



**Parker Jewish Institute**  
HEALTH CARE AND REHABILITATION

# PANDEMIC EMERGENCY PLAN



**Parker Jewish Institute**

**Pandemic Emergency Plan (PEP)**

**2020**

**Parker Jewish Institute for Health Care and Rehabilitation**

**271-11 76th Ave**

**New Hyde Park, NY 11040**

**[parkerinstitute.org](http://parkerinstitute.org)**

## Table of Contents

<b>2020</b> .....	1
<b>Pandemic Response Plan (PEP) Overview</b> .....	3
<b>Pandemic Management Approach</b> .....	9
<b>Section 1 - Pandemic Communication Plan</b> .....	9
<b>Communication with Authorized Family Members and Guardians during a Pandemic</b> .....	11
<b>Procedure for When a Resident is Infected</b> .....	11
<b>Procedure for Weekly Updates on Facility Status</b> .....	11
<b>Procedure for Keeping Residents and Families in Communication</b> .....	12
<b>Communication Requirements for Facility Pandemic Emergency Plan</b> .....	12
<b>Section 2 - Protection of Staff, Residents and Families Against Infection</b> .....	13
<b>General considerations for protecting staff, residents and families against infection:</b> .	13
<b>Admissions, Readmissions and Bed Hold</b> .....	16
<b>Accepting Patients from Hospitals</b> .....	17
<b>Bed Hold, Return to Facility &amp; Readmission of Hospitalized Residents</b> .....	18
<b>Pandemic Emergency Plan Infection Control Considerations</b> .....	20
<b>Personal Protective Equipment Supply</b> .....	20
<b>Appendices</b> .....	22
<b>Appendix A - Communicable Disease Reporting</b> .....	22
<b>Appendix B - Surveillance Program</b> .....	22
<b>Appendix C – Staffing Strategies</b> .....	31
<b>Staffing Plan for Pandemic Policy &amp; Procedure</b> .....	31
<b>Appendix D – Administrative Control Plans</b> .....	35
<b>Parker Jewish Institute for Healthcare &amp; Rehabilitation Visitation Plan</b> .....	35
<b>Appendix E – Bed Hold &amp; Return to Facility Policy &amp; Procedure</b> .....	35

## Pandemic Response Plan (PEP) Overview

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.

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.

Under the Pandemic Emergency Plan (PEP) requirements of Chapter 114 of the Laws of 2020, special focus is required for pandemics.

The Pandemic Emergency Plan requirements include:

- Pandemic Communication Plan
- Protection Plans for Staff, Residents and Families
- Procedures for Sufficient Personal Protective Equipment (PPE) Supplies

Continuing to perform essential functions and provide essential services during a pandemic outbreak is vital to Parker Jewish Institute's ability to remain a viable entity during times of increased threats. A pandemic outbreak has been identified in the Hazard Vulnerability Analysis (HVA) as a potential emergency/disaster for the organization.

**Purpose:** This plan provides guidance to the facility and may serve as the plan for maintaining essential functions and services during a pandemic. This guidance neither replaces nor supersedes any current, approved continuity plan, but instead supplements it, bridging the gap between all-hazards continuity planning and the specialized planning that may be necessary to appropriately manage a pandemic outbreak in a unique healthcare setting such as a nursing home.

This guidance stresses that essential functions can be maintained during a pandemic outbreak through appropriate mitigations strategies, including:

- Social distancing
- Appropriate Infection Prevention & Control protocols
- Increased hand hygiene
- Temporary suspension of non-essential activities
- Temporary suspension of communal activities, such as dining or activities
- Temporary suspension of in-person visitation from members of the community
- Appropriate inventory management and use of Personal Protective Equipment (PPE)

**Planning Assumptions:** Parker Jewish Institute's pandemic plan is based on assumptions included in the Federal Office of Emergency Management (FEMA) National Strategy for Influenza Implementation Assumptions as well as lessons learned from the COVID-19 pandemic. These include:

- Susceptibility to pandemic viruses will be universal, but also elevated in congregate nursing facilities due to the resident population. Given their congregate nature and resident population served (e.g. older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens, including multi-drug resistant organisms.
- As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP).
- Efficient and sustained person-to-person transmission serves as a signal of an imminent pandemic
- Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including communicating with HCP about actions the facility is taking to address shortages and maintain patient and HCP safety while also providing resources to assist HCP with anxiety and stress. Rates of absenteeism will depend on the severity of the pandemic. A pandemic outbreak threatens Parker's human resources by potentially removing essential personnel from the workplace for extended periods of time. Public health measures such as quarantining household contacts of infected individuals or mandatory self-quarantine for workers potentially exposed to a virus may increase absenteeism.
- Multiple waves/periods during which outbreaks occur in a community can be expected, as is historically seen with influenza.

- Appropriate guidance and/or direction will be provided by federal, state and/or local governments regarding current pandemic status in the community surrounding Parker Jewish Institute.

### **Infectious Disease Preparedness Planning**

As part of its preparedness planning for any infectious disease event, including a pandemic, the facility takes the following steps:

- Educates staff on infectious diseases, including any reporting requirements, exposure risks, symptoms, prevention, infection control, proper use of PPE, and any related regulations, guidance or directives.
- Ensures that all employees receive specific training on their individual, departmental and facility-wide roles during any emergency/disaster at the time of orientation, and at least annual thereafter, with an increasing frequency as needed.
- Reviews and revises, if necessary, existing Infection Prevention and Control policies, including mandatory reporting. Policy updates are reviewed by the **Special Executive Operations & Infection Control Committee** and disseminated to all employees based on their role/department. Inservice training and competencies are conducted to enforce compliance with procedures.
- As new guidance arises from the Centers for Disease Control (CDC), the Centers for Medicare & Medicaid Services (CMS), U.S. Food and Drug Administration (FDA), and NYSDOH or other regulatory body, new policies or practices will be developed and implemented consistent with these best practices.
- The Infection Preventionist conducts routine, ongoing infectious disease surveillance to adequately identify background rates of infectious diseases and detect significant increases above baseline rates. Appropriate action will be taken. Please refer to the Infection Surveillance Policy & Procedure (Appendix B).
- Reviews the plan for testing staff and reviews the emergency staffing plan should the need arise to have staff out of work for periods of time while under observation or quarantine. When directed to do so, and testing capabilities are available for the specific infectious disease concerned, staff are tested per requirements.
- Ensures that adequate facility staff members have access to and have been trained for use of communicable disease reporting tools and other outbreak-specific reporting tools,

including the Nosocomial Outbreak Reporting Application (NORA), the Health Commerce System (HCS) and HERDS.

