

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

Policy:

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

Procedure:

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

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

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COMMON INFECTIOUS DISEASE SYMPTOMS AND METHODS OF TRANSMISSION

Policy:

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

Procedure:

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

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

Covid-19:

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

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Covid-19 (continued):

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

Preventing the spread of Covid-19:

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

Influenza:

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

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

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Preventing the spread of Influenza:

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

Gastro-intestinal outbreak (NOROVIRUS):

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

Preventing the spread of Norovirus:

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

Legionella:

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

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Legionella (continued):

- ❖ Signs and symptoms may include:
 - Cough,
 - Fever,
 - Chills,
 - Shortness of breath,
 - Muscle aches, headaches,
 - Diarrhea.

Preventing the spread of Legionella:

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

COVID-19 GENERAL EMPLOYEE SAFETY POLICY

POLICY STATEMENT

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

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

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

BACKGROUND INFORMATION

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

HOW COVID-19 SPREADS

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

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

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

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REDUCE TRANSMISSION AMONG EMPLOYEES

Actively encouraging sick employees to stay home:

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

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

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

Maintain Healthy Business Operations:

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

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

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

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

Employee Training:

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

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

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

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

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COVID-19 TESTING OF EMPLOYEES, COVID-19 AND INFLUENZA TESTING OF RESIDENTS

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to provide and follow directives for COVID-19 and Influenza testing of all residents, as well as COVID-19 testing of all 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:

- According to current New York State guidelines, all nursing home employees will be tested once every seven (7) days if they have worked ANY hours within the testing week. The current testing week is from every Wednesday to the following Tuesday.
 - a) The County positivity rate will be monitored and if the positivity rate rises above 10%, employee testing will be conducted twice weekly under the Federal regulations. If the County positivity rate decreases below 10%, the facility will continue to test at the higher frequency level until the County positivity rate has remained at the lower activity level for two (2) consistent weeks before reducing testing frequency.
- If an employee becomes ill during work hours, they are immediately sent home. The Infection Control Nurse will be contacted and will call the employee to obtain further details. If the employee is showing symptoms consistent with COVID-19, the employee will be required to be tested and report their results to us. Based on the results of the test and the employee's symptoms will determine when the employee can report back to work (i.e positive result will be a 14-day furlough). The employee will be advised that they must be asymptomatic, fever free for 72 hours without the use of any fever-reducing medication, and submit a negative COVID-19 test prior to returning to work.
- If an employee calls in with illness that is suspect of COVID-19, the Infection Control Nurse will contact the employee, inform them that they need to be tested for COVID-19 and to report their results to us. Based on the results of the test (i.e. positive result will be a 14-day furlough) and the employee's symptoms will determine when the employee can report back to work. The employee will be advised that they must be asymptomatic, fever free for 72 hours without the use of any fever-reducing medication, and submit a negative COVID-19 test prior to returning to work.
- If an employee is COVID-19 positive based on testing, the employee will remain out of work for 14-days and must have a negative COVID-19 test result prior to coming back to work. If the employee takes a COVID-19 test before the end of the 14-days and it is negative, the employee is still required to remain out of work for 14-days. The employee will be paid by the employer for this 14-day period.
- If an employee refuses to be COVID-19 tested at any time during the public health emergency, the employee will be prohibited from entering the building until the return to work criteria has been met, including a COVID-19 negative test result.

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Procedure:

Employee testing (continued):

- All employee testing is logged on a tracking form with the date of test and the results.
- Any COVID-19 positive result must be reported to the New York State Department of Health by the Vice President of Long Term Care Services or designee on the daily HERDS report the day the result is received.
- In addition, the positive result is also reported to the Local Health Department along with contact tracing by the Infection Control Nurse.
- Those who are providing services under an arrangement with a nursing home, including CNA trainees will be required to test according to the above guidelines.
- The facility will provide COVID-19 testing to all employees at no cost to them.

Testing of Residents/Patients:

- All new residents/patients that have been admitted from another facility or hospital or from home must be COVID-19 tested prior to admission to the facility and must have a negative before admission.
- All new admissions who had have the first negative COVID-19 test completed will then be re-tested based on clinical suspicion, exposure, and epidemiologic risk.
- Any resident/patient showing signs or symptoms consistent with COVID-19 or influenza will be tested for both.
- Any resident/patient who is known to have been exposed to COVID-19 or influenza will be tested for both.
- Any clusters of three residents/patients or more showing signs or symptoms of any respiratory illness will be tested.
- Any resident testing positive for COVID-19 must be reported to the New York State Department of Health by the Vice President of Long Term Care Services or designee on the daily HERDS report the day the result is received.
- In addition, the positive result is also reported to the Local Health Department along with contact tracing by the Infection Control Nurse.

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Procedure:

Testing of Residents/Patients (continued):

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

COVID-19 Testing During an Outbreak:

- An outbreak is defined as a single-confirmed case among staff or a single-confirmed "nursing home onset" case among the residents.
- Testing must be completed every 3 to 7 days until at least 14 days elapse without a positive result.
- A line list and contact tracing will be performed for each positive case and reported to the Local Health Department.
- Any residents who test COVID-19 positive will be transferred to the designed COVID wing and remain for a minimum of 14 days. The resident must have two negative COVID-19 tests completed with two negative results before they can be discharged from that unit.

