOM or teleconferencing whenever possible.
17. Eliminate the employee cafeteria line service and only offer pre-ordered box lunches to staff.
18. Enhance cleaning procedures especially high-touch areas.
19. 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.
20. Re-educate staff on proper handwashing and the use of PPE during the pandemic.
21. High surveillance monitoring of all residents and staff for changes in medical conditions.
22. Encouraging staff to immediately report any illness and remain out of work per facility guidelines.

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COVID-19 BOOSTER CLINICS FOR RESIDENTS

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to offer all residents the current COVID-19 booster and to provide timely COVID-19 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 CDC and New York State Department of Health regulations.

Procedure:

1. Upon admission to the facility, all residents will be provided education including a vaccination information sheet and offered the current COVID-19 booster shot.
2. The resident will be asked by either the Charge Nurse or Social Worker to complete either a consent form or declination form. If the resident is unable to make their own decisions, the Health Care Proxy or Resident Representative will be contacted, educated on the booster, and asked to give either consent or declination.
3. If the resident has not received the current booster and elects to do so, the completed consent form will be sent via email to the Vice President of Long Term Care Services. If the resident consented to the booster, the Vice President of Long Term Care will email Health Direct Pharmacy to send a single dose vial for the resident.
4. Once the booster dose is delivered to the facility, the RN or LPN will administer the vaccine to the resident. The resident will be monitored for 15 minutes after to assure that the resident does not have an anaphylactic reaction to the vaccine.
5. The RN or LPN will record the dose administered in the resident's electronic medical record under the immunization tab of Point Click Care (PCC) as well as in NYSIIS.
6. The Infection Control Nurse and the Vice President of Long Term Care Services will maintain a record of all resident's COVID booster status on a spreadsheet. The Vice President of Long Term Care Services will be responsible to complete resident vaccination status in the weekly NHSN vaccination report on the CDC website.
7. A physician's order must be obtained for the administration of all COVID vaccines/boosters and entered into the EMR.
8. The Director of Health Information Management or designee will be responsible to scan the consent or declination into the "other" tab of the resident's chart in PCC.

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COVID-19 BOOSTER CLINICS FOR EMPLOYEES

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to educate and offer the COVID-19 booster to all employees upon hire and to all current employees on an annual basis as new booster vaccines are released. The facility will provide timely COVID-19 booster clinics to any employee who consents to receive them to reduce the risk of COVID-19 cases within the facility and to be in compliance with the CDC and NYSDOH regulations.

Procedure:

1. If an employee has received partial, full, and/or booster vaccines, they will be required to present their COVID-19 vaccination card (for copying) to the HR representative when completing pre-employment onboarding paperwork.
2. New employees will be provided education, a vaccine information sheet on the current booster during onboarding and be required to complete a vaccination form indicating either consent or declination of the booster. If the employee declines the current booster at this time, the HR Representative will remind the employee that they can change their mind at any time by completing a new consent. If a new employee has not received **any** COVID-19 vaccinations and is declining the booster, the HR representative will inservice the employee on the mask mandate requirement for them to wear a mask at all times as a result of not being vaccinated.
3. The HR Representative will then forward the consent form to the VP of Long Term Care Services. If the employee gives consent for the current booster, the VP of Long Term Care will scan the form along with the employee's insurance information to Health Direct Pharmacy for preparation.
4. In addition, all current employees whether they have received the full-, partial- or no primary vaccine will be required to attend a mandatory inservice, receive a vaccination information sheet on the annual COVID-19 booster shot and be required to complete either a consent/declination form. Both the completed consents and declinations will be forwarded to the VP of Long Term Care Services who will scan consent forms to Health Direct Pharmacy for preparation.
5. Health Direct will deliver the vaccine to the facility with paperwork for each employee who will be receiving the booster that week. Employees will report to the Education/Training Department on clinic day to receive their vaccine. The employee will be required to complete the screening form prior to the vaccine being administered.
6. 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 vaccine.
7. The Education/Training personnel or designee will complete the employee's COVID-19 vaccine card (if available) and document this information in NYSIIS indicating the date that the booster was administered. A copy of the card will be made and sent to HR for insertion in Smartlinx and the employee's personnel file.
8. The VP of Long-Term Care Services will record employee boosters on her COVID-19 spreadsheet in order to maintain accurate reporting in the weekly NHSN CDC website.

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VACCINE INFORMATION STATEMENT

COVID-19 Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

COVID-19 vaccine can prevent COVID-19 disease. Vaccination can help reduce the severity of COVID-19 disease if you get sick.