- Reviews and revises, if needed, facility policies and procedures for inventory management of items such as environmental cleaning agents, specific PPE, and medications. Policies are approved by Senior Vice President for Patient Care Services..
- Develops and implements administrative controls, including visitation policies, employee absenteeism plans and staff wellness/symptom monitoring. **Refer to Appendix B** for plans and policies.
- Reviews and revises procedures for environmental controls as necessary.
- Reviews and revises, as necessary, vendor supply plans to ensure adequate supplies of food, water, medications, sanitizing agents and other supplies are available. **Refer to Facility Emergency Preparedness Plan.**
- Develops, reviews, or revises the facility's plan to ensure that residents are isolated/ cohorted and/or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance. Facility cohorting plans include using distinct areas within the facility, depending on the type of outbreak and cohorting required. Any sharing of bathroom facilities with residents outside of the cohort is discontinued. **Please refer to COVID-19 Management Plan.**
- Reviews and revises, as necessary, the facility's plan to ensure social distancing measures can be put into place where indicated and required. The facility has plans in place to effectively suspend all non-essential activities, communal dining and activities/ programs, and if required, suspend outside visitation. All actions taken will reflect current regulatory guidelines and mandates, and policies are subject to change as the need arises.
- In accordance with State, NYSDOH, and CDC guidance at the time of a specific infectious disease outbreak or pandemic event, the facility will develop and implement a plan to recover/return to normal operations as specified in regulatory guidance. Updates will be made in accordance with changes to recommendations and requirements. If approval by the State is required, such as in the case of COVID-19 Visitation Plans, plans will be developed and submitted timely.

## **Infectious Disease Response Tasks**

During an infectious disease outbreak, the facility will implement procedures to ensure that current guidance and advisories from NYSDOH and CDC on disease-specific response actions are obtained and followed. Education will be provided to all staff consistent with their roles. VICE PRESIDENT

- CORPORATE ENGAGEMENT AND COMMUNITY HEALTH SERVICES will send an email message and update the facility's public website to provide pertinent information to authorized family members and guardians. Residents will be provided with relevant information and the protections that the facility is putting into place for their safety.
- Current signage will be obtained and posted throughout the facility. The Infection Preventionist will ensure signage for cough etiquette, hand washing and other hygiene measures are posted in high visibility areas .Building Services will ensure alcohol-based hand sanitizer is available throughout the facility, including common areas, unit hallways, facility entrance and front desk, as well as other source control supplies if practical and warranted.
- The Infection Preventionist will ensure that the facility meets all reporting requirements for suspected or confirmed communicable diseases as mandated by New York State.  
**Refer to Appendix F Reporting.**
- Vice President for Administration will ensure that the facility meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting within required timeframes.
- In order to limit exposure between infected and non-infected residents, the facility will develop and implement a plan, in accordance with any applicable NYSDOH and CDC guidance and facility Infection Prevention and Control Policies and Procedures, to segregate impacted residents.
- If the need to develop cohorts arises, the facility will implement procedures to ensure that as much as possible, staff are separated and do not provide care outside of a specific cohort. Residents will be placed on designated units. Facility staff will be assigned to designated units and the facility will make every effort not to float staff between units whenever possible.
- In response to the infectious disease outbreak, the facility will conduct cleaning/ decontamination in accordance with any applicable NYSDOH, CDC and Environmental Protection Agency (EPA) guidance and facility policy for cleansing and disinfection of isolation rooms. Housekeeping will disinfect all units and all common areas with EPA-approved disinfectants every shift, including elevators, staff offices and common rooms.



Terminal cleaning will be provided when there is a transfer, discharge or death on one of the designated units or where there was a suspected case, or a case confirmed by testing.

- The facility will provide education to residents, family members and other related parties about the disease and the facility's response strategy at a level appropriate to their need for information and interest level. This education will be provided by Administration through the following process: email, direct mail and website postings.
- All staff, vendors and relevant stakeholders will be contacted and provided with information on the facility's policies and procedures related to minimizing exposure risks to residents, such as by limiting the types of staff, contract staff or vendors who may enter the premises, resident care areas or other changes from normal operations.
- Administration will advise family members that their visits should be limited to reduce exposure risk to residents and staff, subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors. Signage will be placed on all entrance doors alerting visitors. Security will be responsible for implementing any necessary screening procedures for visitation.
- If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement procedures to close the facility to new admissions, implement limits to visitors when there are confirmed cases in the community, and/or screen all permitted visitors for signs of infection. Security will be responsible for screening all visitors.
- All staff will be provided with re-education on the appropriate use of PPE, including donning and doffing and utilizing the appropriate PPE. Competencies will be conducted and supervisors will monitor for compliance. Immediate re-education will occur if non-compliant practice is identified.

### **Infectious Disease Event Recovery Activities**

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

- The facility will communicate any relevant activities regarding the recovery process or return to normal operations to staff, authorized families and guardians, residents and other relevant stakeholders.

## **Pandemic Management Approach**

Parker Jewish Institute utilizes an “all hazards” approach to emergency preparedness that supports a level of preparedness sufficient to address a wide range of emergencies/disasters regardless of the cause. Parker’s approach to managing a pandemic, including its plan for managing resident and staff safety and communications with interested parties, will be determined by the level of spread of the associated virus, such as COVID-19, in the surrounding area.

### **Section 1 - Pandemic Communication Plan**

The Pandemic Communication Plan follows the overall Parker Emergency Management Plan, and includes the required elements for notifications needed in the Pandemic Emergency Plan (PEP). Emergency management communications will be maintained within the facility, with residents and families, and with critical community partners.

The Emergency Management Committee is responsible for oversight and has developed this specific Communication Plan based on regulatory requirements and lessons learned from the COVID-19 pandemic.