Expired Residents:

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

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

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

Policy:

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

Procedure:

All Facility Staff

- A. All employees will report to a designated non-patient area to be screened prior to the start of their shift.
- B. Staff will be assigned to screen all employees at the start of each shift:
 - 1. 0530-0800
 - 2. 0800-1000
 - 3. 1430-1630
 - 4. 2230-2330
- C. Employees that arrive after these times, must report to the designated area and page the nursing supervisor to be screened before reporting to work, or may be screened by the receptionist during normal hours 8am-7pm during the week, and 9am-1pm on weekends.
- D. Staff performing health checks must wear masks.
- E. Staff must be rescreened if they leave the Sitrin Campus for break and/or any other related work task.
- F. Staff will be asked to utilize hand sanitizer upon entering screening area.
- G. Staff must ask each employee each time the following questions:
 - 1. Have you traveled internationally within the last 14 days to countries with sustained community transmission?
 - 2. Have you traveled outside of the state to any of the states within the U.S. on the NYS travel ban?
 - 3. Do you have any signs or symptoms of a respiratory infection such as fever, cough shortness of breath or a sore throat?
 - 4. In the last 14 days have you had any contact with a confirmed diagnosis of COVID-19 or under investigation for COVID-19 or are ill with respiratory infection?
- H. After the questions have been answered, the employee temperature must then be obtained and the employee should sign that all answers are truthful to the best of their knowledge. If any employee has a temperature of >100 , answers yes to any of the above questions, or has visible respiratory symptoms, the employee will be required to don a mask immediately and then sent home. The Infection Control Nurse will be notified and will follow up with the employee.

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Procedure:

All Facility Staff (continued)

- I. If the employee is cleared to work, they will be asked if they need a mask during the screen. (Employees have been advised to utilize their mask for 48 hours, if possible, in order to conserve the supply.) If an employee takes a mask, they will be asked to write "mask" next to their name for that designated day.
- J. Employees will be educated on the extended wear of masks as follows per CDC guidelines.
 - Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.
 - The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
 - HCP must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
 - HCP should leave the patient care area if they need to remove the facemask.

Vendors/Repairmen/Outside Agency Personnel:

All vendors/repairmen/outside agency personnel will be screened according to the policy below.

- A. Staff performing health checks must wear masks.
- B. Greet the person at the front door, keeping them outside until the screening process is completed. Vendors may also report to the Community Center for screening (the procedure would remain the same with the exception that the person can come in to the community center to be screened).
 1. Ask their name and why they are here (or what agency they are from).
 2. Record their name and reason for visiting on the log sheet.
 3. Ask the following questions:
 - Have you traveled internationally within the last 14 days to countries with sustained community transmission?
 - Have you traveled outside of the state to any of the states within the U.S. on the NYS travel ban?
 - Do you have any signs or symptoms of a respiratory infection such as fever, cough shortness of breath or a sore throat?
 - In the last 14 days have you had any contact with a confirmed diagnosis of COVID-19 or under investigation for COVID-19 or are ill with a respiratory infection?
 4. Take their temperature.

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Procedure:

Vendors/Repairmen/Outside Agency Personnel (continued):

5. If they answer yes to any of the questions or if their temperature is 100.0 degrees or above, you immediately give them a face mask and tell them that are not allowed to come in. Also tell them that they should monitor their signs and symptoms for COVID-19 and contact their primary care provider for further information.
6. If they pass the screening process, you IMMEDIATELY give them a face mask (if they need one) by using the forceps to obtain one from the box. You hand them the facemask with the forceps and tell them to apply the facemask. Watch to make sure the facemask is applied correctly, i.e. covers the face and nose in it's entirety.
7. Hand sanitizer needs to be offered. If they refuse the hand sanitizer, ask them to wash their hands in the lobby bathrooms or Community Center bathrooms before going to where they need to go.
8. Record their temperature and their responses to the questions on the log sheet next to their name, date, reason for the visit, etc.
9. **If anyone refuses to be screened, they are NOT permitted in the facility and will be asked to leave the campus immediately.**

End-of-Life Visitors:

End-of-Life residents are permitted to have visitors once the physician has declared them to be imminent.

- C. Staff performing health checks must wear masks.
- D. Greet the person at the front door, keeping them outside until the screening process is completed. If they are visiting a resident in the long-term care houses, they can be screened at the Community Center.
 1. Ask their name and which resident they are visiting.
 2. Verify that the resident is on end-of-life (EOL) care.
 3. Take their temperature.
 4. Have the visitor complete the "Visitor Questionnaire Form" in it's entirety, including recording their temperature.

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COVID-19 Screening and Health Check Policy for All Employees, Visitors, Vendors, Repairmen, Outside Agency Personnel, etc.