COVID-19 is caused by a coronavirus called SARS-CoV-2 that spreads easily from person to person. COVID-19 can cause mild to moderate illness lasting only a few days, or severe illness requiring hospitalization, intensive care, or a ventilator to help with breathing. COVID-19 can result in death.

If an infected person has symptoms, they may appear 2 to 14 days after exposure to the virus. Anyone can have mild to severe symptoms.

- Possible symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue (tiredness), muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
- More serious symptoms can include trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone.

Older adults and people with certain underlying medical conditions (like heart or lung disease or diabetes) are more likely to get very sick from COVID-19.

2. COVID-19 vaccine

Updated (2023–2024 Formula) COVID-19 vaccine is recommended for everyone 6 months of age and older.

COVID-19 vaccines for infants and children 6 months through 11 years of age are available under Emergency Use Authorization from the U. S. Food and Drug Administration (FDA). Please refer to the Fact Sheets for Recipients and Caregivers for more information.

For people 12 years of age and older, updated COVID-19 vaccines, manufactured by ModernaTX, Inc. or Pfizer, Inc., are approved by FDA.

- **Everyone 12 years and older** should get 1 dose of an FDA-approved, updated 2023–2024 COVID-19 vaccine. If you have received a COVID-19 vaccine recently, you should wait at least 8 weeks after your most recent dose to get the updated 2023–2024 COVID-19 vaccine.
- **Certain people who have medical conditions or are taking medications that affect the immune system** may get additional doses of COVID-19 vaccine. Your health care provider can advise you.

Some people 12 years of age and older might get a different COVID-19 vaccine called Novavax COVID-19 Vaccine, Adjuvanted (2023–2024 Formula) instead. This vaccine is available under Emergency Use Authorization from FDA. Please refer to the Fact Sheet for Recipients and Caregivers for more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of COVID-19 vaccine** or an ingredient in the COVID-19 vaccine, or has any **severe, life-threatening allergies**
- Has had **myocarditis** (inflammation of the heart muscle) or **pericarditis** (inflammation of the lining outside of the heart)
- Has had **multisystem inflammatory syndrome** (called MIS-C in children and MIS-A in adults)
- Has a **weakened immune system**

In some cases, your health care provider may decide to postpone COVID-19 vaccination until a future visit.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover. People with current COVID-19 infection should wait to get vaccinated until they have recovered from their illness and discontinued isolation.

Pregnant people with COVID-19 are at increased risk for severe illness. COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, or trying to get pregnant now, or who might become pregnant in the future.

COVID-19 vaccine may be given at the same time as other vaccines.

4. Risks of a vaccine reaction

- Pain, swelling, or redness where the shot is given, fever, tiredness (fatigue), headache, chills, muscle pain, joint pain, nausea, vomiting, and swollen lymph nodes can happen after COVID-19 vaccination.
- Myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart) have been seen rarely after COVID-19 vaccination. This risk has been observed most commonly in males 12 through 39 years of age. The chance of this occurring is low.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

Seek medical attention right away if the vaccinated person experiences chest pain, shortness of breath, or feelings of having a fast-beating, fluttering, or pounding heart after COVID-19 vaccination. These could be symptoms of myocarditis or pericarditis.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. Countermeasures Injury Compensation Program

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit the program's website at www.hrsa.gov/cicp, or call 1-855-266-2427.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for COVID-19 Fact Sheets, package inserts, and additional information at www.fda.gov/vaccines-blood-biologics/industry-biologics/coronavirus-covid-19-cber-regulated-biologics.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's COVID-19 vaccines website at www.cdc.gov/coronavirus.



Information for Recipients and Caregivers
SPIKEVAX (pronounced SPĪK-văx)
(COVID-19 Vaccine, mRNA)
(2023-2024 Formula)

Please read this information sheet before getting SPIKEVAX. This summary is not intended to take the place of talking with your healthcare provider. If you have questions or would like more information, please talk with your healthcare provider.

What is SPIKEVAX?

SPIKEVAX is a vaccine to protect you against COVID-19. SPIKEVAX is for people 12 years of age and older. Vaccination with SPIKEVAX may not protect all people who receive the vaccine.

SPIKEVAX does not contain SARS-CoV-2, the virus that causes COVID-19. SPIKEVAX cannot give you COVID-19.

Who should not get SPIKEVAX?

You should not get SPIKEVAX if you had:

- a severe allergic reaction after a previous dose of SPIKEVAX, Moderna COVID-19 Vaccine (Original monovalent), or Moderna COVID-19 Vaccine, Bivalent¹
- a severe allergic reaction to any ingredient of this vaccine (see **What are the ingredients in SPIKEVAX?**)

What should I tell my healthcare provider?