Included in the Plan are the following elements, required in the PEP:

- Plan to update authorized family members of guardians of infected residents at least once per day and upon a change in a resident’s condition
- Plan to update authorized family members of guardians on the number of infections and deaths at the facility, by electronic or such means as may be selected by each authorized family member or guardian
- Plan for ensuring all residents have daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians

## **Communication When There is a Concern about a Pandemic but No Impact to Staff or patients**

When there is a growing concern about a pandemic outbreak, but there are currently no case in New York State or New York City and there is no impact to staff or patients, the facility will follow its Communication Policy to provide necessary updates to residents and their representatives.

- Resident and family communication shall be addressed:
  - Via overhead page announcements (as back up)
  - By staff
  - By the facility's television channel
  - By information updates strategically posted throughout the facility
  - By print material on each meal tray
  - Through Email
  - Direct phone calls
  - Website notifications
- A record of all authorized family members and guardians, including a secondary/ backup authorized contact (as applicable) is maintained by: The Family Call Center and utilized for all communications.
- The facility will hold family meeting and educate the families so they know what measures are being taken at why. At this time, Social Services will determine, if not already, what the preferred method of contact is for the authorized family member or guardian should a pandemic outbreak occur and more frequent communications be necessary.
- Provide known information regarding the virus, including information about signs and symptoms, to residents, staff and family members/representatives.
- Corporate Engagement will send an email communication/written letter to family members reminding them not to visit when they are ill or have known exposure to someone with the virus.

## **Communication When There is a Concern about a Pandemic but No Impact to Staff or patients**

When there are active cases in New York City and/or New York State, but there is no impacted to staff or patients at Parker Jewish Institute, communication frequency will be increased.

- Internal communications:
- External communications:
- Authorized representatives will be kept notified via email, phone, social media and other means at a frequency required per regulatory requirements or greater.

### **Communication When There are Cases Impacting Residents or Staff**

When there are active cases impacting residents or staff at the facility, communications will include:

- Per the regulatory requirements for PEP, each authorized contact will be communicated with in the manner he/she prefers.

### **Communication with Authorized Family Members and Guardians during a Pandemic**

#### **Procedure for When a Resident is Infected**

In accordance with PEP requirements, the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e. those infected with a pandemic-related infection) **at least once per day and upon a change in a resident's condition:**

- Nursing will provide a list of all residents who have become ill to Social Services.
- Social Services will call each family member/guardian to provide an update once per day and upon a change in condition.

#### **Procedure for Weekly Updates on Facility Status**

In accordance with PEP requirements, the facility will implement the following procedures/methods to ensure that all residents and authorized family members/guardians are updated at least once per week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection:

- The facility will use multiple methods to notify all residents in the facility, their representatives and families regarding the status of the facility and its residents, not just those who are suspected/confirmed cases (per CMS QSO Memo QSO-20-29-NH and DAL NH 20-09).
- Notification will include all regulatorily-required information, such as through notification requirements when confirmed or suspected cases have been identified.
- All required reporting timeframes will be adhered to, with updates provided at a minimum of 1x per week for general facility status updates.
- Communications will be respectful of privacy laws, considering HIPPA-compliant protocols and protecting PHI.
- The facility will make all reasonable efforts to properly inform their residents, representatives and families of the information required, including through means authorized representatives have selected as preferred, such as :
  - Facility website posting/updates
  - Email list serves
  - Recorded telephone messages

### **Procedure for Keeping Residents and Families in Communication**

In accordance with PEP requirements and NYSDOH guideline C20-01, the facility will implement the following mechanisms to provide all residents with no-cost daily access to remote video conference or equivalent communication methods with family members/guardians.

- Face-to-face video calls
- Phone calls
- Outdoor visitation when allowed. **Please refer to Parker Jewish Institute Visitation Plan.**

### **Communication Requirements for Facility Pandemic Emergency Plan**

#### **Posting of Facility Pandemic Emergency Plan**

In accordance with PEP requirements, the facility will follow procedures to post a copy of the facility's PEP, in an acceptable form to the Commission and on the facility's public website. The PEP will also be available immediately upon request.

- To the Commissioner
  - The finalized PEP will be sent to NYSDOH as required on or before September 15, 2020.
  - Vice President for Administration will be responsible for transmitting this plan.
- On the facility's public website
  - The finalized PEP will be provided in .pdf format for viewing on the Parker public website at the same time that it is transmitted to NYSDOH.
  - Information Systems is responsible for uploading the plan to the website.

## **Section 2 - Protection of Staff, Residents and Families Against Infection**

The facility's Pandemic Emergency Plan includes:

- A plan for hospitalized residents to be readmitted to the facility after treatment, in accordance with all applicable laws and regulations
- A plan to preserve a resident's place in the facility if such resident is hospitalized, in accordance with all applicable laws and regulations
- A plan for the facility to maintain or contract to have at least a two-month (60 day) supply of Personal Protective Equipment (PPE)

In addition to the plans for re-admission/ return to facility and ensuring that the facility has an adequate supply of Personal Protective Equipment, the facility takes multiple actions to protect staff, residents and families against infection.

### **General considerations for protecting staff, residents and families against infection:**

- Post signs at the entrance instructing visitors not to visit if they have symptoms of the flu. Individuals (regardless of illness presence) who have a known exposure to someone with a confirmed case or who have recently traveled to areas with virus transmission should not enter the nursing home or health center.

- Visitors who enter the facility will be reminded of the importance of practicing appropriate hand hygiene for their safety.
- Reinforce sick leave policies. Ask employees to stay home if they have symptoms of the flu or are ill. They should call rather than coming in for medical advice. Management should monitor sick calls for compliance. If they notice an employee exhibiting signs of infection, they should send that person home.
- The facility will monitor all entrances and screen those entering as per facility screening policy, including staff, visitors and vendors.
- When circumstances warrant it, Administration will determine when it is appropriate to allow some or all HCP to work remotely.
- In-person meetings should be avoided as much as possible, both within the facility with non-facility entities, such as vendors and consultants. The use of conference calls and other electronic methods should be utilized.
- The facility will follow and monitor for compliance with the Infection Prevention & Control program. One or more individuals with specific training in infection control will provide on-site management of the Infection Prevention and Control Program.
- A plan will be developed for visitor restrictions. Family members may be restricted from visitation if mandated by NYSDOH or other agency for their protection. When visitation is stopped, families will be informed on Admission as well as by Social Services for newly admitted residents. Alert Postings will be put on the front door as well.
  - When visitation is allowed or the facility is re-opened to visitors under certain circumstances, the Parker Visitation Plan will be followed.
- Should it become necessary to suspend group activities and communal dining per NYSDOH, CMS, CDC or other directive, a plan will be developed to offer other activities to residents in their rooms as much as possible, including video calls, television, radio, and other non-gathering activities.