Page 4 of 4

Procedure:

End-of-Life Visitors (continued):

5. If they answer yes to any of the questions or if their temperature is 100.0 degrees or above, you immediately give them a face mask and tell them that are not allowed to visit. Also tell them that they should monitor their signs and symptoms for COVID-19 and contact their primary care provider for further information.
6. If they pass the screening process, you IMMEDIATELY give them a face mask (if they need one) by using the forceps to obtain one from the box. You hand them the facemask with the forceps and tell them to apply the facemask. Watch to make sure the facemask is applied correctly, i.e. covers the face and nose in it's entirety.
7. Hand sanitizer needs to be offered. If they refuse the hand sanitizer, ask them to wash their hands in the lobby bathrooms or Community Center bathrooms before going to where they need to go.
8. Have them sign-in on the log sheet.
9. Provide them with an EOL sticker to wear. Visitors will be informed that only two family members are permitted at one time and that they must remain in the room for the duration of their visit.
10. **If anyone refuses to be screened, they are NOT permitted in the facility and will be asked to leave the campus immediately.**

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 03/2020

() New Page

Dept. Responsible: Safety

Effective: Revised 09/2020

COVID-19 DEDICATED WING

Policy:

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

Procedure:

1. Per NYS Department of Health guidelines, the facility will not be permitted to accept COVID-19 positive patients from the hospital. All patients must be tested prior to being discharged from the hospital and must have a negative result before they will be allowed to be accepted and admitted. Any new admissions coming from the Hospital will be automatically put on a 14-day isolation period per physician order as a precautionary measure. Any new admission who has had the first negative COVID-19 test from the hospital, will be retested at the facility upon any clinical suspicion or if exhibiting symptoms consistent with COVID-19, exposure, and epidemiologic risk. If the patient has a positive result at any time, they will be immediately transferred to the COVID-19 wing by staff members. In addition, if a patient was confirmed COVID-19 positive in the hospital and is negative prior to discharge, they will be placed on the COVID-19 wing for 14 days post admission as a precautionary measure. COVID-19 testing guidelines above will be followed for these patients as well. Any staff involved in the transfer of a COVID-19 positive patient/resident will be instructed to don the correct personal protective equipment (PPE) prior to moving the patient.
2. Any long-term care resident who is displaying signs or symptoms of COVID-19 will be tested per physician order. If they test positive, they will be immediately transferred from their unit/house to the COVID wing by staff members. Any staff involved in the transfer will be instructed to don the correct personal protective equipment (PPE) prior to moving the patient.
3. The designated COVID wing consists of a portion of the patient/resident rooms located on the first long hallway of the rehab unit. The number of rooms allotted on the COVID-19 wing can fluctuate and will be determined by the number of in-house patients/residents who are COVID-19 positive and need to be cohorted.
4. A barrier wall separates the COVID wing from the remainder of the hallway and will remain intact and closed to the general population as well as the remainder of the patients residing on the rest of the hallway and unit.
5. As a precautionary infection control measure, any patient/resident who needs to be transferred to the COVID wing, will enter the wing via the entrance/exit door located at the end of the hallway located off of Tilden Avenue.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 04/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

COVID-19 Dedicated Wing

Page 2 of 2

Procedure (continued):

6. One patient room on the COVID wing will be utilized as an equipment storage/staff room. In addition, Room 16 on the wing is the patient's shower room.
7. Select nursing and therapy staff will be assigned to the COVID wing. These staff members will not be available to "float" to another unit or house in the event of a staff shortage. This designated staff, as well as nursing staff assigned to the remainder of the unit, will be educated on entering and exiting the unit, the use of PPE, including donning and doffing. Any staff members from other departments who may need to enter the COVID wing, i.e. Maintenance, IT, Dietary, Social Services, Housekeeping will be instructed on the proper PPE prior to them entering the wing.
8. The nursing staff assigned to the wing will be inserviced on the proper disposal of trash and infectious waste, as well as the proper cleaning of rooms after discharge. Once COVID rooms are vacated, the door must be closed in the hallway and sit for 24 hours before entry can occur back in to the room for terminal cleaning.
9. All PPE must be donned prior to entering the COVID wing; which pertains to all staff who need to enter the wing. PPE will consist of N-95 mask, gloves, gown, face shield, and shoe booties. All PPE must be doffed prior to exiting. Staff will not be permitted to care for other residents on the rehab unit on the same day of working on the COVID wing. Staff may exit the COVID wing and leave the floor for break, however, they are not permitted to enter any other patient care areas on that day.
10. All patients/residents on the COVID wing will be restricted to their rooms, including therapy and meals.
11. A medication cart will be maintained with meds on the COVID wing. When a patient/resident is discharged, the medications must remain bagged up in individual bags for a 24-hour period, before they can be transported for disposal or to the pharmacy for credit. The patient's paper chart will remain off the COVID wing. Any and all documentation will be done electronically via the computer that will be kept in the COVID wing.
12. Staff will be permitted to shower and change after working on the COVID wing. Scrubs will be provided to each staff member each time they work the COVID wing. Those scrubs must be doffed and put in the laundry bins located in the shower room and will be washed at the facility as per protocol.
13. If an RN assessment is required and an RN is not assigned to the unit for that shift, the RN Charge Nurse, Unit Manager or Supervisor may enter the wing donned appropriately per facility policy and assess the patient as needed.
14. No visitors will be permitted on the COVID wing. 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.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 04/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

DROPLET/CONTACT PROTOCOL FOR ALL NEW ADMISSIONS

Policy:

It is the policy of the Charles T. Sitrin Health Care Center to mitigate the transmission of any infectious disease. In regard to the COVID-19 pandemic, the facility is not permitted to admit a COVID-19 positive patient directly from the hospital. The Director of Social Services will assure that COVID-19 testing has been performed at the hospital and that the patient is negative for COVID-19 prior to their admission. As an extra precaution, all new admissions from the hospital will be placed on contact and droplet isolation for 14-days and will have a repeat COVID-19 test based on clinical suspicion due to symptoms consistent with COVID-19, exposure, and epidemiologic risk.