Tell your healthcare provider about all of your medical conditions, including if you:

- have any allergies
- had a severe allergic reaction after receiving a previous dose of any COVID-19 vaccine
- have had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received any other COVID-19 vaccine
- have ever fainted in association with an injection

How is SPIKEVAX given?

SPIKEVAX is given as an injection into the muscle.

What are the risks of SPIKEVAX?

Severe allergic reactions have occurred in some people who have received SPIKEVAX,

¹ SPIKEVAX is made the same way as the Moderna COVID-19 Vaccine (Original monovalent) and Moderna COVID-19 Vaccine, Bivalent, but it encodes the spike protein of SARS-CoV-2 Omicron variant lineage XBB.1.5 (Omicron XBB.1.5).

Moderna COVID-19 Vaccine (Original monovalent), and Moderna COVID-19 Vaccine, Bivalent. There is a very small chance that SPIKEVAX could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to 1 hour after getting a dose of SPIKEVAX. For this reason, your healthcare provider may ask you to stay for a short time at the place where you received your vaccine. Signs of a severe allergic reaction can include:

- Trouble breathing
- Swelling of your face and throat
- A fast heartbeat
- A rash all over your body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received mRNA COVID-19 vaccines, including SPIKEVAX, Moderna COVID-19 Vaccine (Original monovalent), and Moderna COVID-19 Vaccine, Bivalent. Myocarditis and pericarditis following Moderna COVID-19 vaccines have occurred, most commonly in males 18 years through 24 years of age. In most of these individuals, symptoms began within a few days following vaccination. The chance of having this occur is very low. You should seek medical attention right away if you or your child has any of the following symptoms after receiving the vaccine, particularly during the 2 weeks after receiving a dose of the vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported in clinical trials with SPIKEVAX, Moderna COVID-19 Vaccine (Original monovalent), and Moderna COVID-19 Vaccine, Bivalent include:

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, fever, and rash

Other side effects that have been reported include:

- Severe allergic reactions
- Urticaria (itchy rash/hives)
- Myocarditis (inflammation of the heart muscle)
- Pericarditis (inflammation of the lining outside the heart)
- Fainting in association with injection of the vaccine

These may not be all of the possible side effects of SPIKEVAX. Ask your healthcare provider about any side effects that concern you. You may report side effects to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or <https://vaers.hhs.gov>.

What if I am pregnant or breastfeeding?

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

A pregnancy exposure registry is available. You are encouraged to contact the registry as soon as

you become aware of your pregnancy by calling 1-866-MODERNA (1-866-663-3762) or ask your healthcare provider to contact the registry for you.

What are the ingredients in SPIKEVAX?

SPIKEVAX contains the following ingredients:

- messenger ribonucleic acid (mRNA)
- lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC])
- tromethamine
- tromethamine hydrochloride
- acetic acid
- sodium acetate trihydrate
- sucrose

SPIKEVAX does not contain preservatives.

If you would like more information, talk to your healthcare provider or visit www.spikevax.com or call 1-866-MODERNA (1-866-663-3762).

Manufactured for:
Moderna US, Inc.
Princeton, NJ 08540

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SPIKEVAX is a trademark of ModernaTX, Inc.
Patent(s): www.modernatx.com/patents
Revised: September 2023

Vaccine Screening & Informed Consent Form

Section 1:

Name _____ DOB _____ Age _____ Mother's maiden name _____

Gender ☐ Male ☐ Female Do you weigh under 110lbs? Yes ☐ No ☐

Street _____ City _____ State _____ Zip _____

Insurance Information

Drug Ins. Co. _____ ID# _____ PH# _____

Group # _____ BIN# _____ PCN# _____

For non-COVID -19 vaccines I agree to be fully financially responsible for any co-sharing amounts, including copays, coinsurance and deductibles, for the requested items and services as well as for any requested items and services not covered by my insurance benefits. I understand that any payment for which I am financially responsible is due at the time of service or, if HealthDirect Pharmacy Services, Inc. invoices me after the time of service, upon receipt of such invoice.

Primary Care Provider Name _____ PCP Phone _____

Street _____ City _____ State _____

Section 2:

Please complete the following questions for you or the person being vaccinated, to help us determine your eligibility to be vaccinated.