## **Care Provision Considerations**

## **Confirmed/Suspect Cases**

- Facility will notify the NYSDOH via HERD as required, and submit data to the CDC NHSN as required within expected reporting timeframes (i.e. daily HERDS update and weekly NHSN update on number of positive cases and facility deaths).
- Residents on all units and on designated units will be actively monitored and screened per medical provider orders, but at a minimum, 1x per shift, including symptom check per medical provider orders and DOH guidelines. This information will be documented in the Electronic Medical Record (EMR).
- Residents who have been in contact with a known positive case (either roommate or staff found to be positive upon testing) will be transferred to the designated care unit.
- As possible, facility staff will ensure that all residents on designated units remain in their rooms, privacy curtains can be pulled, and doors are closed if safe and practicable.
- Residents will be provided with a mask, if tolerated, when HCP or other direct care providers enter their rooms, and social distancing measures will be put into place to decrease the risk for transmission. All residents on designated units, whether positive or suspected, will be placed on Contact and Droplet precautions.
- The number of HCP and other direct care providers entering rooms will be minimized as much as possible to minimize transmission risk on designated units.
- HCP and other direct care providers will wear appropriate Personal Protective Equipment (PPE), including gown, gloves, eye protection and facemasks as indicated. Staff should maintain social distancing of at least 6 feet from the resident except for necessary interactions regarding care provision and care routines.
- The medical provider shall order testing as available and appropriate, in accordance with NYSDOH and other guidelines. A procedure will be in place where residents who meet parameters for negative tests to be evaluated per policy and moved off the designated unit. Residents who test positive will remain on the designated units on contact and droplet precautions until they test negative.



- Families and significant others will be notified in conjunction with Parker's Communication & Notification policy regarding the clinical condition of a resident and his/her status.
- Ensuring posting of signs on the door or wall outside of the resident room or confirmed positive wing that clearly describe the type of precautions needed and/or required PPE. Ensure proper signage is in place to demarcate that this is a restricted area to prevent residents from entering unknowingly and to ensure staff are reminded of the need for precautions.
- **Surveillance:** Use Line List for data collection and active monitoring of both residents and staff. This tool will provide a line listing of all individuals monitored for or meeting the case definition for the pandemic outbreak.
- **Supplies** including alcohol-based disinfectant wipes, water, hand sanitizer are to be available. Central management of supplies will be implemented to conserve supplies.

### **Admissions, Readmissions and Bed Hold**

The facility's PEP considers that hospitalization residents may need to be readmitted to the facility after treatment. The plan also considers that a plan should be in place for preserving a resident's place in the facility if that resident is hospitalized.

The facility has developed and put into place a thorough plan with these considerations in mind, with the overall goal of protecting all residents and staff. This includes planning for protecting residents who remain in the facility, are readmitted to the facility or are new admissions from the hospital, consistent with New York State and NYSDOH directives and all regulatory requirements. This includes implementation of dedicated units/wings for residents of differing pandemic-related health status and drives the decisions for where a resident will reside upon readmission or admission from the hospital.

### **Cohorting of Residents**

- Residents who are transferred to different units based on clinical need and transmission-based precautions will be informed of the reason for any transfer, and the family will be notified as well. Documentation of all notifications will be included in the EMR.
- All residents exhibiting symptoms consistent with the virus, such as respiratory symptoms, elevated temperature and/or other symptoms, may be considered suspect and placed on contact and droplet precautions per protocol until testing can be completed. Families will be notified of all testing results.
- Positive residents will be cohorted with other positive cases and asymptomatic residents and recovered residents will be cohorted together to prevent and minimize transmission risks.

### **Accepting Patients from Hospitals**

Should it be necessary to accept pandemic virus positive patients from hospitals, New York State guidance and/or Executive Orders will serve as the basis for admitting new patients. For instance, during the COVID-19 Public Health Emergency (PHE), a New York State Executive Order issued May 10, 2020 mandated that the facility only accept new admissions from the hospital with documentation and validation that the individual was negative for COVID-19 virus.

- Testing of admissions/readmissions from the hospital prior to admission/readmission is required
- Upon admission/readmission, all new residents/patients are placed on a designated screening unit. While on the screening unit, the resident is placed on contact and droplet precautions and staff must wear appropriate PPE when caring for the resident, including N95 masks, face shield and gown.
- When the facility re-tests the individual, if the result is negative, the resident is transferred to a non-screening unit and precautions are discontinued. If the resident tests positive, then he/she is transferred to the designated unit.
- New admissions will be evaluated per policy with all admission protocols, including monitoring as ordered by medical provider, minimally every shift. All documentation will be completed per protocol.

### **Admissions from the Community**

Residents admitted from the community are at risk for transmission of the virus due to their unknown status. Therefore, if possible, residents considered for admission from the community should have a test prior to admission for appropriate placement. If testing is not possible, the resident will be admitted and placed on the designated unit and evaluated by the medical provider.

- Testing will be ordered for appropriate care and treatment
- The resident will be placed on contact and droplet precautions until his/her status is identified to prevent transmission risks.
- Testing will be ordered by the medical provider and the resident and family will be notified on admission and after test results.
- The medical provider will evaluate the resident on admission per policy and document the plan of care accordingly.

**In addition to following the standard infection protocols during new admissions:**

- Before accepting the admission, the Admissions department should notify Administration, Nursing and Medicine..
- If the facility is unable to care for an individual properly or the facility is not able to follow proper infection control protocols, the resident/patient should not be admitted.
- Sharing of bathroom facilities will not be permitted for any residents outside of the cohort that will be established.
- The designated areas/units that will be used will be clearly identified, including demarcating reminders for facility staff.
- To prevent other residents from entering these areas, restricted movement of residents through the facility will be implemented.

**Bed Hold, Return to Facility & Readmission of Hospitalized Residents**

**Bed Hold:** In accordance with PEP requirements, the facility will implement the following process to preserve a resident's place in the facility if such resident is hospitalized, in accordance with applicable laws and regulations, including, but not limited to: 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).