Procedure:

All patients that are discharged from the hospital and admitted to the Rehab unit, LTC houses, and Neuro will be on contact and droplet isolation for 14 days. Droplet precautions will be used in addition to contact precautions.

1. A Droplet/Contact Precaution Sign will be posted outside the room of the patient/resident.
2. Staff will wear gloves whenever entering the droplet precaution room. Face Shields will be utilized over N95 masks and gowns will be utilized per facility policy.
3. Gown and gloves will be removed and disposed of in the precaution room and hands washed per policy before leaving the room. Face shields will be sanitized per facility policy.
4. Contact rooms will contain bins to allow for disposal of linens, clothing, and refuse, prior to leaving the room. These bins will be emptied as needed, double bagging and applying isolation identification tape.
5. The patient will remain on room isolation, to include bedside therapies, meal trays, and activities for a minimum of 14 days post admission.
6. The patient will wear a mask if it is necessary to leave the room for transport purposes.
7. At the close of 14 days, droplet and contact precautions will be discontinued pending health status of resident as deemed by the MD.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 06/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

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

Policy:

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

Procedure:

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

1. Temperatures will be obtained and recorded on every resident at a minimum daily during the outbreak. Depending on the severity of the outbreak, temperatures may be obtained every shift.
2. Certified Nurse Aides will report any elevation in temp to the Charge Nurse and any signs or symptoms as indicated below to the Charge Nurse:
 - Shortness of breath;
 - Congestion/nasal “stuffiness”;
 - Runny nose/nasal discharge;
 - Sore or scratchy throat;
 - Sneezing;
 - Cough;
 - General malaise (i.e. “just not feeling well”);
 - Nausea, vomiting;
 - Diarrhea
3. The Charge Nurse will evaluate the resident and report any above symptoms to the Supervisor/MD.
4. Any resident/patient that has any elevation in temperature, or any signs or symptoms of respiratory illness is immediately placed on Droplet/Contact precautions. The Infection Control Nurse will notify both the MD and Vice President of Long Term Care Services of any clusters of three or more residents/patients with signs or symptoms of respiratory illness.
5. The Infection Control Nurse will monitor the patient for further symptoms and monitor any and all new orders to determine cause of illness.
6. Resident/patient will remain on precautions until removed by MD/NP. The physician will make the determination as to whether the resident will be COVID-19 tested based on clinical suspicion if the resident is exhibiting symptoms consistent with COVID-19, exposure, and epidemiologic risk.
7. Any resident that is admitted/readmitted to the facility from the hospital during the pandemic must be COVID-19 negative prior to admission/readmission and is placed on droplet and contact precautions for a 14-day duration.

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 04/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

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

Procedure (continued):

8. In the event that the resident's/patient's condition worsens and must be sent out to the hospital by physician order, the facility will readmit the resident/patient back to the facility provided that the facility can provide the necessary services to the patient/resident, that they are in stable condition, and that they have a COVID-19 negative test result prior to admittance.

NOTIFICATION TO FAMILIES DURING AN OUTBREAK OR PANDEMIC

Policy:

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

Procedure:

General communication:

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

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 03/2020

() New Page

Dept. Responsible: Safety

Effective: Revised 09/2020

Notification to Families During an Outbreak or Pandemic

Page 2 of 2

Procedure (continued):

Communication with families of infected residents:

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

REPORTING COMMUNICABLE DISEASES

Policy:

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

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

Procedure:

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

Responsibilities/Limitations:

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

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 11/99, 7/08, 12/14

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Dept. Responsible: Infection Control

Effective: Revised 04/18

NOTIFICATION TO THE LOCAL HEALTH DEPARTMENT OF INFECTIOUS RESIDENTS

Policy:

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

Procedure:

COVID-19 Positive Patients/Residents:

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

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 04/2020

() New Page

Dept. Responsible: Safety

Effective: Revised 09/2020

HCS REPORTS DURING A PANDEMIC

Policy:

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

Procedure:

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

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 03/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

TELEMEDICINE DURING A PANDEMIC

Policy:

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

Procedure:

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

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 04/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

PANDEMIC STAFFING PLAN

Policy:

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

Procedure:

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

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 04/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

Pandemic Staffing Plan
Page 2 of 2

Procedure:

7. Reach out to area agencies (i.e. medical offices, urgent care centers, hospitals) who may have closed due to the pandemic or furloughed licensed employees that could be utilized in our facility as needed.
8. The Vice President of Long Term Care Services will contact other Administrators with whom the facility has an emergency transfer agreement to determine if they have any staff that could be shared between the two facilities. In addition, the representative from the Oneida County Mutual Aid plan will be contacted notifying them of our emergency staffing situation in the event that they may have other resources to utilize.
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. Review a list of retired clinical employees that could be reached out to and ask for them to return to work as a paid individual or to volunteer their time. Review any federal waivers that would allow us to recruit out of state employees, qualified volunteers, etc.
11. Offer “pandemic” pay for staff members who are working directly with the infectious patients as an incentive.
12. 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.
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.

