



Pandemic Emergency Plan
September 14, 2020

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of infectious disease emergencies, including type of biological agent, scale of exposure and mode of transmission.

Medford Multicare Center Infectious Disease/Pandemic Emergency Plan outlines the hazard-specific preparedness, response and recovery activities unique to an incident involving infectious diseases, including pandemic emergencies and is in accordance with chapter 114 of the Public Health Laws of 2020, section 2803- subdivision 12 as detailed in DAL NH 20-09 dated 8/20/2020.

The Pandemic Emergency Plan is a component of the Medford Multicare Center Emergency Plan. It is reviewed annually and modified as dated.

The purpose of this plan is to remain cognizant of the experiences with prior pandemic response and institute protocols that are specific to the pathogen and illness circulating at the time of the pandemic and to the extent possible, effectively managed care without shortages or other mitigation efforts.

Annex E: Infectious Disease/Pandemic Emergency

As the COVID-19 pandemic surged around the world, healthcare policy makers, management and staff have had to recognize a risk that was talked about, but never really prepared for. Complicating the response further was that this pandemic was caused by a new pathogen, (novel virus), and to which there was no natural immunity or vaccination. We are still learning about how this disease is transmitted, which population is the most vulnerable and the best course of treatment.

The most terrible aspect of the experience so far is that COVID-19 takes a terrible toll on the elderly and those sick with co-morbidities. As such, Skilled Nursing Facilities congregate care settings were especially at risk during this outbreak. As a result of this, the State and Federal governments have enacted additional requirements for the safe operation of a home.

This document lays out the required elements of new legal and regulatory responsibilities during a pandemic.

(R) = Required Element

** NYSDOH regulation indicates both required and recommended elements need to be addressed in PEP*

Preparedness Tasks for all Infectious Disease Events

1. Staff Education on Infectious Diseases

- The Infection Preventionist/Designee (IP) in conjunction with the In-service Coordinator/ Designee will provide education on infection prevention and management upon the hiring of new staff, and on an annual basis. The education will be updated as needed should a facility experience the outbreak of an infectious disease.
- The IP/ Designee will conduct annual competency based on hand hygiene, donning/doffing Personal Protective Equipment and medical equipment disinfection for all applicable staff.
- The IP with the In-service Coordinator will provide just-in-time training for all staff on infection prevention policies and procedures as need for the event of an infectious outbreak including all Centers for Disease Control and Prevention (CDC) and state updates/guidance.

Refer to Policy and Procedure- Standard Precautions and Staff Education

2. Infection Prevention, Control, and Reporting Policies

- The facility will continue to review/revise and enforce existing and control and reporting policies.
- The facility will update the infection control manual which is available in the digital and print format annually or as may be required during an event. The facility will consult with local Epidemiologist to ensure new regulations as related to infection prevention and control are incorporated into the Infection Prevention and Control Plan.

Refer to Facility Assessment for yearly review and/or paper copy with signature review of policies

3. Infectious Disease Surveillance

- The Quality Assurance Performance Improvement Committee (QAPI) will review all resident infections as well as the usage of antibiotics on a monthly basis to identify trends and opportunities for improvement.
- During the morning meeting, the team will identify issues regarding infection control and prevention.
- The Director of Nursing/ Designee will establish QAPI projects root cause(s) of infections and update action plans as appropriate.
- Staff will report any changes in resident's condition to supervisory staff for follow up.
- The QAPI committee will present infection prevention and control data to its members and identify any significant increases in infection rates.
- Facility acquired infections will be tracked/ reported by the infection preventionist

Refer to Policy and Procedure- Infection Control Surveillance

Infection Control Standard Precautions and Staff Education

4. Staff Testing/ Laboratory Services

- The facility will conduct staff testing, as indicated, in accordance with NYS regulations and/or other regulatory agencies for guidance.
- Pre-arranged agreements with laboratory services to accommodate testing of residents and staff, including consultants, and agency staff have been arranged. The agreements will be reviewed by administration not less than annually. All contacts for the laboratory agreements will be updated and maintained in the Emergency Preparedness Plan.
- The Assistant Director of Nursing/Designee is responsible for reviewing test results and to take action accordingly.

Refer to Vendor List in the Emergency Management Plan

Refer to Policy and Procedure: Employee Testing/Covid 19 and Communicable Diseases

5. Staff Access to Communicable Disease Reporting Tools

- The facility has access to the health Commerce System (HCS).
 - The following staff members have access to the NORA reports and HERDS surveys:
 - i. Administrator
 - ii. Director of Nursing
 - iii. Assistant Director of Nursing/ Infection Preventionist
- The Infection Preventionist will enter the data into the National Healthcare Safety Network (NHSN) as per CMS/CDC recommendations.

Refer to Annex K, Section I Communicable Disease Reporting

Refer to Facility Assessment

6. Stocking Supplies

- The Medical Director, Director of Nursing, Infection Preventionist, Safety Officer and other appropriate personnel will coordinate supply needs as related to the event.

- The facility has contracted with a pharmacy vendor to arrange for 4-6 week supply for resident medications.
 - The facility has established par levels for Environmental Protection Agency approved disinfectants and/or other cleaning agents based on pandemic burn rate.
- The facility has established par levels for personal protective equipment based on pandemic burn rate.

Refer to Policy and Procedure: Environmental Cleaning and Disinfection
Refer to Vendor List and PPE stockpile/60 day supply

7. Develop/Review/Revise Administrative Controls with regards to Visitation and Staff Wellness

- All sick calls will be monitored by Department Heads to identify any staff pattern or cluster of symptoms associated with infectious agents. Each Dept will keep a line list of sick calls and report any issues to IP/DON during Morning Meeting. All staff members are screened on entrance to the facility to include symptom check and thermal screening.
- Visitors will be informed of any visiting restriction related to an Infection Pandemic and visitation restriction will be enforced/lifted as allowed by NYSDOH.
- A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional DOH planning and CMS to address widespread healthcare staffing shortages during a crisis.

Refer to Policy and Procedure: Limited or Restricted Visitation-Covid 19/Pandemic Outbreak
Refer to Policy and Procedure Management of Infectious Outbreaks
Refer to contingency staffing plan in EMP

8. Develop/Review/Revise Environmental Controls related to Contaminated Waste (R)

- Areas for contaminated waste are clearly identified as per NYSDOH guidelines
- The facility Director of Environmental Services shall follow all Department of Environmental Conservation (DEC) and DOH rules for the handling of contaminated waste. The onsite storage of waste shall be labeled and in accordance with all regulations. The handling policies are available in the Environmental Services Manual. Any staff involved in handling of contaminated products shall be trained in procedures prior to performing tasks and shall be given proper PPE.
- The facility will amend the Policy and Procedure on Biohazardous wastes as needed related to any new infective agents.

Refer to Policy and Procedure on Handling of Biohazardous Material

9. Develop/Review/Revise Vendor Supply Plan for food, water, and medication (R)

- The facility currently has a 3-4 days' supply of food and water available. This is monitored on a quarterly basis to ensure that it is intact and safely stored.
- The facility has adequate supply of stock medications for 4-6 weeks.
- Pxyxis maintains adequate supply of medications for use.
- The facility has access to a minimum of 2 weeks supply of needed cleaning/sanitizing agents in accordance with storage and NFPA/Local guidance. The supply will be checked each quarter and weekly as

needed during a Pandemic. A log will be kept by the Department head responsible for monitoring the supply and reporting to the Administrator any specific needs and shortages.

Refer to the following

Emergency Management Plan

Stock Medications: Central Supply

Sanitizing/Cleaning Agents: Director of Environmental Services

10. Develop Plans to Ensure Residents are Cohorted based on their Infectious Status (R)

- Residents are isolated/cohorted based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control guidance.
- The Infection Preventionist/Designee maintains communication with Local Epidemiologists, NYS DOH, and CDC to ensure that all new guidelines and updates are being adhered to with respect to Infection Prevention.

Refer to Policy and Procedure: Infectious Disease/Pandemic Emergency Plan

11. Develop a Plan for Cohorting residents using a part of a unit, dedicated floor or wing, or group of rooms

- The Facility will dedicate a wing or group of rooms at the end of a unit in order to Cohort residents. This area will be clearly demarcated as an isolation area.
- Appropriate transmission-based precautions will be adhered to for each of the Cohort Groups as stipulated by NYS DOH
- Staff will be educated on the specific requirements for each Cohort Group.
- Residents that require transfer to another Health Care Provider will have their Cohort status communicated to provider and transporter and clearly documented on the transfer paper work.
- All attempts will be made to have dedicated caregivers assigned to each Cohort group and to minimize the number of different caregivers assigned.