**Readmission of Residents Who Were Hospitalized**

In accordance with PEP requirements, the facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to the facility 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); and 42 CFR 483.15(e).

**Refer to Appendix E – Bed Hold – Hospitalizations and Therapeutic Leave Policy**

### **Section 3 - Pandemic Emergency Plan Infection Control Considerations**

Per the PEP requirements, the facility will develop pandemic infection control plans for staff, residents and families. This includes:

- Developing supply stores and specific plans to maintain, or contract to maintain, at least a two-month (60 day) supply of personal protective equipment (PPE) based on facility census, including consideration of space for storage.

#### **Personal Protective Equipment Supply**

In accordance with PEP requirements, the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (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 during a specific disease outbreak or pandemic. As a minimum, all types of PPE found to be necessary in the COVID-19 pandemic should be included in the 60-day stockpile. This includes, but is not limited to:

- N95 respirators
- Face shields
- Eye protection
- Gowns/Isolation Gowns
- Gloves
- Masks
- Sanitizer
- Disinfectants (meeting EPA Guidance current at the time of the pandemic)

A 60-day supply of necessary PPE will be maintained at the nursing home.

The facility will maintain a plan for identifying what quantities of PPE will be required for 60 days. The procedure is as follows:

- Physical inventory is counted on a weekly basis.
- Daily usage is calculated, providing a “days-worth” value of supplies per category.
- Using orders outstanding, net inventory 60 days out is projected.
- Data is reassessed and adjusted on a weekly basis.



## **Appendices**

### **Appendix A - Communicable Disease Reporting**

The facility will assure that it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYC.RR 2.10 Part 2), as well as by 10 NYCRR 415.19.

### **Appendix B - Surveillance Program**

**Effective Date 3/1/2020**

#### **PURPOSE:**

Contact tracing is a public health function performed by local public health departments to trace all persons who had contact with a confirmed case of COVID-19. This allows public health officials to put in place isolation or other measures to limit the spread of the virus. Parker will cooperate with state and local health department contact tracing. Parker will assist public health departments in knowing who may have had contact at the Institute with a confirmed case by:

1. Keeping accurate attendance records of staff members;
2. Ensuring staff schedules are up to date;
3. Keeping a log of any visitors which includes date, time and where in the Institute they visited; and
4. Assist local health departments in tracing all contacts of the individual at Institute in accordance with the protocol, training, and tools provided through the New York State Contact Tracing Program. Questions should be directed to the local health department.

As we enter Phase 4 and prepare for re-opening, Parker will expand and enhance its tracing and contact tracing efforts. Specifically, Parker will:

1. Launch an online self-screening tool that employees, volunteers, visitors and contractors will use each day to monitor their health and report any risk factors.
2. Require testing for staff, consultants, and volunteers before they enter any patient area.
3. Require daily testing and self-screening for visitors.
4. Increase its contact tracing capacity and supporting the work of tracers with enhanced technology and data.

## **PROCEDURE**

### **Screening**

During the COVID-19 pandemic, self-assessment tools have been found to be to determine if medical evaluation is necessary. These tools can support the implementation of a screening assessment, which is the initial step in mitigating the spread and promoting the early detection of COVID-19. The Institute will utilize an electronic self-screening assessment designed to help individual staff, visitors, and contractors identify if they may have:

- Experienced symptoms consistent with COVID-19.
- Been in contact with a person diagnosed with COVID-19.
- Been in contact with a person being medically evaluated for COVID-19.
- Traveled outside of the U.S. or to areas within the U.S. identified as a hotspot.
- Based on individual responses to a series of questions, the individual may appropriately come into the Institute for work or to visit, or stay home, or seek medical assistance.

### **Screening Process**

In order to maintain a safe work environment, all employees, students, contractors, and visitors will be required to complete a daily screening assessment upon entering the building.

Staff can complete the assessment daily upon reporting for duty. The assessment can be completed 2 to 4 hours before arriving on campus as well as upon entrance to the building, to allow time for the Employee Health Department to review results and, if needed, contact individuals who screen positive within 24 hours. The self-assessment will be accomplished on an electronic application provided by the Institute. See [https://www.surveymonkey.com/r/pji\\_welcome](https://www.surveymonkey.com/r/pji_welcome) for the questions that will be asked.

If an employee or volunteer answers yes to any question, s/he should remain home and should contact their supervisor in addition to their healthcare provider. The employee should inform his/her supervisor in the usual way that he/she is taking sick leave. The employee may, when and as appropriate, receive a call from an authorized Parker officer from the Employee Health Department or Human Resources.

If a visitor answers yes to any question, s/he should remain off-campus until she or he has talked to a health care provider.

If a contractor who is issued a Parker ID answers yes to any question, s/he should remain off-campus and may, based on symptoms and risk factors reported, receive a call from the Employee Health Department.

If a contractor who does not have a Parker ID answers yes to any question, the person should remain off-campus and to contact their employer or person to whom she or he reports.



## **Testing Protocol**

### **Who Will Be Tested**

In accordance with NYSDOH regulations and guidance from other governmental organizations, individuals who enter the Parker main campus or are involved in activities that bring them into close contact with patients on a regular basis and who are, therefore, at increased risk for transmission of the virus, will be required to be tested weekly. Such individuals include all nursing home staff, private duty aides, volunteers, and consultants.

### **Routine Testing Intervals**

Routine testing should be based on the extent of the virus in the community.

The Institute will test all staff at the frequency prescribed in the Routine Testing table based on the county positivity rate reported in the past week. The Institute will monitor their county positivity rate every week (e.g., Monday) and adjust the frequency of performing staff testing according to the table below.

Reports of COVID-19 county-level positivity rates will be monitored weekly on the following website by

August 28, 2020 (see section titled, "COVID-19

Testing"): <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

- If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
- If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.

### **Routine Testing Intervals Vary by Community COVID-19 Activity Level**

<b>Community COVID-19 Activity</b>	<b>County Positivity Rate in the past week</b>	<b>Minimum Testing Frequency</b>
Low	<5%	Once a week
Medium	5% - 10%	Once a week
High	>10%	Twice a week

### **Procedures for Testing**

In accordance with Executive Order 202.30, anyone who works on the Parker campus will be required to complete SARS-CoV-2 (coronavirus) testing at a site of their choice. The PCR nasal swab is the preferred screening test; however, any FDA-approved test is acceptable.