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(X) Replaces – Dated: 04/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

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

Policy:

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

PPE supplies to be maintained by the facility will include:

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

Procedure:

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

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(X) Replaces – Dated: 03/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

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

Procedure (continued):

- Notify County Office of Emergency Management (OEM) when all existing agreements are exhausted and supply needs exceed those available from these sources;
 - Coordinate with County OEM to identify and utilize other existing county resources;
 - Notify the respective Department's Regional Office of ongoing need;
 - If all local resources have been exhausted, we will submit a request to our County OEM, who will communicate needs to the New York State OEM. These requests must include:
 - Type and quantity of PPE by size;
 - Point of contact at the requesting facility;
 - Delivery location;
 - Date request is needed to be filled by record of pending order.
5. In the event that the Purchasing Manager receives information from routine vendors that any PPE item is becoming difficult to obtain due to national demands, the Purchasing Manager will communicate this information to the Vice President of Long Term Care Services who will give permission to place an emergency order to assure the facility maintains a 60-day supply.
6. In the unforeseen event that the facility has minimal inventory of PPE and is unable to obtain adequate supplies, crisis strategies may need to be implemented to preserve supplies. See Infectious Outbreak/Pandemic Crisis Capacity Strategy for PPE Policy and Procedure.
7. All PPE inventory will be stored and locked in the Pandemic supply room to limit general access to these supplies.

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(X) Replaces – Dated: 03/2020

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Dept. Responsible: Safety

Effective: Revised 09/2020

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 –

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

Procedure:

Facemasks (continued):

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

4. N95 Masks –

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

N95 MASKS

Policy:

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

Procedure:

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

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Procedure (continued):

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

User Seal Check:

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

Procedure:

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

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

Policy:

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

Procedure:

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

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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 an infectious patient.

- 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.

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

Policy:

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

Procedure:

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

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

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LAUNDERING OF ISOLATION CLOTHING

Policy:

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

Procedure:

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

DISPOSAL OF INFECTIOUS WASTE

Policy:

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

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

Infectious waste includes the following:

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

Procedure:

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

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

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

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

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ISOLATION ROOM DISCHARGE CLEANING

Policy:

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

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

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

Procedure:

1. Once the patient is discharged, the door to the room should remain closed for 24 hours and the negative pressure fan will remain on.
2. At the end of the 24 hours, designated personnel may enter the room and perform terminal cleaning to include:
 - A. Using A-456 disinfectant (dwell time of 2 minutes), the following items should be cleaned:
 - Top, front and sides of the bed including the headboard; mattress; bedframe; footboard; and mobility rails including the bed control remote and the footboard controls.
 - TV remote.
 - Call bell and cord.
 - All high-touch areas in the room including tabletops; bedside tabletop, including pull drawers (if applicable) and inner drawer with mirror; phone and cradle; armchairs; door and cabinet handles; light switches; closet handles; etc.
 - Additional items to be wiped down include: any rail or ledge that a patient could grab to help with mobility; fall mats (if in use); pull cord to turn on and off lights; AC/heating control panel as well as the top vent and bottom filter; the window fan; any oxygen supply being used (i.e. concentrator, tank holders, etc.); any wheelchair or walker located in the room and/or other assist devices.

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Procedure (continued):

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

Points to Remember:

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

Inspection Standards include:

1. Room is totally disinfected.

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Isolation Room Discharge Cleaning
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Inspection Standards include (continued):

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

ELECTRONIC VISITS BETWEEN RESIDENTS AND FAMILIES DURING A PANDEMIC

Policy:

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

Procedure:

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

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

Policy:

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

Procedure:

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

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

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COVID-19 VISITATION POLICY

Policy:

The Sitrin Health Care Center will, in accordance with the most recent state guidance, comply with all state and federal regulations for visitation 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). At no time shall the number of visitors exceed 10% of the total in-house census at any one time. Based on that percentage, only one (1) long-term care resident per house will be permitted to have visitors at a time. The rehab and the neuro units in the main building at the Health Care Center combined can have a total of five (5) residents who can have a visitor at the same time. Visitation for the SNF houses will occur outside each house entrance in the designated areas. Visitation for the rehab and neuro units will occur outside the main front entrance.

Visitation will be limited to Monday through Friday beginning at 1 pm and concluding at 4:30 pm every day and will be by reservation only. **Visitors must present a verified negative COVID-19 test result within the last seven (7) days of the scheduled visit. Visitation will be refused if the individual fails to present the negative test result. These test results must be presented EVERY time an individual visits which means the visitor will be required to retest so that the result is within seven (7) days of the visit.**

Each resident will be allowed only two visitors during each visit. Visits will be a total of 20 minutes each and will be conducted outside only, weather permitting. There will be no visitation during any meal times. Visitors under the age of 18 must be accompanied by an adult 18 years of age or older. The facility has the right at any time to cancel the scheduled visits due to inclement weather.

Visitation must be suspended for a period of no less than fourteen (14) days whenever there is a new resident or staff onset of COVID-19 in the nursing home. In addition, the New York State Department of Health can halt visitation at the facility at any time due to community or facility spread of infection or based on the Department's identification of the facilities failure to comply with one or more elements of the September 17, 2020 Health Advisory: Revised Skilled Nursing Facility Visitation.