*Refer Policy and Procedure: Infectious Disease/Pandemic Emergency Plan
Covid19- Outbreak/ Respiratory Pandemic*

12. Develop/Review/Revise a Plan to Ensure Social Distancing Measures

- The facility will review/ revise the Policy on Communal Dining Guidelines and Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidance.
- The facility will review/revise the Policy on Therapeutic Recreation Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidelines. Therapeutic Recreation Activities will be individualized for each resident.
- The facility will ensure staff break rooms and locker rooms allow for social distancing of staff
- All staff will be re-educated on these updates as needed

*Refer to Policy and procedure: Therapeutic Recreation Policy and Procedure Manual
Covid19- Outbreak/ Respiratory Pandemic
Refer to Emergency Management Plan*

13. Develop/Review/Revise a Plan to Recover/Return to Normal Operations

- The facility will adhere to directives as specified by State and CDC guidance at the time of each specific infectious disease or pandemic event e.g., regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.
- The facility will maintain communication with the local NYS DOH and CMS and follow guidelines for returning to normal operations. The decision for outside consultants will be made on a case by case basis taking into account medical necessity and infection levels in the community. During the recovery period residents and staff will continue to be monitored daily in order to identify any symptoms that could be related to the infectious agent.

Refer to Policy and Procedure Staff Infectious Disease/Pandemic Emergency Plan

Additional Preparedness Planning Tasks for Pandemic Events 1. Develop/Review/Revise a Pandemic Communication Plan (R)

- The Administrator in conjunction with the Social Service Director will ensure that there is an accurate list of each resident’s representative
- Communication of a pandemic includes utilizing established Staff Contact List to notify all staff members in all departments.
- The Facility will update the website on the identification of any infectious disease outbreak of potential pandemic.

Refer to Section of PEP Additional Response Communication and Notifying Families/ Guardians and Weekly Update page 8

Refer to Policy and Procedure Covid19- Outbreak/ Respiratory Pandemic

Refer to list of Resident representatives/contact information (Business Office and Admission office)

Refer to Key Personnel Contact List located in EMP

2. Develop/Review/Revise Plans for Protection of Staff, Residents, and Families Against Infection (R)

- Education of staff, residents, and representatives
- Screening of residents
- Screening of staff
- Visitor Restriction as indicated and in accordance with NYSDOH and CDC
- Proper use of PPE
- Cohorting of Residents and Staff

Refer to Infection Prevention and Control Policy and Procedures

Response Tasks for All Infectious Disease Events

1. Guidance, Signage, Advisories

- The facility will obtain and maintain current guidance, signage advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions.
- The Infection Preventionist/Designee will ensure that appropriate signage is visible in designated areas for newly emergent infectious agents
- The Infection Control Practitioner will be responsible to ensure that there are clearly posted signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas.

- The Infection Preventionist/Designee will ensure that appropriate signage is visible in designated areas to heighten awareness on cough etiquette, hand hygiene and other hygiene measures in high visible areas.

Refer to Annex K CEMP

Refer to the CDC website for Signage download

2. Reporting Requirements (R)

- The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19 (see Annex K of the CEMP toolkit for reporting requirements).
- The DON/Infection Preventionist will be responsible to report communicable diseases via the NORA reporting system on the HCS
- The DON/Infection Preventionist will be responsible to report communicable diseases on NHSN as directed by CMS.

Refer to Annex K CEMP for reportable diseases

3. Signage

- The facility will implement the procedures to obtain and maintain current guidance, signage, advisories from the NYS DOH and CDC on disease- specific response actions including management of residents and staff suspected or confirmed to have disease.

4. Limit Exposure

- The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies.
- Facility will Cohort residents according to their infection status
- Facility will monitor all residents to identify symptoms associated with infectious agents.
- Units will be quarantined in accordance with NYSDOH and CDC guidance and every effort will be made to cohort staff.
- Facility will follow all guidance from NYSDOH regarding visitation, communal dining, and activities and update policy and procedure and educate all staff.
- Facility will centralize and limit entryways to ensure all persons entering the building are screened and authorized.
- Hand sanitizer will be available on entrance to facility, exit from elevators, and according to NYSDOH and CDC guidance
- Daily Housekeeping staff will ensure adequate hand sanitizer and refill as needed.

Refer Policy and Procedure: Management of Infectious Outbreaks

Infectious Disease/Pandemic Emergency Plan

5. Separate Staffing

- The facility will implement procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.

*Refer to Policy and Procedure: Covid19- Outbreak/ Respiratory Pandemic
Pandemic Staffing/Covid- 19/*

6. Conduct Cleaning/Decontamination

- The facility will conduct cleaning/decontamination in response to the infectious disease utilizing cleaning and disinfection product/agent specific to infectious disease/organism in accordance with any applicable NYSDOH, EPA, and CDC guidance.

*Refer to Policy and Procedure: Environmental Cleaning /Disinfection
Terminal Cleaning of Isolation Room*

7. Educate Residents, Relatives, and Friends About the Disease and the Facility's Response (R)

- The facility will implement procedures to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information.
- All residents will receive updated information on the infective agent, mode of transmission, requirements to minimize transmission, and all changes that will affect their daily routines.

*Refer to the Policy and Procedure: Infectious Disease/Pandemic Emergency Plan
Covid 19/Communication with Residents/ Families*

8. Policy and Procedures for Minimizing Exposure Risk (Refer to section 4)

- The facility will contact all staff including Agencies, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents and staff.
- Contact methods may include, but not limited to, telephone, On-Shift, Electronic Medical Record and mailings.
- Consultants that service the residents in the facility will be notified and arrangements made for telehealth, remote chart review, or evaluating medically necessary services until the recovery phase according to State and CDC guidelines.

*Refer to Emergency Management Plan
Refer to P/P Telehealth Services*

9. Advise Vendors, Staff, and other stakeholders on facility policies to minimize exposure risks to residents (R)

- Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors and vendors to limit/discontinue visits to reduce exposure risk to residents and staff.
- Emergency staff including EMS will be informed of required PPE to enter facility
- Vendors will be directed to drop off needed supplies and deliveries in a designated area to avoid entering the building relating to disease transmission

*Refer to Policy and Procedure Emergency Operations and Manual Preparedness
Refer to Policy and Procedure COVID- 19 Outbreak/Respiratory Pandemic
Refer to Vendor Contact List in EMERGENCY OPERATIONS PROGRAM AND PLAN MANUAL*

10. Limiting and Restriction of Visitation (R)

- The facility will limit and or restrict visitors as per the guidelines from the NYSDOH
- Residents and Representatives will be notified as to visitation restrictions and/or limitations as regulatory changes are made.

Refer to Policy and Procedure: Limited or Restricted Visitation Policy- Covid 19 Pandemic Outbreak

Additional Response Tasks for Pandemic Events

1. Ensure Staff Are Using PPE Properly

- Appropriate signage shall be posted at all entry points, and on each residents', door indicating the type of transmission-based precautions that are needed.
- Staff members will receive re-education and have competency done on the donning and doffing of PPE.
- Infection Control rounds will be made by the DON, IP, and designee to monitor for compliance with proper use of PPE
- The facility has a designated person to ensure adequate and available PPE is accessible on all shifts and staff are educated to report any PPE issues to their immediate Supervisor

Refer to Policy and Procedure Standard Precautions and Staff Education Policy

2. Post a Copy of the Facility's PEP (R)

- The facility will post a copy of the facility's PEP in a form acceptable to the commissioner on the facility's public website and make it available immediately upon request.

PEP will be readily available

3. The Facility Will Update Family Members and Guardians (R)

- The facility will communicate with Residents, Representatives via Telephone and will be provided with simple voice box messaging system
- During a pandemic Representatives of residents that are infected will be notified daily by Nursing staff as to the resident's status.
- Representatives will be notified when a resident experience a change in condition
- The Simple voice box messaging system will be updated at least weekly or within 24 Hrs of a change including any newly confirmed cases and/or death related to infectious agents.
- The Hotline message will be updated within 24 hours indicating any newly confirmed cases and/or deaths related to the infectious agent.
- Residents will be notified with regards to the number of cases and deaths in the facility unless they verbalize that they do not wish to be notified. This will be documented in the medical record/CCP
- All residents will be provided with daily access to communicate with their representatives. The type of communication will be as per the resident's preference i.e. video conferencing/telephone calls, and/or email.

Refer to Policy and Procedure COVID-19 Communication with Residents/ Families

4. The Facility Will Update Families and Guardians Once a Week (R) – (See Section 3 Above)

5. Implement Mechanisms for Videoconferencing (R)

- The facility will provide residents with no cost, daily access to remote videoconference or equivalent communication methods with Representatives
- The Director of Recreation/Designee will arrange for the time for all videoconferencing

Refer to Policy and Procedure: Recreation Therapy Programs during Covid 19/Pandemic

6. Implement Process/Procedures for Hospitalized Residents (R)

- The facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415(i); and 42 CFR 483.15(e).
- Prior to Admission/readmission the DNS/designee will review hospital records to determine resident needs and facility's ability to provide care including cohorting and treatment needs.