1. Are you currently sick? ☐ Yes ☐ No ☐ Don't Know
2. Have you ever fainted or felt dizzy after receiving an immunization? ☐ Yes ☐ No ☐ Don't Know
3. Have you ever had an immediate allergic reaction (e.g. hives, facial swelling, difficulty breathing, anaphylaxis) to any vaccine, injection, or shot or to any component of the COVID-19 vaccine, or a severe allergic reaction (anaphylaxis) to anything? ☐ Yes ☐ No ☐ Don't Know
4. Do you have a severe egg allergy that resulted in symptoms beyond hives, and required medical intervention? ☐ Yes ☐ No ☐ Don't Know
5. Have you ever had a reaction after receiving an immunization? ☐ Yes ☐ No ☐ Don't Know
6. Have you ever been treated with passive antibody therapy or convalescent plasma for COVID-19? ☐ Yes ☐ No ☐ Don't Know
7. Do you have a bleeding disorder, a history of blood clots or are you taking a blood thinner? ☐ Yes ☐ No ☐ Don't Know
8. Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining around the heart)? ☐ Yes ☐ No ☐ Don't Know
9. Do you have cancer, leukemia, HIV/AIDS or any other condition that weakens the immune system? ☐ Yes ☐ No ☐ Don't Know
10. Do you take any medications that affect your immune system, such as cortisone, prednisone or other steroids, or anti-cancer drugs, or have you had any radiation treatments? ☐ Yes ☐ No ☐ Don't Know
11. Have you ever had a seizure disorder for which you are on seizure medications, a brain disorder, Guillain-Barre syndrome or other nervous system problems? ☐ Yes ☐ No ☐ Don't Know
12. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), or anemia or other blood disorder? ☐ Yes ☐ No ☐ Don't Know
13. For Women: Are you pregnant or considering becoming pregnant in the next month? ☐ Yes ☐ No ☐ Don't Know
14. Have you received a transfusion of blood or blood products or been given a medication called Immune (gamma)globulin in the past year? ☐ Yes ☐ No ☐ Don't Know
15. Are you currently taking any antibiotics or antimalarial medications? ☐ Yes ☐ No ☐ Don't Know
16. For patients 18 years of age or younger, are you receiving aspirin therapy or aspirin-containing therapy? ☐ Yes ☐ No ☐ Don't Know

Section 3:

Consent

I certify that I am: (a) the patient and at least 18 years of age; or (b) the legal guardian of the patient. Further, I hereby give my consent to the certified-immunizing pharmacist, pharmacy intern (if permitted), registered nurse, licensed practical nurse, licensed vocational nurse, nurse practitioner, physician or physician assistant of KPH Healthcare Services, Inc., as applicable, to administer the vaccine(s) I have requested above. I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine(s) and have received, read and had explained to me the Vaccine Information Statements on the vaccine(s) I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. Further, I acknowledge that I have been advised to remain near the vaccination location for approximately 15 minutes after administration for observation by the administering healthcare provider. On behalf of myself, my heirs and personal representatives, I hereby release and hold harmless KPH Healthcare Services, Inc., as applicable, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine(s) listed above. I acknowledge that the administration of an immunization or vaccine does not substitute for an annual check-up with my primary care physician. I acknowledge receipt of KPH Healthcare Services, Inc.'s privacy notice for Protected Health Information. I acknowledge that (a) I understand the purposes/benefits of my state's immunization registry ("State Registry") and my state's health information exchange ("State HIE"); and (b) KPH Healthcare Services, Inc., as applicable, may disclose my immunization information to the State Registry, to the State HIE, or through the State HIE, to the State registrar, for purposes of public health reporting or to my health care providers enrolled in the State Registry and/or State HIE for purposes of care coordination. I acknowledge that, depending upon my state's law, I may prevent such disclosure, by using a state-approved opt-out form. Unless I provide KPH Healthcare Services, Inc. with a signed Opt-Out Form, I understand that my consent will remain in effect until I withdraw my permission and that I may withdraw my consent by providing a completed Opt-Out Form to KPH Health Services, Inc. and/or my State HIE, as applicable. I understand that even if I do not consent or if I withdraw my consent, my state's laws may permit certain disclosures of my immunization information to or through the State HIE and/or my primary care provider listed above as required or permitted by law. I further authorize KPH Healthcare Services, Inc. to (a) release my medical or other information, including my communicable disease (including HIV), mental health and drug/alcohol abuse information, to, or through, the State HIE to my healthcare professions, Medicare, Medicaid, or other third-party payer as necessary to effectuate care or payment, (b) submit a claim to my insurer for the above requested items and services, and (c) request payment of authorized benefits be made on my behalf to KPH Healthcare Services, Inc., as applicable, with respect to the above requested items and services. I have been informed of the total cost of the immunization, subtracting any health insurance subsidization. I have been informed that if the immunization is not covered by my health insurance, that the immunization may be covered when administered by a primary care provider. **Emergency Use Authorization for COVID Only** - The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not undergone the same type of review as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available is based on the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks. Please note: FDA approved the Pfizer-BioNTech COVID-19 vaccine as a two-dose series in individuals 16 years of age and older. The vaccine continues to be available under an EUA for certain populations, including for those individuals 5 through 15 years of age and for the administration of a third dose in the populations set forth in the consent section below.