A copy of the facility's formal visitation plan including the COVID-19 Visitation Policy, Visitor Questionnaire, and Visitor Expectation/Fact Sheet are posted on the facility's website page, Facebook private members-only group, and broadcasted via email, if available. Residents and family members will be notified by administration when there are updates to the visitation plan including when visitation is paused due to a confirmed positive COVID-19 diagnosis among residents and/or staff. Family members will also be encouraged to check the website periodically for updates. The facility will comply with mailing paper copies to family members upon their request.

Par levels of PPE will be adjusted by the Vice President of Long Term Care Services based on visitor use of PPE.

Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.

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COVID-19 Visitation Policy

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Procedure:

The COVID-19 Visitation Committee consists of the facility Vice President/Administrator, the Infection Control Nurse, the Director of Nursing Services, the Unit Managers, the Vice President of Community Relations, the Director of Facilities, the Director of Recreational Therapy, and the Medical Director. The Committee will be responsible to review this policy at a minimum of quarterly, and as needed, as well as to conduct visitation audits and report concerns and improvements to the Quality Assurance Performance Improvement (QAPI) Committee.

Visitation Reservations:

- ❖ All visits MUST be scheduled in advance by the family member. There will be no spontaneous visits permitted.
- ❖ Families will be directed to contact the Health Care Center receptionist at 315-737-2334 or via email at visitation@sitrin.com to schedule a visit. Visits will be scheduled upon availability to assure that the facility is in compliance with the 10% visitation requirements and to assure that all residents have had an opportunity to have an initial family visit before second visits are scheduled.
- ❖ The receptionist will contact the family member either via telephone or email to confirm the date and time of the visit and encourage the family to arrive 10-15 minutes prior to the visit to complete the screening process and paperwork.
- ❖ The receptionist will send a daily visitation spreadsheet via email to the "COVID Visitation Group" so that everyone is aware of who is visiting for the day and their designated time slot. It will be the responsibility of this group to assure that the daily visiting schedule is communicated to all unit/house staff and that the resident is ready and transported to the designated visiting area for their house/unit promptly.
 - For the rehab/neuro units only: Each "visitation bench" will have a number (#1-#5) assigned to it; when scheduling the visit in the spreadsheet, the receptionist will also assign a number to each visit.
- ❖ Resident safety will preside over the visitation schedule; therefore, in the event of inclement weather, the receptionist will notify families when visitation is cancelled. Priority will be given to any cancelled visits when scheduling.

Screening of Visitors:

- ❖ Screenings will occur at the Community Center for visitors who are scheduled to see a resident in the long term care houses and at the front entrance to the Health Care Center for anyone scheduled to visit a resident residing on our rehab and neuro units.
- ❖ All visitors will be required to present a verified COVID-19 negative test result within the last seven (7) days of the visit.
- ❖ Visitors will be asked to utilize the alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol that is provided by the facility prior to being screened and must demonstrate appropriate use. All visitors will be screened for signs and symptoms of COVID-19 prior to resident access. Visitation will be denied if the individual(s) exhibits any COVID-19 symptoms or does not pass the screening questions.

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Dept. Responsible: Safety

Effective Date: Revised 09/18/2020

Procedure:

Screening of Visitors (continued):

- ❖ Screenings shall consist of both temperature checks and asking screening questions (via the screening form) to determine potential exposure to COVID-19, which shall include questions regarding international travel or travel to other states designated under the Governor's travel advisory. Visitors will be required to complete the screening questionnaire in its entirety, sign and date the form and return it to the employee who is screening them.
- ❖ Visitors must be given a copy of the "Visitor Expectation/Fact Sheet" EVERY time they come for a visit. The visitor MUST take this with them.
- ❖ Once the screening process is complete, the screener will give the family member(s) a sticker that must be worn throughout the duration of their visit. The screener will then direct the family member(s) to their visitation station.
- ❖ The completed Visitor Questionnaire forms for the day will be placed in a manila envelope and forwarded to the Vice President of Long Term Care Services who will keep them on file.
- ❖ Visitors will be encouraged to complete COVID-19 testing whenever possible prior to visitation.

During Visits:

- ❖ During the COVID-19 state declared public health emergency, visitation is strictly prohibited in resident bedrooms or common areas of the houses/units with the exception of residents receiving end-of-life care.
- ❖ Visitation will be limited to outdoor areas, weather permitting.
- ❖ Visitors must wear a face mask or face covering which **covers both the nose and mouth at all times** when on the premises of the Sitrin Health Care Center and during the duration of the visit. If the visitor does not have a facemask, one will be provided by the Health Care Center during the screening process.
- ❖ Residents will be encouraged to wear a facemask during the visit if medically tolerated.
- ❖ Visitors must maintain social distancing at all times and must follow any posted signs and instructions, as well as any floor markings in regard to where to sit during the visit.
- ❖ There will be no physical touching between the resident and the visitor during the visit, this includes hugging, kissing, hand holding, etc.
- ❖ Facility staff will provide cues to residents and instruct family of all signage regarding facemask utilization, hand hygiene practices, and applicable floor markings to cue social distancing delineations.
- ❖ Staff is required to monitor the visitation process for both compliance to the rules, as well as assuring that the visit does not exceed the 20 minutes. Each staff member who will be monitoring visits will complete a "Monitoring Checklist for Visitation" form for each resident visit indicating if the visitor complied with the guidelines. If any visitor fails to adhere to the rules and protocols during the visit, he/she/they will be prohibited from visiting for the remainder of the COVID-19 state declared public health emergency.