Refer to Policy and Procedure Infectious Disease Pandemic emergency plan (PEP)

7. Preserving a Resident's Place (R)

- The facility will implement processes to preserve a resident's place in a residential health care facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).

Refer to Policy and Procedure: Infectious Disease Pandemic Emergency Plan (PEP)

Refer to Admission Agreement

8. The Facility's Plan to maintain at least a two-month supply of Personal Protective Equipment (PPE) (R)

- The facility has implemented procedures to maintain at least a two-month (60 day) supply of PPE (including consideration of space for storage) or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic.

- This includes, but is not limited to:

- N95 respirators
- Face shields
- Eye protection
- Isolation gowns
- Gloves
- Masks
- Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)
- Facility will calculate daily usage/burn rate to ensure adequate PPE

Refer to Infectious Disease Pandemic emergency plan (PEP)

Refer to EMERGENCY OPERATIONS PROGRAM AND PLAN MANUAL

Recovery of all Infectious Disease Events

1. Activities/Procedures/Restrictions to be Eliminated or Restored (R)

- The facility will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.

2. Recovery/Return to Normal Operations (R)

- The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.
- The facility will ensure that during the recovery phase all residents and staff will be monitored and tested to identify any developing symptoms related to the infectious agent in accordance with State and CDC guidance.
- The facility will screen and require testing of outside consultants that re-enter the facility, as per the NYS DOH guidelines during the recovery phase.

Refer to Infectious Disease Pandemic emergency plan (PEP)

TITLE: COVID – 19 Communication with Residents/Families	
ISSUED BY: Nursing	
EFFECTIVE: 3/2020	Revised: 7/2020

MEDFORD MULTICARE CENTER

Policy: COVID-19 Communication with Residents/ Families new updated Covid Information

Purpose: The purpose of this policy is to provide family updated information on the resident and facility status with Covid 19.

Procedure: Communication with Residents

1. Residents that are alert and orientated who are able to understand will be updated when new Covid updates occur.
 - a. New Covid positive residents
 - b. New Covid suspected resident
 - c. Covid Related Deaths
 - d. Covid Graduates

Procedure: When there is new updated Covid information, the facility census sheet originated from Sigma will be utilized. Therapeutic recreation staff/ Concierge/ social work and/or designee will meet with the resident and document on the census sheet that the information provided to the residents are accurate.

2. Residents will be notified of new Covid- 19 updates during the bedside resident council meeting and will be documented in the meeting minutes.

Procedure: **Communication to families**

1. Residents families will be notified by letter monthly or more frequently when appropriate.
2. Sky media is being utilized to report to families and facility updated Covid information on a daily basis via www.Medfordmulticare.org
3.
 - a. New Covid positive residents
 - b. New Covid suspected resident
 - c. Covid Related Deaths
 - d. Covid Graduates
- B. Simple Voicebox telephone messaging system is implemented for new and updated Covid information. Resident families are provided with the voice box telephone which will ensure they are kept up to date on the new and updated information once they dial in. (205) 885-9057.
4. Social Service Department will notify new Admission’s designated Representative of the simple voice box number

Title:	Employee Testing/COVID-19 and Communicable Diseases	
Issued By:	Administration Department	
Effective Date:	September 2020	Supersedes: May 2020

POLICY:

Medford is implementing this policy for compliance with New York EO 202.30 requiring the operators and administrators of all nursing homes and adult care facilities, including all adult homes, enriched housing programs and assisted living residences, to test or make arrangements for the testing of all personnel, including all employees, contract staff, medical staff, operators and administrators, for COVID-19. Such testing must occur once (1) per week, pursuant to a plan developed by Medford administrator.

PROCEDURE:

- Medford has an agreement with a certified lab to provide testing as available and in accordance with NYSDOH and FDA approved testing to provide test results for all tests in a timely manner.
- Medford will ensure that testing, not provided by the facility, is reasonably accessible for its personnel. Off premises test site locations list will be maintained by department heads and staff shall be informed to check with their departments if they do not or cannot utilize Medford testing.
 1. Any offsite testing must be submitted by staff on the day the test was completed and results of the test must be submitted by 4:00pm of the day results received.
 2. Facility will offer testing to their personnel through the contracted lab.
 3. Facility may direct their personnel to a local drive-through or walk-in testing site.
 4. Personnel can call 1-888-364-3065 to inquire about testing, or they can go to <https://coronavirus.health.ny.gov/covid-19-testing#protocol-for-testing>.
 5. Medford will advise personnel to find out how to get documentation of their results, such as through a laboratory portal.
 6. Facility shall accept documentation of testing conducted by an individual's healthcare provider.
 7. Staff not compliant with testing will be removed from the schedule.
- A spreadsheet will be utilized to track the testing of all personnel, including all employees, contract staff, medical staff, operators, and administrators, for COVID-19. Staff compliance is mandatory.
- Medford shall maintain records of personnel testing and results for a period of one year.
- All employees, contract staff, medical staff, operators, and administrators that refuse testing shall not be permitted to enter or work at Medford until such test is performed.
 1. Staff which test positive shall be removed from the schedule and not permitted to enter or work at Medford for a period of 14 days and with a negative test result. Any personnel who test positive for COVID-19 must remain at home in isolation, in accordance with all guidance and directives of the

State Department of Health and, unless inconsistent therewith, those of the Local Health Department. Specifically, pursuant to April 29, 2020 guidance issued by the Commissioner of Health, personnel who test positive for COVID-19 but remain asymptomatic are not eligible to return to work for 14 days from the date of the first positive test and must provide a negative test result

2. Symptomatic nursing home employees may not return to work until 14 days after the onset of symptoms, provided at least 3 days (72 hours) have passed since resolution of fever without the use of fever-reducing medications, respiratory symptoms are improving and must provide a negative test result.

- All staff testing positive shall be documented on the log and the number will be reported on all required submissions to NYSDOH HERDS and CDC daily report.
- Any personnel who are ordered or directed to remain isolated because of a positive test result are entitled to certain benefits including paid sick leave pursuant to Chapter 25 of the laws of 2020. Shall be informed of this availability and directed to the below for further information:
<https://paidfamilyleave.ny.gov/COVID19>.
- All staff will receive Inservice Education on the NH Covid 19 Testing policies/procedures.

- The Administrator shall complete and submit the required NYS Certification form indicating facility is in compliance with all Executive orders and Advisories issued as a response to Covid 19

MEDFORD MULTICARE CENTER

NURSING DEPARTMENT

Title:	Handling of Biohazard Material	
Issued By:	Housekeeping	
Effective Date:	September 2020	Supersedes: March 2016

Purpose:

The purpose of this document is to provide guidance regarding the procedures required to safely clean up a human body fluid spill.

Routine cleaning: During the course of routine cleaning, Housekeeping personnel may encounter small drops of blood, other potentially infectious materials, and feminine hygiene receptacles with used products. If normal bathroom cleaning procedures are followed when dealing with these situations, there is minimal risk of exposure to bloodborne pathogens. If a situation arises in which you observe more than a few drops of blood or other potentially infectious materials, only trained personnel should deal with these situations.

Responding to a blood spill:

1. The first step in responding to a blood spill is to select and don the appropriate personal protective equipment (PPE). Always check PPE for tears or damage before wearing. Select the following PPE based on the situation:
 - _ **Gloves:** Mandatory for all blood clean-up.
 - _ **Eye protection:** Use when splashing may occur, either from body fluids or disinfectant solution.
 - _ **Face Mask:** Use when splashing may occur.
 - _ **Face shield:** Use when splashing may occur.
 - _ **Disposable coveralls/gown:** Use when splashing may occur.
 - _ **Booties:** Use if walking on blood contaminated area is unavoidable.
2. If any sharp objects or broken glass is contaminated with blood, remove objects with tongs or forceps and place in a sharps container. Never remove sharps/broken glass by hand.
3. Contain spill by covering with absorbent material (paper towels, absorbent powder, or absorbent pad)
4. Carefully apply disinfectant solution (1/10 bleach solution, hospicidal cleaner) on and around blood spill. Take care not to splash disinfectant during application.
5. Allow disinfectant to work: Let sit for 10 minutes. If this is not possible, allow to sit for as long as possible.
6. Remove absorbent material (paper towels, absorbent powder). Place all contaminated absorbent material in a red bag, or other bag marked for Biohazard disposal.
7. Re-apply disinfectant to area. Allow to air dry or stand for 10 minutes before wiping dry. NOTE: Inspect the blood spill area closely; making sure that there is nothing missed and that the clean-up process is complete.
8. Decontaminate any reusable equipment by placing in a bucket of disinfectant solution and allowing it to soak. Dump waste water down custodian drain. Place all contaminated disposable equipment in a red bag or other bag marked for Biohazard disposal.
9. Remove PPE with caution. Dispose of PPE into appropriate waste bag.