Signature _____ Date _____

Name _____ Relationship to Patient _____

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

Vaccine Administration 2024-2025

Patient/Resident Name: _____ Unit/House: _____

Recognizing the major impact of viral diseases on residents of long-term care facilities and the effectiveness of vaccines for preventing illness, hospitalization, and even death, our facility has adopted the following statement:

Patients/residents, regardless of age and/or medical condition, should receive the Influenza (Flu), COVID-19, Pneumococcal, and Respiratory Syncytial Virus (RSV) vaccinations unless there is a documented contraindication or refusal.

Please review the attached Vaccine Information Statements and then check which vaccination(s) you consent to below:

- ☐ Influenza (Flu)
- ☐ COVID-19 Spikevax
- ☐ Pneumococcal – If eligible, as determined by Sitrin staff
- ☐ Respiratory Syncytial Virus (RSV) – If eligible, as determined by Sitrin staff (only given every 2 years)

_____ **I consent to the checked vaccine(s) as indicated above**

_____ **I do not give consent to the unchecked vaccine(s) as indicated above**

Relationship to resident/patient:

- _____ Self
- _____ Family Member – specify: _____
- _____ Other – specify: _____

By signing below, I understand that if I refuse a vaccine and later decide to be vaccinated, it is my responsibility to request vaccination from the facility.

Signature: _____ Date: _____

If verbal consent given, staff member receiving consent signature: _____

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 08/2023

() New Page

Dept. Responsible: Nursing

Effective: Resident 08/2024

Charles T. Sitrin Health Care Center, Inc.

2050 Tilden Ave

New Hartford, NY 13413

**Spikevax COVID-19 mRNA Moderna 2024 Vaccine
Employee Declination Form**

Name: _____ Date: _____

Department/Unit: _____

I have received information about this booster and I decline administration of this vaccine. I understand that if I change my mind at any point in time, I can receive the vaccine by completing a consent form at which time it will be scheduled to administered.

_____ No, I decline the Spikevax COVID-19 mRNA Moderna 2024 vaccine.

Please provide a reason below:

_____ I have already received the Spikevax COVID-19 mRNA Moderna 2024 vaccination from:

*****We must have proof provided*****

Signature: _____

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

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 donning and doffing of PPE.
4. Educate employees about infectious disease, current precautions occurring 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 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, vaccination information for both residents and employees 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. Communicate this plan to residents, families, and employees to ensure understanding with any restrictions that must be implemented as well as for compliance.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 05/2023

() New Page

Dept. Responsible: Safety

Effective: Revised 01/2024

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 a contingent staffing situation, the facility will identify basic resident needs and reorganize staffing assignments to best meet those needs. In alignment with the facility's emergency preparedness plans and pandemic emergency plan, the Infection Control Nurse in conjunction with the Vice President of Long Term Care Services and the Director of Nursing would be the individuals responsible for assessing staff needs in the event of staff quarantines during an outbreak of infectious or contagious diseases. The "Daily Assessment of Staffing Status During an Outbreak of Infections or Contagious Diseases" form will be completed to ensure units have adequate staff to provide care as well as to complete thorough contact tracing. In the event of contingent staffing needs 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, Assistant 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 reduced 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.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 01/2024

() New Page

Dept. Responsible: Safety

Effective: Revised 07/2024

Procedure (continued):

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.
7. Contact area agencies (i.e. medical offices, urgent care centers, schools, colleges) who may have closed due to the pandemic or furloughed licensed employees that could be utilized in our facility as needed.
8. 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 may be contacted notifying them of our emergency staffing situation in the event that they may have other resources to utilize.
9. 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.
10. Offer “pandemic” pay for staff members who are working directly with the infectious patients as an incentive.
11. 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.
12. Provide shift bonuses to staff to pick up open and available shifts that are a result of the requirement to furlough positive, infectious employees.
13. 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 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 may 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 which allows the furlough time to be shortened so that staff can return to work while utilizing infection control sources.

DAILY ASSESSMENT OF STAFFING STATUS DURING AN OUTBREAK OF INFECTIOUS OR CONTAGIOUS DISEASES – Date:

Unit	Shift	Names of Quarantined Staff	Unit Census	Staff Needs	Names of Staff Moved/From Where	Implementation of Pandemic Staffing Plan? Y/N/Elements Initiated (list below)
Aspen						
Chestnut						
Cypress						
Hawthorn						
Hickory						
Magnolia						
Mulberry						
Sequoia						
Sycamore						
Neuro						
Rehab						

NOTIFICATION TO RESIDENTS, AUTHORIZED FAMILY MEMBERS AND RESIDENT REPRESENTATIVES DURING AN INFECTIOUS OUTBREAK OR PANDEMIC

Policy:

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

This policy outlined the procedures for communication with staff, residents, authorized family members, and resident representatives in accordance with the requirements outlined in New York Public Health Law paragraph (a) of subdivision twelve of section twenty-eight hundred three.