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COVID-19 Visitation Policy

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Procedure:

After Visitation:

- ❖ Staff assigned to monitor visitation will ensure designated areas where visitors and residents meet are appropriately disinfected between visitations using an approved EPA-approved disinfectant.
- ❖ The staff monitors will forward their completed “Monitoring Checklist for Visitation” forms to the Vice President of Long Term Care Services who will then compile the results of the visits and report to the COVID-19 Visitation Committee for corrective actions/recommendations.

End-of-Life Visitation:

- ❖ Facility physicians will determine when resident is at end-of-life and can receive visitors on the unit/in the house.
- ❖ 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.**
- ❖ 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.
- ❖ 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.
- ❖ Additional PPE may be required based on the circumstances and will be determined by the facility physician and Infection Control Nurse.
- ❖ Visitors must stay in the resident’s room at all times, except for entry and exit.

Window Visitation:

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

FaceTime Visitation:

- ❖ Visitation through FaceTime can be coordinated between the resident and family member(s) through the nursing, social service, and/or recreational therapy department(s).
- ❖ The facility’s IPADs will be utilized for these visits and can be scheduled routinely.
- ❖ Facility staff will assist the resident with these visits and will clean the IPADs between use.

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SITRIN HEALTH CARE CENTER - COVID-19 PREVENTION SCREENING
Visitor Questionnaire

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

Resident you are visiting: _____ Unit/House: _____

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

1. Do you have verification of a COVID-19 negative test result dated within the last seven (7) days?

Yes – I have a COVID-19 negative test result dated within last seven (7) days

No – I have not been tested or do not have verification of a COVID-19 negative test result.

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

Please circle yes or no to each:

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

Temperature: _____

100.0° or higher, visitation denied

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

If NO to all, proceed to question #2.

2. Have you:

Circle any that are applicable:

- a. Traveled internationally within the last 14 days where COVID-19 cases have been confirmed?
- b. Have you worked in a health care setting with direct contact to COVID-19 patients within the last 14 days?
- c. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?
- d. In the last 14 days, have you had contact with or cared for someone with a confirmed diagnosis of COVID-19 or under the investigation for COVID-19, or is ill with a respiratory illness?

If any of the above are circled, please refrain from visitation at this time.

If none are circled, proceed to question #3.

3. Have you traveled to or from any states within the last 14 days that are currently on the NY State travel ban list? Please refer to the colored coded handout of the United States indicating which states are prohibited and which are not.

Please circle:

Yes - I have traveled to one of the prohibited states. State: _____ Date of Return: _____

No - I have not traveled to one of the prohibited states.

If YES, please refrain from visitation at this time.

If NO, proceed.

(PLEASE COMPLETE OTHER SIDE)

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**Sitrin Health Care Center, Inc. - COVID-19 Prevention Screening
Visitor Questionnaire
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4. Do you need a facemask? Yes / No

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

Name: _____

Physical Address: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

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

Visitor Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED QUESTIONNAIRE TO THE EMPLOYEE SCREENER

This section to be completed by facility staff:

Verified and received copy of COVID-19 negative test result dated within last 7 days of visit? Yes / No	
Questionnaire completed in entirety? Yes / No	Visitation approved? Yes / No
Visitation Expectation Fact Sheet given? Yes / No	Visitation sticker given? Yes / No
Facemask given? Yes / No	Visitor is wearing facemask properly? Yes / No
Visitor utilized alcohol-based hand rub and demonstrated proper use? Yes / No	

Screener Signature: _____ Title: _____ Date: _____

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

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SITRIN HEALTH CARE CENTER, INC. – VISITATION EXPECTATION/FACT SHEET
REVISED - EFFECTIVE 9/24/2020

(Please note that the items below are guidelines that we MUST follow based on the Health Advisory: Skilled Nursing Facility Visitation, dated September 17, 2020, from the New York State Department of Health)

- ❖ Visitation hours will be Monday through Friday beginning at 1 p.m. and concluding at 4:30 p.m. Visits must be scheduled by making reservations through the Health Care Center receptionist. Reservations can be made by calling 315-737-2334 or sending an email to visitation@sitrin.com . No unscheduled visits will be permitted.
- ❖ **Visitors must present a verified negative COVID-19 test result within the last seven (7) days of the scheduled visit. Visitation will be refused if the individual fails to present the negative test result. Test results must be presented EVERY time you visit which means you will be required to retest every seven (7) days to be in compliance with the directive.**
- ❖ The visitor understands that every resident in the house/on the unit will have an opportunity to have an initial visit occur before a second visit will be scheduled.
- ❖ Visitation will be **limited** to outdoor areas, weather permitting. The facility has the right at any time to cancel the scheduled visits based on inclement weather.
- ❖ Under no circumstances will visitation be permitted in the house or in the building unless the resident has been deemed end-of-life (EOL) by the facility physician(s).
- ❖ Visitation includes but is not limited to family members, loved ones, and representatives from the long-term care ombudsman program (LTCOP). **NO PETS WILL BE ALLOWED DURING VISITATION.**
- ❖ Visits will be 20 minutes in length, allowing staff 10 minutes to clean the visiting area using an approved EPA disinfectant prior to the next visit.
- ❖ Each resident will be allowed **only** two visitors during each visit.
- ❖ Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.
- ❖ Visitors are screened for signs and symptoms of COVID-19 prior to resident access. Screening will occur at the Community Center for anyone visiting residents in the long-term care houses, and outside the front entrance to the main building for anyone visiting residents on the inpatient rehab or neuro units. Visitors should arrive 10-15 minutes prior to their scheduled visit time in order to complete the screening process and paperwork requirements.
- ❖ Screening shall consist of both temperature checks and asking screening questions to determine potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Governor's travel advisory. Each visitor **MUST** complete the Visitor Questionnaire in it's entirety (including the contact tracing requirements) and be approved for visitation. Visitation will be refused if the individual(s) exhibits any COVID-19 symptoms or does not pass the screening questions.
- ❖ The visitor must utilize the alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, provided by the facility during the screening process. The visitor must demonstrate proper use of the alcohol rub to the Screener.
- ❖ Once approved for visitation, visitors will be given a sticker that must be worn at all times during the visit.