10. Wash hands immediately with soap and running water for 30 seconds
11. Supervisors should replace any Spill Kit or clean-up materials after an incident or notify the facility that the on-premises Spill Kit was used.

Personal Contamination

1. Remove any contaminated clothing or protective equipment.
2. If skin has been contaminated, wash with soap and warm water. Shower if necessary.
3. If eyes or other mucous membranes (inside nose, inside mouth) have been splashed, rinse under running water (eyewash or faucet) for at least 15 minutes.
4. Administer normal First Aid, if needed.
5. Tell your supervisor about the exposure incident.

Needle in Regular Trash

1. Locate a sharps container.
2. Put on gloves and safety glasses.
3. Find a mechanical way to pick up the needle (tweezers, tongs, pliers, broom/dustpan).
4. Using the tweezers, lift the needle out of the trash can.
5. Carefully place the needle into the sharps container.
6. Wash the tweezers with disinfectant.
7. Take off gloves and wash hands with soap and water.

Using a Mop for Major Spills on Hard Floors

1. Place Wet Floor signs around spill area.
 2. Assure all necessary equipment is in the immediate vicinity of the spill.
 3. Mix disinfectant in appropriate bucket.
 4. Put on gloves, mask, and eye protection.
 5. Put on shoe covers and protective gown.
 6. Dip mop head in disinfectant. **DO NOT WRING OUT.**
 7. **DO NOT TOUCH MOP TO SPILL.** DRIP disinfectant over spill.
 8. **COMPLETELY COVER SPILL.**
 9. Avoid splashing.
 10. Wait the required time (10 minutes). Increase time if heavily soiled.
- NOTE: Keep spill area WET.
11. Return mop head to disinfectant. Wring out.
 12. Thoroughly mop up spill.
 - Rewet and wring mop head as needed.
 - Large absorbent pads or paper towels may be used to soak up solution.
 13. Leave mop head in the disinfectant solution for the recommended contact time (10 minutes).
 - Wring out mop head and allow to air dry.
 14. Discard solution in custodial sink.
 - If used, discard large absorbent pads in biohazard containers.
 15. Remove PPE
 - Discard disposable gloves and mask in appropriate bag.
 - If heavy reusable gloves are used, spray all outer surfaces with disinfectant and allow to dry.

- Disinfect eye protection with spray disinfectant. Allow to air dry. Replace in biohazard clean-up kit.
- 16. Close biohazard bag.
- 17. Wash hands.
- 18. Dispose of biohazard bag in centralized biohazard pick-up area.
- 19. Assure surface is dry.
- 20. Remove Wet Floor signs.

Spills on Carpet

1. Place Wet Floor signs around spill area.
2. Assure all necessary equipment is in the immediate vicinity of the spill.
3. Put on gloves, mask, and eye protection.
4. Mix disinfectant in appropriate bucket.
5. Consider disinfectant type (bleach may cause discoloration).
6. Put on shoe covers and protective gown.
7. Dip mop head in disinfectant. DO NOT WRING OUT.
8. DO NOT TOUCH MOP TO SPILL. Drip disinfectant over spill.
9. Completely cover spill, but avoid splashing.
10. Wait the required time (10 minutes). Increase time if heavily soiled.
 - Keep spill area wet.
11. Blot up excess liquid with disposable towels; OR
 - Line the collection tank of a wet/dry vacuum with TWO layers of plastic bags. This can be disposed of easily and require minimal cleaning of the tank.
12. Pick up all visible signs of the contaminated spill with wet/dry vacuum.
13. Repeat. Drip disinfectant over spill and pick-up with wet/dry vacuum.
14. Wring out mop head and allow to air dry.
15. Discard solution in custodial sink. Dispose of plastic bags and/or disposable towels in a Biohazard bag.
16. Remove PPE
 - Discard disposable gloves and mask in appropriate bag.
 - If heavy reusable gloves are used, spray all outer surfaces with disinfectant and allow to dry.
 - Disinfect eye protection with spray disinfectant. Allow to air dry. Replace in biohazard clean-up kit.
17. Close biohazard bag.
18. Wash hands.
19. Dispose of biohazard bag in centralized biohazard pickup area.
20. Assure surface is dry.
21. Remove wet floor signs.

Small Spills on Carpet (smaller than a quarter)

1. Isolate the area.
2. Wear gloves and other appropriate PPE.
3. Soak the spill with enough disinfectant to cover the spot.
4. Let dry at least 30 minutes up to overnight to ensure the spot is disinfected.
5. Blot up the excess liquid with disposable towels; or
6. Shampoo carpet, if needed, or use 3% hydrogen peroxide to remove discoloration.
7. Place contaminated towels in a plastic waste disposal bag.

MEDFORD MULTICARE CENTER

TITLE: INFECTION CONTROL SURVEILLANCE	
ISSUED BY: Nursing	
EFFECTIVE: September 2020	Supersedes: June 2017

POLICY:

The facility will include in the Infection Control Program, infection control surveillance which is defined as the continuing scrutiny of all aspects of the occurrence and spread of disease that are pertinent to effective control. The facility will utilize McGreer's definitions for Healthcare Associated Infections for surveillance for Long Term Care Facilities.

PURPOSE:

To establish a program which investigates, controls and prevents infections, decides what precautionary measures are to be instituted and enables the facility to analyze clusters and/or significant increases in the rate of infections.

1. Process Surveillance reviews practices related to resident care consists of the following:
 - a. collection of data
 - b. tabulation and consolidation of data
 - c. evaluation, analysis and interpretation of data
 - d. dissemination of the above information to appropriate persons

2. Surveillance includes information on the following:
 - a. healthcare associated infections: those which are not present or incubating when the resident is admitted or readmitted to the facility.
 - b. infections/conditions present on admission to the facility
 - c. infections/conditions present on readmission to the facility but not present or incubating when the resident left the facility.
 - d. infections in personnel.

3. Resident Infection Report:
 - a. Surveillance worksheets are maintained for each nursing unit by the Clinical Care coordinator (attachment I).

4. Quarterly Statistical Report (Attachment II):
 - a. A Statistical Infection Control prevention report will be completed and submitted to Quality Assurance and Performance Improvement (QAPI) meetings monthly or at a minimum quarterly by the Infection Preventionist/Designee.
 - b. Quarterly reports are used for comparison purposes to evaluate the effectiveness of cautionary measures instituted to control the spread of infection as well as to Identify any additional problems that need to be addressed.

5. Isolation Precautions Surveillance (Attachment III):
 - a. The appropriateness of isolation precautions used as cautionary measures for the

prevention and spread of infection is monitored by the Infection Control Coordinator.

References

Garner, J.S., et al. 1988, CDC Definitions for nosocomial infections. *J Infect Control* 16:128-140.

Stone ND, Ashraf S, Calder J, et. al. October 2012. Surveillance definitions of infection in long-term care: Revisiting the McGreer Criteria. *Infection control and Hospital Epidemiology*. 33(10):965-977.

TITLE: INFECTIOUS DISEASE/PANDEMIC EMERGENCY PLAN (PEP)	
ISSUED BY: Nursing	
EFFECTIVE: 9/2020	

MEDFORD MULTICARE CENTER

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of infectious disease emergencies, including type of biological agent, scale of exposure and mode of transmission.

Medford Multicare Center’s Infectious Disease/Pandemic Emergency Plan outlines the hazard-specific preparedness, response, and recovery activities unique to an incident involving infectious diseases, including pandemic emergencies and is in accordance with Chapter 114 of the Public Health Laws of 2020, section 2803-subdivision 12.

PURPOSE:

To remain cognizant of experiences with prior pandemic response and institute protocols that are specific to the pathogen and illness circulating at the time of the pandemic and to the extent possible, effectively manage care without shortages or other mitigation efforts.