Procedure:

Daily communication with families of infected residents:

1. Assigned nursing staff will communicate with authorized family members and resident representatives of those residents/patients who have tested positive with an infection at the time of onset, as well as at least once per day and upon a change in the resident's condition. This communication will be done by electronic or such other means as may be selected by each resident, authorized family member or resident representative.

General communication:

1. The VP of Long Term Care Services/designee or Director of Social Services/designee will A) notify all residents, authorized families, and resident representatives on the number of infections and deaths at the facility at least once a week and on the number of infections and deaths at the facility not later than 5pm the next calendar day following the detection of a confirmed infection of a resident or staff member, or at such earlier time as guidance from the Federal Centers for Medicaid and Medicare Services or the Center for Disease Control and Prevention may provide, by electronic or such other means as may be selected by each resident, authorized family member, or resident representative; B) utilize a method to provide all residents with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians; and C) includes a method, consistent with any guidance and regulations issued by the Commissioner, to provide all residents with access, at no cost, to state long-term care Ombudsman Program staff and volunteers, and that provides state long-term care Ombudsman Program staff and volunteers with access to the facility.
2. In addition, the Sitrin Health Care Center website may be utilized in the same timeframe that residents and resident representatives are notified to reflect any new cases (both resident and employee).
3. HIPAA rules and regulations will be followed in regard to any facility infectious/pandemic information that is released; therefore, no resident or employee identifying information will be given in any general communication to residents, authorized family members, resident representative or staff.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 05/2023

() New Page

Dept. Responsible: Infection Control

Effective: Revised 07/2024

PERSONAL CAREGIVING, COMPASSIONATE CARE, AND END-OF-LIFE VISITS DURING A PUBLIC HEALTH EMERGENCY

Policy:

As per emergency regulation issued by the New York State Department of Health (DOH) all residents shall be afforded the opportunity to designate at least two personal caregiving visitors (PCV) and two compassionate caregiver visitors (CCV) to assist with personal caregiving *or* compassionate caregiving for the resident during a public health emergency.

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

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

Procedure:

Personal Caregiving Visitation:

1. All residents residing in the Health Care Center must be given the opportunity to designate at least two personal caregiving visitors (PCV) when admitted to the facility.
2. Included in the admission packet for EVERY resident will be the "Resident/Patient Designated Personal and Compassionate Caregiving Visitors Form" which must be completed by:
 - a. The resident; or
 - b. The Health Care Proxy if there is one if the resident lacks capacity; or
 - c. The Resident Representative if there is no Health Care Proxy and the resident lacks capacity.
3. It will be the responsibility of the Case Manager/Social Worker to:
 - a. Ensure that this form is completed upon admission to the facility;
 - b. To add the personal caregiving visitors names to the resident/patient care plan and shall document when personal caregiving is provided in the resident's care plan;
 - c. To review this information with the resident or HCP/Resident Representative during the quarterly care plan review, on a significant change, on re-admission from the hospital, and on request from the resident.
4. These personal caregiving visitors will only be enacted in the event of a personal health emergency declared under the state executive law; however, in the event that the facility is in an "outbreak mode" as defined by the public health emergency, personal caregiving visitors will not be permitted in the facility until the facility has met the requirements to reopen to visitors.

A personal caregiving visitor may be denied access to the facility if the facility:

1. Has reasonable cause to believe the resident will not benefit from the visits, however, if the resident or PCV disputes this determination, the Health Care Center may require a health or mental health professional to provide a written statement of the substantial benefits of the PCV. Such statement may be made by providers such as physicians, RN's, licensed clinical social workers, psychologists, psychiatrists and other qualified providers licensed in New York State. Such documentation must be maintained in the resident's medical record.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 06/2021

() New Page

Dept. Responsible: Safety

Effective Date: Revised 11/2021

Personal Caregiving, Compassionate Care, and End-of-Life Visits During a Public Health Emergency
Page 2 of 6

Procedure:

Personal Caregiving Visitation (continued):

2. If the PCV is likely to pose a threat of serious physical, mental or psychological harm and that denying the visit is in the best interest of the resident.

If the Health Care Center denies visitation to a particular PCV, it must:

1. Document such denial in the case management progress notes of the resident's electronic medical record.
2. Communicate the decision to refuse the visit to the resident and the PCV on the same day.