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Sitrin Health Care Center, Inc. - Visitation Expectation/Fact Sheet

Revised – Effective 9/24/2020

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- ❖ For the inpatient rehab and neuro units at the main building: Visitation will occur outside the main entrance to the Health Care Center. There will be a maximum of 5 residents who will be permitted to have visitors at the same time. Staff will bring your resident outside of the front entrance to the designated visiting area. Benches will be numbered and you will be assigned to a bench for your visit. Please utilize ground/floor markings for placement of your resident's wheelchair to assure that you are following social distancing delineations. Once your visitation is over, staff will take your resident back inside and to their unit.
- ❖ For the long term care houses: Visitation will occur outside each individual house where your resident resides. Staff will bring your resident outside to the designated visiting area. You will utilize the bench outside the house entrance to visit. Please utilize ground/floor markings for placement of your resident's wheelchair to assure that you are following social distancing delineations. Once your visitation is over, staff will take your resident back inside the house.
- ❖ Visitors must wear a face mask or face covering which covers both the nose and mouth at all times while on the premises of the Health Care Center and during the duration of the visit. If the visitor does not have a facemask, one will be provided by the Health Care Center.
- ❖ Visitors must maintain social distancing of at least six (6) feet at all times.
- ❖ There will be no physical touching between the resident and the visitor during the visit, this includes hugging, kissing, hand holding, etc.
- ❖ Staff is required to monitor the visitation process. It is expected that the visitors will respectfully comply with any requests made from the "Monitor-in-Charge, including leaving promptly when the timed visit is completed. If any visitor fails to adhere to these rules/protocols, he/she/they will be prohibited from visiting for the duration of the COVID-19 state declared public health emergency.
- ❖ Any COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits until cleared by the physician.
- ❖ The facility is required to suspend visitation for 14-days effective immediately if and when there is a COVID-19 positive resident and/or employee on campus. Families will be notified of this via the website, email, and telephone communication.
- ❖ For the safety of our residents and staff, please do not come to visit if you are sick.
- ❖ Please do not bring drop-off items with you when you visit. We will be following the same drop-off policy as we have been; however, we will be changing the times of drop-offs **FROM** Monday-Friday 10am to 2pm **TO** Monday-Friday 9am to 1pm effective Wednesday, September 9, 2020. Food items can still be delivered on Tuesday and Thursdays but must be dropped off from 9am to 1pm as well.

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MONITORING CHECKLIST FOR VISITATION

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

Resident: _____ Unit/House: _____

Did visit start on time? Y or N If no, what happened? _____

Sticker worn by visitor?	Y / N	Corrected?	Y / N
Resident in chalk square, visitor on bench?	Y / N	Corrected?	Y / N
Social distancing maintained throughout visit?	Y / N	Corrected?	Y / N
Facemask worn correctly by visitor entire visit?	Y / N	Corrected?	Y / N
Any touching between visitor and resident?	Y / N	Corrected?	Y / N
Area/bench disinfected after visit?	Y / N	By whom?	_____
Soiled cloths put in bag after EACH use?	Y / N	Return soiled rags to laundry for washing	
Return disinfectant bottle to Tyler when empty			

Any other issues that we need to be aware of during the visit? _____

Monitor Signature: _____ Date: _____

Return completed forms to Brenda Cobane, VP of Long Term Care (manila envelope)

MONITORING CHECKLIST FOR VISITATION

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

Resident: _____ Unit/House: _____

Did visit start on time? Y or N If no, what happened? _____

Sticker worn by visitor?	Y / N	Corrected?	Y / N
Resident in chalk square, visitor on bench?	Y / N	Corrected?	Y / N
Social distancing maintained throughout visit?	Y / N	Corrected?	Y / N
Facemask worn correctly by visitor entire visit?	Y / N	Corrected?	Y / N
Any touching between visitor and resident?	Y / N	Corrected?	Y / N
Area/bench disinfected after visit?	Y / N	By whom?	_____
Soiled cloths put in bag after EACH use?	Y / N	Return soiled rags to laundry for washing	
Return disinfectant bottle to Tyler when empty			

Any other issues that we need to be aware of during the visit? _____

Monitor Signature: _____ Date: _____

Return completed forms to Brenda Cobane, VP of Long Term Care (manila envelope)