The key components of the PEP for pandemic situations are as follows:

1. Communication Plan
 - a. The Clinical Care Coordinator/designee (CCC) will update the resident’s designated representative of residents infected with the pandemic infectious disease at least daily and whenever there is a change in the resident’s condition via telephone conversation or other agreed upon form of communication.
 - b. All residents and family members may access daily information regarding the number of Infections and infections and deaths on the Medford Multicare website at <https://www.medfordmulticare.org>
 - c. The Therapeutic Recreation department will facilitate Zoom Virtual Visit video calls with families using facility purchased tablets/iPads or other methods selected by each family member or guardian.
 - d. Simple voice box telephone messaging system (205) 885-9057

2. Resident Readmission/Admission after Hospitalization (complies with state and federal laws and regulation, including but not limited to 10NYCRR 415.19, 415.3(i)(3)(iii) and 415.26(i); and 42 CFR 483.15(e).
 - a. Readmissions and admissions to the facility will require screening as specified by the source for the pandemic in accordance with CDC recommendations and all applicable state and federal regulations.
 - b. Testing will be performed as available.
 - c. Transmission-based precautions will be implemented as indicated by the available science.
 - d. Cohorting practices will comply with all state and federal guidance to group together patients who are infected with the same disease to confine care and prevent contact with other residents this may occur as part of a unit, dedicated unit, or group of rooms at the end of a wing; discontinue sharing of bathrooms or shower rooms with residents not in the cohort.
 - e. Cohort areas will be clearly demarcated to ensure awareness.
 - f. Administrator/designee is responsible to assess cohorting needs and the sustainability of the cohort, including staffing, and as needed will notify regional and local Department of Health representative if the cohort is not sustainable.

3. Personal Protective Equipment

- a. The facility will maintain a sixty day supply of personal protective equipment including, but not limited to, gloves, gowns, surgical masks, face shields/eye protection, N95 respirators, hand sanitizer and disinfectant in accordance with EPA guidance.
 - b. During a pandemic episode the Centers for Disease Control and Prevention (CDC) PPE burn calculator will be used as a supplement to Department of Health guidance as available.
4. Stability and Preserving Resident's Room
- a. The facility will comply with all applicable state and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e) while making every effort to readmit resident but cannot guarantee bed availability based on the need to admit new admission.
5. Recovery/Return to normal operations
- a. The facility will ensure that during the recovery phase all residents and staff will be monitored and tested to identify any developing systems related to the infectious agent in accordance with state and CDC guidance.
 - b. The facility will screen request test results of consultants that re-enter the facility as per the NYS DOH guidelines during the recovery phase.

**MEDFORD MULTICARE CENTER
POLICY AND PROCEDURE**

Title:	Limited or Restricted Visitation –COVID-19/Pandemic Outbreak	
Issued By:	Nursing Administration	
Effective Date:	September 2020	Supersedes: July 2020

Policy:

Upon notification of the Centers for Medicare and Medicaid, NYSDOH, and Governor of NY State on March 13th, 2020, all visitations/visitors to the facility were temporarily suspended, with the exception of when deemed necessary (i.e. due to medical or psychosocial decline) or for family members of residents in imminent end-of-life situations, and those providing Hospice care.

Upon notification of the July 10th, 2020 Health Advisory: Skilled Nursing Facility Visitation, the facility must have an absence of any onset of Covid-19 among staff or residents for a period of no less than twenty eight (28) days, consistent with CMS guidelines before it may re-open visitation. Moving forward, the facility will suspend all visitations, should there be a new positive case for Covid-19 among a resident or staff member.

*Facility will follow CDC and NYS DOH guidelines for any other pandemic outbreaks regarding limited or restricted visitation.

Procedure:

Effective August 18th 2020, the facility will allow limited visitation to family members and friends, as indicated in the July 10th 2020 Health Advisory.

- No more than ten percent (10%) of the residents will be permitted to have visitors at any one time based on the census of the facility and only 10 visitors at any one time will be permitted in the designated visiting space in the front lobby. A maximum of two visitors will be allowed per resident at any one time. Visitors under the age of 18 must be accompanied by an adult.
- Visitation hours are Monday through Friday, excluding holidays, between the hours of 10am to 12pm and 2pm to 5pm. Visits will be scheduled according to resident’s unit, by appointment only. Unscheduled visits will not be permitted. The maximum length of the visit will be for 20 minutes.
- The Director/Assistant Director of Therapeutic Recreation or their designees will schedule appointments and coordinate availability with visitors.
- Visitation must be scheduled in advance of the visit. Visitation must be punctual to accommodate all other scheduled visitations. If a visitor is 10 or more minutes late, the visit must be re-scheduled.
- Visitor’s entering the building will be greeted by receptionist and screened through a wellness questionnaire to ensure they did not have any exposure to Covid positive or potentially positive individuals, as well as screened on international or travel to other states designated under the Commissioner’s travel advisory. Screening questions include physical symptoms associated with Covid-19 infection as defined by the Centers for Disease Control (CDC). These are listed in the Covid-19 Visitor Fact Sheet’s available at the

front desk upon entry. A temperature check will be performed and documented. Visitors will be asked to provide the following info: first and last name, physical address, daytime and evening telephone number, date and time of visit and email address.

Page 2

- Visitor's entering the facility must wear a face mask/covering over the mouth and nose at all times during the visit. The facility will provide a mask to any visitor who lacks an appropriate face covering.
- All visitors must exercise proper hand hygiene. Hand sanitizer station in lobby to be used prior to visit.
- Once the entry guidelines are complete, the visitation may commence.
- The nursing staff of the designated unit scheduled, will escort the resident to the front lobby to meet their visitor and sit them at the opposite side of the table.
- Visitors must maintain at least six feet social distancing, sitting on separate sides of table set up in front lobby in designated visitation area.
- Due to the risk of exposure, physical contact with visitors is restricted. This includes, but is not limited to holding hands, hugging, etc.
- Gifts can be provided to staff member monitoring the visit to then give to resident. Any food/drink for resident must be approved by Nursing due to diet restrictions and saved to be eaten after the visit. Food or drink for visitors is also not permitted as face covering must be worn at all times.
- Visitors are strictly prohibited from going past the designated visitation area in the front lobby. Residents' rooms, care areas, units, etc are strictly prohibited, except under certain limited circumstances such as residents receiving end of life care.
- Designated areas will be sanitized appropriately for infection control.
- The facility reserves the right to modify this policy as circumstances change and in compliance with directives from the Department of Health and Governor's office.
- The facility can retain the right to deny visitation under circumstances that pose a risk by not complying with infection control guidance, for any visitor who is under the influence, disruptive or presents a danger to any resident or staff.
- In the event of any new cases of Covid-19 among residents or staff, visitation will be suspended for at least 28 days.
- To receive updated Covid-19 info within facility, call the automated phone messaging service at (205) 885-9057 or view website under the Covid-19 Updates Link www.medfordmulticare.org
- If any visitor fails to adhere to the protocol, they will be prohibited from visiting.

MEDFORD MULTICARE CENTER

Title:	MANAGEMENT OF INFECTIOUS OUTBREAK	
Issued By:	Nursing Department	
Effective Date:	September 2020	Supersedes: March 2020

PURPOSE:

A single community acquired case of a disease on the Communicable Disease Reportable list is reported by phone to the local Health Department and electronically via HCS. (See attached list of required Communicable Disease Reporting).

1. Identify the problem:

- A. Recognize infectious outbreak:
 - 1. One case of an infection that is highly communicable
 - 2. Trends that are 10% higher than the historical rate of infection.
 - 3. Occurrence of three or more cases of the same infection over a specified length of time.

- B. Notify members of the Infection Control Committee
 - 1. Make sure you are able to contact the Administrator during work hours as well as during weekends, nights, and holidays.

- C. Organize an emergency meeting as soon as possible
 - 1. Identify the nature of the problem.
 - 2. Try to identify a common factor.
 - 3. Set up procedures to contain and confine illness. (Use CDC Guidelines).

2. Procedures:

- A. Nursing
 - 1. Use CDC Guidelines to determine what equipment is needed.
 - 2. Inform the Administrator immediately if any equipment is needed.
 - 3. In-service all shifts on proper use of this equipment as well as the nature of the illness.
 - 4. Observe procedures being carried out to make sure they are done properly.
 - 5. Set up a special care plan for each resident affected to be used for the duration of the illness.
 - 6. Develop a system to identify any new cases that may develop.

- B. Housekeeping:
 - 1. Use disposable equipment whenever possible. Order those items that may be needed.
 - 2. Give in-service to staff and observe procedures.
 - 3. Check procedures for handling infectious waste and linen.
 - 4. Ensure adequate supply of EPA disinfectants

Procedures:

- C. Dietary

1. Use disposable equipment if necessary.
2. Make any diet modifications as may be ordered by the physician.
3. Give in-service to staff and observe procedures.
4. Send food samples for analysis if illness involves the GI tract.
5. Be prepared to supply extra fluids.

D. Medical

1. Inform all attending physicians to evaluate their residents.
2. Nursing should implement orders ASAP.
3. Take cultures if appropriate.
4. Physicians should follow up after initial visit.
5. Progress note should be written for each resident.

- E.* 1. Visitation restrictions or limited visitation will be implemented as per requirements of CDC and NYS DOH regulations

3. Follow Up:

- A. Report the outbreak to the area coordinator of NYSDOH/OHSM. *****Have the following information available to save time.**

1. Date and time of onset.
2. Number of residents involved.
 - a. Total number.
 - b. Number of cases per day (this information can be graphed to help show progress).
3. Nature and severity of symptoms (include how many residents required hospitalizations).
4. Location of cases within the facility.
5. Complete plan of intervention.
 - a. What has been done to date
 - b. What steps are yet to be implemented.