Notwithstanding any requirement to afford the PCV's access, the Health Care Center may remove a PCV who is causing or reasonably likely to cause physical injury to any resident or staff member.

The Health Care Center may suspend access of all PCV's on a temporary basis if:

1. There is a communicable disease that has a local infection rate that presents a serious risk;
2. The Health Care Center is experiencing a temporary staffing shortage which has been reported to the state;
3. There is an acute emergency at the Health Care Center such as loss of power, loss of heat, loss of elevators or loss of an essential service.

In the event of a temporary suspension of access, the Health Care Center must:

1. Notify all residents within 24 hours;
2. Notify all resident representatives within 24 hours;
3. Notify its regional office within 24 hours;
4. Document each day the reason for such suspension until the suspension is lifted;
5. Facilitate remote visitation for all residents via phone, Facetime, video or other means.

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

1. Testing for communicable disease or showing proof of immunization for the communicable disease (i.e. COVID-19);
2. Temperature check (access to be denied if temperature is above 100 degrees Fahrenheit);
3. A Health Screening including screening for signs and symptoms of any communicable disease that is the subject of the declared public health emergency or any other communicable disease which is prevalent in the facility's geographic area and recording the results of such screenings;
4. Wearing of PPE (facility will provide if needed);
5. Social distancing, other than when necessary to provide personal care for the resident.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 06/2021

() New Page

Dept. Responsible: Safety

Effective Date: Revised 11/2021

Procedure:

Personal Caregiving Visitation (continued):

The Health Care Center has established the following restrictions on the frequency, duration, and number of visits by a PCV, provided such restrictions may only be enforced if consistent with the residents' care:

1. The frequency of PCV visits can be no more frequent than twice daily;
2. The duration of PCV visits can be no longer than four hours total; if the caregiver elects to come twice daily then the two visits combined cannot be more than a total of four hours;
3. PCV visits must be scheduled through the receptionist utilizing the same mechanisms as regular visitation (i.e. email or phone call).
4. If the personal caregiver is visiting more than once a day, they must make a reservation for both visits;
5. The visits can occur either in the resident's room or outdoors.

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

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

Compassionate Care Visitation:

Compassionate care visits can be granted to residents who may qualify based on the following examples which is not meant to be totally inconclusive:

1. Newly admitted residents with difficulty adjusting to the facility environment and lack of in-person family support;
2. Residents recently grieving the loss of a friend or loved one;
3. Residents who previously received in-person support and/or cueing from family for eating and drinking and are now experiencing dehydration and/or weight loss;
4. Residents who are exhibiting signs and symptoms of emotional distress including, but not limited to, seldom speaking or crying more frequently (when the resident had rarely cried in the past), refusing to participate in an activity or activities, staying in bed longer than usual, or exhibiting behavior considered abnormal for the individual;
5. Residents who receive religious or spiritual support from clergy or another layperson;

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Procedure:

Compassionate Care Visitation (continued):

6. Residents who have triggered for a significant change on the MDS.

Compassionate care visit requests can be generated for review through the following mechanisms:

1. Per request by the resident and/or family member;
2. By the physician and/or interdisciplinary team.

Resident specific compassionate care requests will be reviewed (see list above) and discussed with the interdisciplinary team including the Vice President of Long Term Care Services during morning report. If the visit(s) are approved, the parameters for visitation will also be outlined by the team during this same discussion.

Upon approval that a resident would benefit from the initiation of compassionate care visits, the Unit Manager of the unit/house will enter supportive/clinical documentation in the resident's medical record indicating the reason why compassionate care visits are being initiated. If the compassionate care visit is denied by the Interdisciplinary Team due to the resident not meeting the considerations as listed above, both the Unit Manager and the Social Service Representative will document in the progress notes of the resident's medical record, the reason as to why the visit was not granted. In addition, the Social Service Representative will inform the family that the request was denied.

The Social Services representative will be responsible to contact the resident's designated representative and inform him/her of the facility's decision regarding the initiation of compassionate care visitation and will relay the following information:

1. The compassionate care visits are temporary and will be evaluated on an ongoing basis to evaluate the effectiveness of the visits, which in turn will determine whether the visits continue or are deemed to be ineffective and discontinued.
2. Compassionate caregiving visitation shall be permitted at all times, regardless of any general visitation restrictions or personal caregiving visitation restrictions in effect in the facility.
3. The two visitors documented on the "Resident/Patient Designated Personal and Compassionate Caregiving Visitors Form" (as listed in the resident's care plan) will be permitted to participate in the compassionate care visits. Additional family members can be added or substituted as needed.
4. Visits will take place in the resident's room with specific parameters as outlined in any guidelines and/or regulations in effect for the public health emergency.
5. Visits will be scheduled by appointment. These visits can be scheduled through the receptionist utilizing the same mechanisms as regular visitation (i.e. email or phone call).
6. Visitors will be required to be screened for communicable diseases prior to entering the facility, as well as completing the Visitor Questionnaire. A sticker must be worn by visitors at all times so that staff is aware that they have been screened.