Testing at Parker is preferred. Parker offers testing Monday – Saturday from 6:30 am – 10:30 am and from 3:00 pm to 5:30 pm.

Individuals are tested off-site, will submit their test results to [research@parkerinstitute.org](mailto:research@parkerinstitute.org) before arriving on campus and to their Department Head.

### **Employees**

Employees who test positive for COVID-19 must/ will have report the result to the Parker’s Human Resource Department or Employee Health and must remain off campus until they receive a clearance for work from Human Resources before returning to work.

Parker will follow CDC and NYSDOH guidance for staff testing and allowing a staff member to return to work after testing positive or exhibiting symptoms of COVID-19.

### **Refusal of Testing**

Staff who refuse testing are prohibited from entering the building until they comply with testing.

Staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the return to work criteria are met.

If outbreak testing has been triggered and a staff member refuses testing, the staff member should be restricted from the building until the procedures for outbreak testing have been completed.

### **Additional Testing**

The Institute may require periodic, repeated testing (“serial testing”) for the groups identified above or for other individuals or groups, based on risk assessment, current epidemiologic surveillance data, New York and Federal health guidelines, and professional organization recommendations.

### **Residents/Patients**

Please refer to Policy: Testing Guidelines.

### **Procedures for Individuals who Report Symptoms of COVID-19**

When a staff, volunteer, or contractor reports symptoms compatible with COVID-19 or answers affirmatively to any question on the online screening application, the application will provide these instructions:

Return to and remain at home, self-isolate, contact your primary health care provider, and notify or supervisor.

Human Resources will notify the Employee Health Department and Human Resources must be notified immediately of any worker who is tested positive or placed in

isolation/quarantine. The worker will remain in isolation/quarantine according to the established guidelines and until medically cleared to return to campus.

**If an employee becomes sick while at work on campus, he or she must:** notify their supervisor; and complete a COVID-19 symptom checker (electronic or paper); and contact the Employee Health Department or Infection Control Practitioner and if they answer yes to any of the screening questions, then the employee must return home immediately, staying isolated as best as possible from other people while on campus and in transit, isolate at home, and contact their primary care provider or go to the Emergency Room.

Any employee who will be absent due to COVID-19 should contact Human Resources to discuss their options for sick leave.

When an employee reports symptoms of COVID-19 or a positive test, the Employee Health Department will:

Assign a registered nurse or physician to conduct an initial assessment, either remotely or in person, or refer the employee for hospital evaluation if symptoms are severe.

Develop a plan of care based on the initial evaluation:

If the employee will receive care from an external primary care provider, they will be instructed to self-isolate and follow-up as instructed by the primary care provider.

Provide COVID-19 patient education.

### **Procedures for management of an employee with confirmed or suspected COVID-19**

The Employee Health Department and Research will immediately be notified of any employee who has tested positive for COVID-19 or who has been placed in isolation because of symptoms of, or contact with a person with symptoms or a diagnosis of, COVID-19. Notification to the Employee Health Department will come from the online screening application, from Human Resources, from the individual's supervisor, or from the individual directly.

#### **Research will:**

Activate the Contact Tracing protocol within 36 hours.

#### **Employee Health will:**

Advise the employee to remain in isolation according to the established guidelines and to remain off campus until medically cleared to return to campus.

If the employee is on campus at the time of the report, advise the employee to return home immediately, and, if waiting for a pick up, to do so in a room isolated from others, and to wear a face covering.

### **Procedures for management of a resident/patient with confirmed or suspected COVID-19**

Please refer to Covid-9 management Plan and Transmission-based Precaution policy.

### **Contact Tracing Protocol**

During Phase 1, the Institute Human Resource Department has been maintaining a case log and a contact list for each staff member, known to have been infected.

During Phase 2, the Nerken Center has been maintain a testing log and results log for each staff member, contractor, or other individual required to be tested under the Executive Order and conducted contact tracing to identify patient and staff contacts the infected worker had during the 14-day period prior to the positive test result.

As we entered Phases 3 and 4 and the Institute begins to reopen more fully, the Institute's contact tracing program will be expanded to include logging and tracing employee, volunteer and visitor cases. Research staff or other designated staff will be trained to serve as contact tracers, working under the supervision of the Vice President of Research and the Vice President of Patient Care Services.

Parker's contact tracing efforts will focus largely on identifying residents/patients/and other staff on campus who may have been in contact with an infected person for extended periods of time. The Institute will continue to work closely with the specific health department that has responsibility for each case.

### **The Alert System to Trigger Contact Tracing**

The Human Resource Department will manage the alert system that may trigger contact tracing for employees, and the Department of Nursing home will manage the process for patients/residents.

These two services may receive the alert through a variety of mechanisms, including:

- An individual may answer affirmatively to one or more of the questions on the Health Screening Assessment tool.
- An individual may receive a positive test result.
- An individual may provide information when receiving on-campus Employee Health services for a specific concern.
- An individual may self-report the information to a supervisor, or to another employee, who in turn should report it to the Employee Health Department or the Human Resources.

### **Tracing Process**

When Parker become aware of an employee or resident who may be infected, they will conduct an individual assessment, then determine if other members of the Parker community need to be identified, contacted and advised to enter quarantine.

Tracing will be conducted by health care professionals and trained research staff, who will call the at-risk individuals and ask a series of scripted questions to identify with whom they have been in close contact (“proximal contacts”) during the period when they may have become infected. The State of New York currently defines “close contact” as coming within 6 feet for 10 minutes or more.

Tracing may also be supported by technology that can help identify the locations on campus by an individual at a particular day and time. This location data will be supplemented by work schedules and payroll data.

The Institute will continue to work closely with local health departments, which have their own contact tracing protocols that are initiated when they receive a positive test result about a person in their jurisdiction, based on the home address provided by the employee or visitor. The Institute’s process, when added to the work of the local health department, will decrease the time during which an affected person can transmit the virus.

Actions taken upon alert of a possible COVID-19 case

The specific actions taken depend on the context in which the information was provided.

### **Health Screening Assessment**

Positive responses to questions in the Health Screening Assessment tool provide an alert to Employee Health or Human Resources. A health care professional will then contact the individual and ask the appropriate questions to assess the health status of the individual. The individual will be provided health information and resources according to the most recent guidelines.