- B. Keep OHSM informed.

- C. Have frequent meeting of the Infection Control Committee.

1. These meetings can be Ad-Hoc involving only a few members of the Committee.
2. A final meeting is needed to determine when precautions can be lifted.

- D. Complete a final report with all necessary information including date of resolution of cases.

EMPHASISE THE IMPORTANCE OF HANDWASHING TO ALL STAFF!!!!

References

<http://www.cdc.gov/infectioncontrol/pdf/guidlines/>

MEDFORD MULTICARE CENTER

TITLE: COVID-19 OUTBREAK /RESPIRATORY PANDEMIC	
ISSUED BY: Nursing	
EFFECTIVE: 4/2020	Revised: 7/2020

POLICY:

In the event of a potential or actual nosocomial outbreak of COVID-19 the Infection Control Preventionist is to notify the Administrator, Medical Director and the Director of Nursing.

The infection Control Committee shall have ultimate responsibility for investigating epidemics and developing polices aimed at prevention and control of COVID-19. If an epidemic is suspected, the investigation will be directed by the New York State Department of Health.

DEFINITION: Co-horting is the practice of grouping together patients who are infected with the same organism to confine their care area and prevent contact with other patients. Co-horts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent. Co-horting during COVID-19 will be done in accordance with CDC and NYSDOH guidance to designate space in the facility to separate residents into co-horts of COVID positive, COVID suspected, negative and unknown status that will include new/readmissions with unknown COVID status. When single rooms are not available, patients with confirmed COVID-19 cases may be placed in the same room.

PURPOSE:

To prevent the spread of COVID-19 provide guidelines for uniform and complete investigation and treatment of suspected epidemics of COVID-19.

PROCEDURE:

A. The Medical Director in conjunction with the Infection Control Preventionist will determine whether the situation is a probable epidemic that poses a threat to the health of other residents and employees and/or whether it warrants immediate investigation. He/she may elect to call an emergency meeting of the entire Infection Control Committee. In most instances, to expedite the investigation, the situation will be discussed in periodic emergency meetings of the Infection Control Committee.

B. Disciplines to be included in immediate planning. These may include any or all of the following

1. Infection Control Committee Members (DNS, Infection control preventionist, MD, Housekeeping).
2. Attending staff and who provide care for the involved resident.
3. The unit CCC/ /or Supervisor of the involved resident care unit
4. Administration
5. Infection Control and/or Infectious Disease Consultants

C. The Infection Control Preventionist or Medical Director will call an immediate meeting of such individuals and disciplines in order to:

1. Clarify the nature and extent of the potential situation.

2. Discuss proposed investigative steps.
3. Determine exact criteria for selection of possible epidemiologic studies.
4. Determine and assign exact responsibility of each department; determine who will collect and record specific data.

D. Any major decisions involving large numbers of residents, personnel, or considerable expense (such as co-horting or isolating a unit), will be made in conjunction with the investigating personnel, attending staff, Medical Director, and administration.

E. Resident care personnel may be requested to assist with data collection, culturing or notification of employees.

F. Frequent interdisciplinary meetings will be held to review new developments, to update involved personnel regarding the process of the investigation, and to answer questions.

G. All staff to be screened upon entering the building.

PROTOCOLS FOR STAFF:

All employees are to enter the building through the front door and the following will be done:

1. Receptionist/designee to take temperature and log
2. Screen to determine if employee has come into contact with any positive or suspicious COVID 19 cases
3. Screen for any COVID 19-like symptoms
4. Ask if any travel has taken place outside the country in the past 14days
5. Ask if the employee works at another health care facility or hospital (SEE ATTACHMENT 1)
6. Hand sanitizer/Wash hands
7. Ensure each employee has a mask to wear while in the facility

If the employee exhibits any symptoms the Nursing Supervisor is to be called to evaluate. Staff member to be sent home and instructed to follow up with physician.

- H. DNS/Designee to notify the health department about any of the following:
- A resident or staff member is suspected or confirmed with COVID-19
 - Increase in residents being transferred to the hospital for COVID-19 symptoms
 - Increase in staff calling out sick for hospital or COVID-19 symptoms
 - Increase in unexplained deaths or deaths from respiratory symptoms

Additional Criteria:

- a. for any staff member working more than 12 hours, a second temperature must be taken while on duty
- b. Returning to work: Staff member to provide physician documentation upon returning to work and while out with symptoms. (Facility will follow physicians' recommendations and current guidelines set forth by New York State Department of Health)
- c. Infection control preventionist/designee to keep line list of symptomatic employees
- d. the logs will be reviewed weekly by the infection control preventionist/designee for any issues
- e. Any employee who has recently visited a state considered a "hot state" with an

increase in COVID-19 cases must supply a negative COVID-19 test result prior to returning to work.

- H. Infection control preventionist will keep Respiratory Surveillance List and report outbreaks as per New York State Department of Health Regulations/Directives (SEE ATTACHMENT 2)
- I. When a resident exhibits signs and symptoms of suspected COVID-19 (i.e. fever, cough, SOB) institute PUI protocol

PROTOCOL FOR PUI

1. Notify MD of change in condition
2. Resident to be moved to appropriate area
3. Obtain/transcribe/implement orders from MD
4. Place resident on Special Droplet (SP) precautions
5. Cohort residents with same symptoms or place in single room
(It is ideal to keep all PUIs on the same unit or on the same hallway to reduce the spread of the virus)
6. Notify Family/designated representative of resident status
7. Roommates of COVID-19 confirmed cases are considered exposed and should be kept in a single room if possible, and not be roomed with an unexposed resident. Residents with the same exposure may room together if a single room is not available.

PPE TO BE USED BY STAFF FOR PUI:

- Yellow gown, gloves, N-95 face mask (covered with surgical mask if there is no face shield), face shield or protective eye wear. Dispose of gown, gloves, surgical mask upon exiting room.
- ***Employees are responsible to keep cloth masks washed and keep it clean if used.
(Staff working on unit which occupies only PUI residents may utilize the same gown, N95 mask and face shield or protective eye wear during their shift. PPE to be disposed of when exiting the unit)
- Wash/or disinfect hands

- J. When a resident is tested and is positive institute COVID-19 positive

PROTOCOL FOR POSITIVE COVID-19

1. Notify MD of change in condition
2. Resident to be moved to appropriate area
3. Obtain/transcribe/implement orders from MD
4. Place resident on Droplet Precautions
5. Cohort residents with same symptoms or place in single room
(It is ideal to keep all Positive COVID-19 on the same unit or on the same hallway to reduce the spread of the virus)
6. Notify Family/designated representative of resident status

PPE TO BE USED BY STAFF FOR COVID-19 POSITIVES:

- Yellow gown, gloves, N-95 face mask (covered with surgical mask if there is no face shield), face shield or protective eye wear. Dispose of gown, gloves, surgical mask upon exiting room.

(staff working on unit which occupies only COVID-19 positive residents may utilize the same gown, N95 mask and face shield or protective eye wear during their shift. Dispose of PPE when exiting the unit)
-Wash/or disinfect hands

K. To remove resident from COVID-19 or PUI list refer to below non-testing and testing protocols:

PROTOCOL NON-TESTING (utilize when swabs are not available)
(will be used for PUIs)
(will be used for COVID-19 positive residents if swabs are not available)

All of the following criteria must be met:

1. At least 3 days (72 hours) have passed since recovery, defined as a resolution of fever (greater than or equal to 100.0) without the use of fever-reducing medication.
AND
2. Improvement in respiratory symptoms (e.g cough, shortness of breath)
AND
3. At least 14 days have passed since symptoms attributed to COVID 19 first appeared or 14 days have passed since the first positive test
(if there has not been a swab at least 14 days with no symptoms and all of the above must be met)

PROTOCOL TESTING (utilize when swabs are available in the facility)
(will be used for COVID-19 positive residents)

All of the following criteria must be met:

1. Lack of fever (greater than and equal to 100.0), without fever-reducing medications
AND
2. Improvement in respiratory symptoms (e.g. cough, shortness of breath)
AND
3. TWO (2) Negative swab results collected more than 24 hours apart

(For residents who were asymptomatic at the time of their first positive test and remain asymptomatic, testing for release from isolation may begin a minimum of 7 days from the first positive test)

L. New Admissions and Re-Admissions to be monitored for 14 days (i.e. temperature will be taken approximately every 8 hours and placed on the designated new/readmission unit (s)) as their clinical condition indicates . All New and re-admissions from an inpatient hospital admission must have a negative COVID-19 test result.