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Compassionate Care Visitation (continued):

7. Visits must be conducted using appropriate social distancing between the resident and visitor unless personal contact would be beneficial for the resident's mental or psychosocial well-being;
8. The visitor will use appropriate personal protective equipment as directed by the facility, including facemasks throughout the visit;
9. Hand hygiene protocols will be utilized by the visitor before resident contact;
10. Visits will be permitted even when the facility is experiencing an outbreak.
11. The visitor must adhere to the visitation guidelines in accordance with the Facility Visitation Plan and Visitor Fact Sheet.
12. Visitors must stay in the resident's room at all times, except for entry and exit.

The Social Service Representative will document a summary of their conversation with the resident's representative in the resident's medical record outlining the information discussed. The Social Service Representative or designee will also send an email to the Receptionist and Executive Secretary notifying them to add the resident to the "Compassionate Care Visitation List" along with the representative's names.

The Receptionist will be responsible to update the Compassionate Care Visitation Schedule with the scheduled appointments each week. It is the responsibility of the Unit Managers to assure that their staff is aware of when these visits will be occurring.

Compassionate care visitation will be added to the resident's individualized plan of care and updated as necessary.

Designated members of the Interdisciplinary Team including nursing, social services, dietary, and activities, will be responsible for providing ongoing documentation in the resident's medical record to support the need for or discontinuation of continued compassionate care visitation. This documentation should include the resident's response to these visits. The Interdisciplinary Team will then discuss periodically each resident who is receiving compassionate care visits during morning report to determine whether the visits should continue temporarily or are to be discontinued.

Visitors are NOT required to present a negative COVID-19 test result for the visit.

End-of-Life Visitation:

1. Facility physicians will determine when resident is at end-of-life and can receive visitors on the unit/in the house.
2. Visits can be every day.
3. Visits do not need to be scheduled and can occur anytime throughout the day.
4. Visits are not limited in duration.

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Procedure:

End-of-Life Visitation (continued):

5. Only two visitors per resident will be permitted to visit at the same time.
6. The Receptionist will maintain a list of EOL residents and will be responsible to email that list out to staff as it is updated.
7. All end-of-life visitors will be required to be screened in the Community Center/front entrance prior to visiting the resident. Temperatures must be taken and recorded, the Visitor Questionnaire must be completed, and the visitor must sign in. Visitors will be asked to utilize hand sanitizer provided for them. **A COVID-19 negative test result is NOT required for end-of-life visitors.**
8. An EOL sticker will be provided to the family member and must be worn at all times during the visit so that staff is aware that they have been screened.
9. Visitors are required to wear facemasks at all times assuring that the nose and mouth are covered. If the visitor does not have a facemask, the facility will provide one for them.
10. Additional PPE may be required based on the circumstances and will be determined by the facility physician and Infection Control Nurse.
11. Visitors will abide by the visitation guidelines outlined in the Facility Visitation Policy and Visitor Fact sheet.
12. Visitors must stay in the resident's room at all times, except for entry and exit.

ELECTRONIC VISITS BETWEEN RESIDENTS AND FAMILIES DURING A PANDEMIC

Policy:

To ensure 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 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 frequently 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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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.

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**Maintaining Adequate Supply of Personal Protective Equipment (PPE)
During an Infectious Outbreak/Pandemic
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Procedure (continued):

- Use of existing vendor agreements and procurement plans to place orders for quantities needed by type and size of PPE;
 - Notify County Office of Emergency Management (OEM) if all existing agreements have been 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 Coordinator receives information from routine vendors that any PPE item is becoming difficult to obtain due to national demands, the Purchasing Coordinator 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.

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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.

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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 –

- Employees may be 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.

Infectious Outbreak/Pandemic Crisis Capacity Strategy for PPE

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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.
 - In the event that there are no N95 masks available, the facility should resort to utilizing KN95 masks with a surgical mask over top.

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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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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.

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 in the hallway and allowed to sit until sufficient time has elapsed for enough air changes to remove the potentially infectious particles.
2. At the end of the allotted time, 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.
 - 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.

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Isolation Room Discharge Cleaning

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Procedure (continued):

- 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 storage.
- 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.
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.

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LAUNDERING OF ISOLATION CLOTHING

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to ensure 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.