Proximity contact tracing by the Institute will be initiated if the person has a positive test, is waiting for test results, or if the person has symptoms consistent with COVID-19.

### **Self-Reporting**

While on campus, employees, visitors and contractors should report symptoms consistent with COVID-19 to their supervisor, Infection Control Practitioner, or Employee Health. The information should also be reported on the Health Screening Assessment tool so that their symptoms are recorded. Protocols for the Health Screening Assessment tool will then be followed.

Any employee who receives a self-report of COVID-19 should report it to Employee Health.

If the health care professional determines the individual has symptoms consistent with COVID-19, then diagnostic testing may be ordered. The individual will be provided health education and resources, according to the most recent guidelines. Proximal contact tracing will be initiated. In the case of a resident/patient, arrangements for isolation and other risk reduction measures will be activated.

Both employees, volunteers, and visitors should report symptoms via the Health Screening Assessment tool so that their symptoms are recorded.

### **Contact Tracing (Effective 7/1/2020)**

The Human Resources and Research staff will need to quickly identify and contact individuals at risk of infection with COVID-19.

Through contact tracing within the campus community, persons at risk will be offered health care education and resources. To accomplish timely contact tracing, the Institute may if necessary utilize students who are in health-related programs. These students will complete an on-line contact tracing course and will work under the guidance of a Nursing and Research, as needed, or as part of a clinical practicum.

Contact tracers will interview people and ask a series of scripted questions that will identify who they have been in close contact with during the period they may have been infected. All documentation will be reviewed by the healthcare professional supervisor.

To support contact tracing efforts and the health care professionals in Research who need to quickly identify and contact individuals with COVID-19, Human Resources, will provide Research with the name and contact information for the employee, volunteer, or contractor within 4 hours of notification of a positive test result, along with payroll records / work assignment records for the 14 day period prior to the positive test result.

Within 36 hours contact tracers will contact the individual to begin contact tracing. The interview will consist of questions intended to assist in documenting their movement on campus, who they had close contact with in the building and well as any symptoms of illness. This approach will allow rapid communication of the appropriate messages to potentially affected individuals to mitigate the spread of the virus.

### **Residents and Patients**

Please refer to Covid-9 management Plan and Transmission-based Precaution policy.

### **Collaboration with Other Agencies**

The Institute's campus spans two counties (Queens and Nassau). Parker has established lines of communication with public health officials in all of our surrounding communities and will continue to work in close collaboration with our partners in all these jurisdictions, as well as at the State level.

### **Confidentiality**

Responses to the health self-assessment application will be stored electronically and kept separate from all other Parker records. This data will be kept confidential, and will not be accessed unless the response indicates the presence of, symptoms of, or exposure to COVID-19. In such circumstances, employee responses will be accessed only by authorized officers from the Division of Human Resources, or Employee Health, and responses by the Research. The identity of individuals shall not be disclosed beyond these offices except as required to conduct contact tracing and to protect the public health with the local, County or State Department of Health or as required by applicable laws.

## Appendix C – Staffing Strategies

### Staffing Plan for Pandemic Policy & Procedure

**Effective Date 3/13/2020**

#### **Policy: Staffing Plan for Pandemic**

**Purpose:** Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for healthcare personnel (HCP) and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including communicating with HCP about actions the facility is taking to address shortages and maintain patient and HCP safety and providing resources to assist HCP with anxiety and stress.

#### **Procedure:**

1. On April 4, 2020 the Centers for Medicare and Medicaid Services (CMS) temporarily waived Training and Certification of Nurse Aides to assist with potential staffing challenges during the COVID-19 pandemic. Requirements at 42 CFR §483.35(d) are waived except 42 CFR §483.35(d) (1)(i), which requires that a Skilled Nursing Facility (SNF) and Nursing Facility (NF) may not employ anyone for longer than four months unless they meet the training and certification requirements under §483.35(d). CMS is not waiving §483.35(c), which requires facilities to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.
  - A) Per April 4 2020 guidance, Parker Jewish Institute will now consider the application of any nursing students, Personal Care Assistants (PCAs), Home Health Aides (HHAs) and or any applicant without prior healthcare experience for a nurse aide position.
  - B) Prior to approving any individual for employment in the role of nursing assistant, the following standards, qualifications and standards will be considered:



- i) Current status as a PCA, HHA or matriculated student in a school of nursing (LPN or RN)
  - ii) Prior health care experience; quantity and quality of that experience
  - iii) Existing or prior employment with Parker Jewish Institute for Health Care and Rehabilitation.
  - iv) Interview
  - v) Reference required for any individual not currently employed by Parker Jewish Institute for Health Care and Rehabilitation, unless waived for emergency purposes.
- C) If approved for consideration, individual must successfully pass a competency evaluation conducted by a Registered Nurse with experience in CNA competency procedures and protocols. Evaluation will be conducted in person using the Fort Hudson classroom with mannequins or volunteer (not a resident). Competency evaluation will include all core content areas, including but not limited to:
- i) Activities of Daily Living
    - a. Bathing
    - b. Oral Care
    - c. Grooming – Shave and Nail Care
    - d. Nutrition and Elimination
    - e. Comfort Care and End of Life Care
- D) If competency evaluation is completed successfully as determined by the Registered Nurse, formal orientation will be scheduled using existing methods, including skills evaluation by the preceptor. This process may be accelerated in the event of staffing emergency.
2. **Candidates with no prior health care experience**
- In the event circumstances require an expanded staffing plan which would include those without prior experience in health care, the selection process will remain the same as

above. However, additional training and task limitations will be put in effect. Use of such individuals would be considered options of last resort.

- A. Based on the abilities and interests of the individual, specific skills will be identified which align with the needs of the facility and the capabilities of the individual (excludes feeding - see below)
- B. Identified skills may or may not be directly associated with resident care.
- C. Any skill or task which would be otherwise not allowable by non-certified individuals will be provided comprehensive training by the Registered Nurse (or designee as appropriate -e.g. therapist) and documented in the individual's employee file. Training would include demonstration of competency.
- D. Following competency evaluation, individual will be provided sufficient orientation to safely execute the skills in which they were trained.

When working on a resident unit, the charge nurse and/or supervisor will be aware of their status and provide supervision and assistance as necessary.