PROTOCOL FOR RESIDENTS WITH NO RESPIRATORY SYMPTOMS

-monitor temperature every shift for 14 days

-if temperature reached 100.0 or greater PUI protocol will be implemented until evaluated by a physician for further directives

PROTOCOL FOR RESIDENTS WITH RESPIRATORY SYMPTOMS

-monitor temperature every shift for 14 days

-place on droplet precautions

-if temperature reached 100.0 or greater PUI protocol will be implemented until evaluated by a physician for further directives

PROTOCOLS FOR COVID-19 OR PUI CASES ON THE DEMENTIA UNIT

- The movement of residents living with dementia will be reviewed by the IDT and based on risk benefit analysis a decision will be made if the resident should be moved from room or not. Family members will be consulted and informed
- Signage will be posted on the doors of residents that are suspect or confirmed for COVID-19
- Residents on these units will continue to be monitored each shift for symptoms and clinical signs indicating a worsening of condition, or the symptoms of COVID-19.
- Caregivers will re-direct wandering residents to ensure safe social distancing
- Residents will be offered and encouraged to wear a face mask

PROTOCOLS FOR COMMUNAL DINING

M. If dining room is utilized a 6 feet social distancing will be maintained. Dining room will be marked with a symbol to identify the distance

N. For visitor/Deliveries/Vendors

PROTOCOL FOR VISITORS

-Visitors/families restricted from visiting during COVID 19 outbreak to reduce the spread (exceptions can be made for terminal residents or psychologically affected residents. For these cases, visitor must be screened for symptoms, have temperature taken at front desk and wear PPE while in the resident's room.)

-Deliveries-all deliveries to be left inside the loading dock doors. Any takeout food or packages from families must be left in welcome area before reaching the Front Desk. Therapeutic recreation department/designee will deliver to resident on the unit.

(All protocols subject to change based on CDC recommendation changes and availability of Personal Protective Equipment (PPE).

NURSING DEPARTMENT

TITLE: Pandemic Staffing/COVID-19	
ISSUED BY: Nursing	
EFFECTIVE: September 2020	Supersedes: 7/2020

POLICY:

It is the policy and procedure of this facility to ensure that we have adequate staffing during COVID-19 pandemic to continue optimal care for residents.

PROCEDURE:

The facility will continue to staff accordingly to our normal staffing protocols, however if there is a significant amount of staff out due to COVID-19 virus the following protocols will be put into practice:

- Daily monitoring of shift to shift staffing
- Overtime will be allotted for staff covering additional shifts
- Agencies will be contacted and informed of the immediate staffing needs
- Continuation of job advertisements
- Directors and non-clinical staff will be dispatched to the units assisting with non-clerical work and resident care when needed
- To the extent possible, consistently assign staff to the same residents/units to limit number of staff interaction with each resident

PROTOCOLS:

The facility will utilize outside external websites to assist with staffing such as:

1. <https://nysitsm2.service-now.com/healthvolunteer>
2. <https://www.applji.com/>
3. 1199SIEU Training and Employment Funds

Medford Multicare Center

<p>Title: Recreation Therapy</p>	<p>#</p>	<p>Effective date: /2020</p>
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Department(s): Therapeutic	Effective Date(s):	Approved by:

ISSUED BY: Cristina Codispoti, Director of Therapeutic Recreation

POLICY: The facility will promote each resident’s quality of life and well-being in alignment with the prevention of the spread of COVID-19 infection as per the Federal guidelines to restrict group activities.

PURPOSE: To ensure there is no decline in the resident’s psychosocial well-being not being able to have family visit, including at risk of social isolation and to provide person-centered diversional activities to meet their leisure preferences.

PROCEDURE:

1. The Director of Therapeutic Recreation will modify programs on calendar as necessary that reflect the current availability of activities and services being offered on units.

2. The Therapeutic Recreation Dept will practice social distancing of at least 6 feet when working with minimal sized groups as appropriate. Programs include music concerts, exercise and trivia.
3. The Therapeutic Recreation Dept will provide 1:1 visits as necessary and complete the Monitoring Note forms provided and STAT on ProActivity to document daily interactions with what content of activity was held, what leisure materials were provided (arts and crafts, music, reading materials, word puzzle books, tabletop games, playing cards, etc), what resources that were used, and how the resident responded to the visit, etc.
4. COVID-19 care plans will be utilized to document any communication with families, monitoring any changes in behavior, etc.
5. The Therapeutic Recreation Dept will provide individualized/disposable items when possible and will ensure that any commonly used items are properly disinfected.
6. The Therapeutic Recreation Dept will provide spiritual care visits that include but are not limited to private prayer, spiritual hymns, reading bible verses, facilitating last rights for appointing of the sick with the priest via phone, etc
7. The Therapeutic Recreation Dept will facilitate Zoom Virtual Visit video calls with families using facility purchased Amazon Fire Tablets. Directions attached.
8. Channel 33 will be utilized to stream educational videos, movies, concerts, tours, etc to each residents television so programs can be conducted remotely.

Directions How to Contact Residents via

Zoom Video Chat:

Please be advised: Appointments can be made with the Director of Recreation to schedule a time to facilitate a video call with your loved one.

Please contact (631) 730-3000 Ext. 3093/ 3036.

Thank you for your cooperation in this matter.

Step 1: Go to your Apple Appstore or Google Playstore from your mobile device, tablet or computer

Step 2: In the SEARCH bar input: Zoom Meeting

Step 3: Download the app

Step 4: Once downloaded, Open the App and hit : **JOIN A MEETING**

Step 5: Input the following in the respective areas:

Meeting ID:

842-295-2490

Step 6: At your designated time that was scheduled, please go to Zoom app and press “Join a Meeting”

Step 7: Enable microphone and video access prompts

Step 8: Wait for Meeting Host to Join

Step 9: Enjoy your time with your loved one!



MEDFORD MULTICARE CENTER

Title:	STANDARD PRECAUTIONS AND STAFF EDUCATION	
Issued By:	Nursing	
Effective Date:	September 2020	Supersedes: 6/2017

POLICY:

To reduce the risk of transmission of bloodborne pathogens, all human blood and certain body fluids are treated as if known to be infectious with HIV/HBV and other bloodborne pathogens. The facility will ensure adequate PPE is available to all staff.

PROCEDURE:

According to the Centers for Disease Control, Standard Precautions is an approach to resident care that regards all human blood and other bloodborne pathogens. Other potentially infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures and any body fluid that is visually contaminated with blood.

Implementation of Standard Precautions does not eliminate the need for other transmission-based isolation precautions.

Health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure to bloodborne pathogens and upon orientation and annually mandatory in-services and competencies will be done on donning and doffing of PPE and infection control procedures.

- Hands are to be washed before and after direct resident contact.
- Gloves should be worn:
 - When in direct contact with blood or other potentially infectious materials;
 - For performing all percutaneous procedures; and,
 - For handling of items or surfaces soiled with blood or body fluids.
Manual Reference Number 1-19
 - Gloves must be changed after contact with each resident.
 - Hands must be washed immediately following glove removal.

PROCEDURE (con't):

- Masks and protective eyewear should be worn during procedures that are likely to generate droplets of blood or body fluids that might come in contact with mucous membranes such as mouth or eyes. Can also be worn with a resident who has new productive cough.
- Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or bodily fluids.
- Mouth-to-mouth resuscitation is to be avoided. Mouthpieces or other ventilation equipment should be used.
- All needles and syringes are placed immediately into the puncture-proof sharps container after use. **Needles must not be recapped, bend or broken by hand after use!**

Reference:

- * OSEA Bloodborne Pathogen & needlestick prevention standard.

MEDFORD MULTICARE CENTER NURSING DEPARTMENT

TITLE: TERMINAL CLEANING OF AN ISOLATION ROOM	
ISSUED BY: Nursing, Therapeutic Recreation	
EFFECTIVE: June 2002	Revised: 5/2020

POLICY:

Terminal cleaning is defined as that which is done after a resident is taken off isolation or infection precautions, has ceased to be a source of infection, has been transferred to another institution, to another room or to home, or has died.

Terminal cleaning is directed primarily toward those items that have been in direct contact with the resident or in contact with the resident's excretions, secretions, blood, or body fluids.

PROCEDURE:

Disinfectant detergent solution used during terminal cleaning should be freshly prepared.

1. Nursing personnel will remove all personal effects, utensils and linen. Utensils (bedpans and urinals, for example) should be emptied, doubled bagged plastic and disposed of. Linen should be double bagged in plastic. Disposables should be placed in the waste basket containing a red plastic liner.
2. All non-disposable items should be cleaned thoroughly with germicidal detergent and disinfected or sterilized according to the facility's policy.
3. Wash blinds and curtains if they are visibly soiled.
4. Housekeeping will do the following terminal cleaning procedures, using fresh solutions of disinfectant and clean mops and rags.
 - a. Assemble the necessary cleaning supplies.
 - b. Wear protective clothing as required.
 - c. Empty waste baskets. Carefully lift out the liner. Twist and tie the bag. Wash basket with disinfectant solution and reline.
 - d. Wash bed according to the standard procedures, using freshly prepared disinfectant detergent solution:
 - (1) Clean top of mattress
 - (2) Pull mattress to standing position
 - (3) Clean top of springs

(Terminal Cleaning of Isolation Room Con't.)

- (4) Hold mattress upright, walk to the other side of bed, clean the rest of the spring tops.
- (5) Lay mattress down, clean remaining side, wash other side.

- (6) Raise top of bed and clean the underside, pipe and cross bars
 - (7) Lower the top, raise the bottom and clean the underside
 - (8) Be sure all surfaces of bed are clean (this includes the side rails, bumpers, over-bed lights or fixtures on the bed)
5. Damp wipe the bedside cabinet and/or dresser.
 6. Wash all furniture.
 7. Clean the door handle, door frame, and wall areas no longer than your hand-Ensure that all high touch surface areas are cleaned daily.
 8. Clean the resident bathroom.
 9. Make the resident's bed, being careful not to spread lint around.
 10. Dry mop resident's room and then wet mop the floor with a freshly prepared disinfectant detergent solution, beginning in the furthest corner from the room entrance door and work your way to the room entrance door.

NOTE:

Disinfectant fogging is an unsatisfactory method of decontaminating air and surfaces and should not be done.

1. Airing a room from which a resident has been discharged is not an effective terminal disinfection procedure and is not necessary.

High-Touch surfaces: surfaces and items with frequent hand contact

Bed rails and controls	Inner door knobs
Tray table	Bathroom handrails
IV Pole (grab area)	Bathroom sink
Call box/button	Toilet seat, flush handle
Telephone	Toilet bedpan cleaner
Bedside table handle	Equipment: IV pump control,
Chair	monitor controls/touch screen/
Room Sink	cables, ventilator control
Light switches	panel

Reference: 2003 CDC Guideline for Environmental Infection control in healthcare facility.



Hazard Annex K: Infectious Disease

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality.

The facility follows effective strategies for preventing infectious diseases. Each county Local Health Department-(LHD) has prevention agenda priorities compiled from community health assessments that can be reviewed and utilized by the facility in fully developing your CEMP Annex E, planning and response checklist for infectious disease and pandemic situations. The information within this Annex includes the identified priorities and focus areas.

Under the Pandemic Emergency Plan (PEP) requirements of Chapter 114 of the Laws of 2020, special focus is required for pandemics. Please use the template's Appendix E and this Hazard Annex, with prompts for the PEP requirements, to ensure that the plans developed meet all requirements.

[Chapter 114 of the Laws of 2020 \(full text\):](#)

Section 2803 of the public health law is amended by adding a new subdivision 12 to read as follows:

12. (a) each residential health care facility shall, no later than Ninety days after the effective date of this subdivision and annually thereafter, or more frequently as may be directed by the commissioner, prepare and make available to the public on the facility's website, and immediately upon request, in a form acceptable to the commissioner, a pandemic emergency plan which shall include but not be limited to:

(i) a communication plan:

(a) to update authorized family members and guardians of infected residents at least once per day and upon a change in a resident's condition and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility, by electronic or such other means as may be selected by each authorized family member or guardian; and

(b) that includes a method to provide all residents with daily access,

At no cost, to remote videoconference or equivalent communication methods with family members and guardians; and

(ii) protection plans against infection for staff, residents and families, including

(a) a plan for hospitalized residents to be readmitted to such residential health care facility after treatment, in accordance with all applicable laws and regulations; and

(b) a plan for such residential health care facility to maintain or contract to have at least a two-month supply of personal protective equipment; and

(iii) a plan for preserving a resident's place in a residential healthcare facility if such resident is hospitalized, in accordance with all applicable laws and regulations.

(b) the residential health care facility shall prepare and comply with the pandemic emergency plan. Failure to do so shall be a violation of this subdivision and may be subject to civil penalties pursuant to section twelve and twelve-b of this chapter.

The commissioner shall review each residential healthcare facility for compliance with its plan and the applicable regulations in accordance with paragraphs (a) and (b) of subdivision one of this section.

(c) within thirty days after the residential health care facility's receipt of written notice of noncompliance such residential healthcare facility shall submit a plan of correction in such form and manner as specified by the commissioner for achieving compliance with its plan and with the applicable regulations. The commissioner shall ensure each such residential healthcare facility complies with its plan of correction and the applicable regulations.

(d) the commissioner shall promulgate any rules and regulations necessary to implement the provisions of this subdivision.

§ 2. This act shall take effect immediately.

1. Communicable Disease Reporting:

1.1. Importance of Reporting

- NYSDOH is charged with the responsibility of protecting public health and ensuring the safety of health care facilities.
- Reporting is required to detect intra-facility outbreaks, geographic trends, and identify emerging infectious diseases.
- The collection of outbreak data enables the NYSDOH to inform health care facilities of potential risks and preventive actions.
- Reporting facilities can obtain consultation, laboratory support and on-site assistance in outbreak investigations, as needed.

1.2. What must be reported?

NYSDOH Regulated Article 28 nursing homes:

- Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.⁸
- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be reported to NYSDOH. This can be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, facilities may fax an [Infection Control Nosocomial Report Form \(DOH 4018\)](#) on the DOH public website.
 - Facilities are expected to conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Healthcare associated infection outbreaks may also be reported to the LHD.

A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) must be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it must also be reported to the NYSDOH. This can be done electronically via the NORA, or, by faxing an [Infection Control Nosocomial Report Form \(DOH 4018\)](#).

- Reports must be made to the local health department in the county in which the facility is located (as the resident's place of residence) and need to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.
- Categories and examples of reportable healthcare-associated infections include:
 - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
 - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
 - Foodborne outbreaks.
 - Infections associated with contaminated medications, replacement fluids, or commercial products.

⁸ A list of diseases and information on properly reporting them can be found below.

- Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
- A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
- Clusters of tuberculin skin test conversions.
- A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
- Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
- Closure of a unit or service due to infections.
- Additional information for making a communicable disease report:
 - Facilities should contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here: https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.
 - Call your local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.
 - For facilities in New York City:
 - Call 1 (866) NYC-DOH1 (1-866-692-3641) for additional information.
 - Use the [downloadable Universal Reporting Form \(PD-16\)](#); those belonging to NYC MED can [complete and submit the form online](#).

2.0. PEP Communication Requirements

As per the requirements of the PEP, a facility must develop external notification procedures directed toward authorized family members and guardians of residents.

To adequately address this requirement, the facility will need to develop a record of all authorized family members and guardians, which should include secondary (back-up) authorized contacts, as applicable.

Under the PEP, facilities must include plans and/or procedures that would enable them to (1) provide a daily update to authorized family members and guardians and upon a change in a

resident's condition; and (2) update all residents and authorized families and guardians at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19).

Such updates must be provided electronically or by such other means as may be selected by each authorized family member or guardian. This includes a method to provide all residents with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians.

3.0 PEP Infection Control Requirements

In addition to communication-related PEP requirements address above, the facility must develop pandemic infection control plans for staff, residents, and families, including plans for (1) developing supply stores and specific plans to maintain, or contract to maintain, at least a two-month (60 day) supply of personal protective equipment based on facility census, including consideration of space for storage; and (2) hospitalized residents to be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80. .

Additional infection control planning and response efforts and that should be addressed include:

- Incorporating lessons learned from previous pandemic responses into planning efforts to assist with the development of policies and procedures related to such elements as the management of supplies and PPE, as well as implementation of infection control protocols to assist with proper use and conservation of PPE.
- All personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents. COVID-specific guidance on optimizing PPE and other supply strategies is available on CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. Supplies to be maintained include, but are not limited to:
 - N95 respirators;
 - Face shield;
 - Eye protection;
 - Gowns/isolation gowns;
 - gloves;
 - masks; and
 - sanitizers and disinfectants ([EPA Guidance for Cleaning and Disinfecting](#)):

Other considerations to be included in a facility's plans to reduce transmission regard when there are only one or a few residents with the pandemic disease in a facility:

- Plans for cohorting, including:
 - Use of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, such as at the end of a hallway.

- Discontinue any sharing of a bathroom with residents outside the cohort
- Proper identification of the area for residents with COVID-19, including demarcating reminders for healthcare personnel; and
- Procedures for preventing other residents from entering the area.

4.0 Other PEP Requirements

PEP further requires that facilities include a plan for preserving a resident's place at the facility when the resident is hospitalized. Such plan must comply with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).