### 3. **Feeding**

- A. In the event resident feeding support is identified as a necessary task, training will include all content in the CNA training program, without regard for the number of training hours specified.
- B. Direct observation will be conducted by the RN and documented in their employee file prior to independently feeding a resident.
- C. Non-certified individuals who are feeding residents will be assigned only those residents who do NOT have a swallowing disorder and will be fully apprised of the resident's eating style by a certified or licensed nurse who has direct knowledge of the resident.

- 4. During emergencies, the hospital implements the Emergency Operation Plan, which defines the Incident Command Staff that supersedes normal hospital management. Senior staff, as available, is assigned responsibilities using the Incident Command System. They assure that key tasks are staffed. Most staff performs their usual tasks as they are trained for, however in the differing context of the emergency. The Incident Command Staff receive one-on-one training and drills about their roles. Other staff, who will be asked to perform alternate tasks are trained for them, or receive just-in-time briefing at the time of the activity.

- A. Human Resources will identify all staff who are certified or licensed to provide direct care to residents and patients
  - B. Competencies will be done by a Registered Nurse for all tasks involving resident or patient care.
  - C. Competencies will be done for any employee reassigned to any other department by the Department Head or assigned individual to perform the competency.
  - D. Incident Command Staff will assign all alternate roles for staff based on organizational need.
5. When staffing shortages are anticipated, healthcare facilities and employers, in collaboration with human resources and occupational health services, should use contingency capacity strategies to plan and prepare for mitigating this problem. At baseline, healthcare facilities must:
- A. Understand their staffing needs and the minimum number of staff needed to provide a safe work environment and patient care.
  - B. Be in communication with local healthcare coalitions, federal, state and local public health partners (CCLC, DOHMH, LeadingAge) to identify additional HCP (e.g., hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed. Use existing relationships with nursing schools to access student volunteers.

## **Appendix D – Administrative Control Plans**

### **Parker Jewish Institute for Healthcare & Rehabilitation Visitation Plan**

Visitation Plan and Policy Effective DOH Memo: 7/10/2020

Revised 9/15/2020

The facility will continue to follow the most up-to-date regulatory guidelines and mandates accordingly, and policies are subjected to change, as the needs arise.

#### **Visitation Plan and Policy:**

1. In conjunction with NYSDOH memo of July 10, 2020, and our Covid-19 Management plan, the following policy will be followed for the safe return of Visitors for our Residents, to ensure resident and staff safety and the continuity of facility operations
2. The Facility will follow all NYSDOH and CMS guidelines, to ensure appropriate Infection Control Prevention and to minimize any transmission risks.
3. An interdisciplinary team has been created to review the visitation criteria per advisory.
4. If any visitor fails to adhere tot the protocol, he/she/they will be prohibited from visiting for the duration of the Covid-19 state declared public health emergency.
5. The nursing home will continue to refrain from sending residents out for unnecessary non-medical trips outside the nursing home until further notice.

A. Facility Criteria in conjunction with DOH mandates, has been met when:

1. The Facility has entered Phase 3 in the community
2. The Facility has been Covid 19-free for 14 days, with stable staffing coverage.
3. The facility has adequate access to Covid-19 testing for residents and staff. (see Testing related policy).
4. Residents continue to be screened for Covid-19 symptoms, temperature checks and pulse oximetry readings, at least once per day.
5. The Facility attests that the nursing home is in full compliance with all State and Federal requirements, State Executive Orders and guidance, State reporting requirements. This includes: COVID-19 Focus IC Survey, HERDS and staff testing surveys, as well as

federally- required submission of COVID-19 data to the National Healthcare Safety Network (NHSN).

- a. All of our Residents have been tested for covid-19 virus.
  - b. All of our Staff have been tested and testing will continue weekly with directives for immediate furlough for any staff members who may test positive.
  - c. All of our Staff and Residents continue to be screened for signs and symptoms of Covid virus daily, including temperature taken 2x/ day.
  - d. Resident in-house transfers will be effectuated as needed, to promptly cohort residents accordingly. In the case when in-house transfers cannot be accommodated for the Covid-19 needs and cohorting of a resident/s, a transfer to an alternate location will be facilitated.
6. The Facility has protocols to separate residents into cohorts based upon positive, negative and unknown suspected status.
    - a. The facility's dedicated Covid-positive unit is 3NW.
    - b. The Covid-19 unknown/suspected units are currently 4S, 4N and 3NE.
    - c. Staffing teams will continue to be assigned accordingly, to deal with Covid-19 positive and non-positive cases residents, to decrease the risk of transmission
  7. Visitors will not be permitted on the units, at this time, except for end-of-life circumstances or special circumstances.
  8. The Facility has submitted our specific New York Forward Safety Plan for Visitors to the NYSDOH. Any changes in the plan will be communicated to the NYSDOH, as required.
  9. Our staff have been educated on this Policy, and the contents of the DOH 7/10/20 memo for compliance and implementation.
  10. The NYSDOH will be notified immediately if there are any changes in our plan; e.g., positive case of Covid identified, or changes in Mitigation.
  11. The facility will post the Visitation Plan and Policy on our website and broadcast via email or social media, to provide visitors with clear guidelines for visiting and to announce if and when visitation is paused, due to an increase in the number of residents and/or staff with a confirmed positive Covid-19 diagnosis.

**B. The Following Guidelines and Criteria will be followed:**

1. Families and Residents have been notified of when our facility will allow visitors.

2. Specialty practitioner, podiatric, and dental services may continue. Strict adherence to infection control guidelines is required.
3. Limitation visitation, including but not limited to, family members, loved ones, representatives from the LTC ombudsman program, and resident advocacy organizations, will be permitted under the following conditions:
  - a. Adequate staff are present to allow for resident transitions, monitoring of visitations, and cleaning and disinfecting areas after each use, using an approved EPA-approved disinfectant
  - b. The facility maintains signage regarding facemask utilizations and hand-hygiene, and social markings to cue for social distancing.
  - c. All visitors will be screened for Covid-19 prior to access and visitation will be refused if the visitor does not adhere to screening procedures, or exhibits any Covid-19 symptoms or temperature equal to or greater than 100 degrees or does not pass the screening questions to assess potential exposure which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory. The facility will maintain electronic screening questions and make available upon DOH request, for purposes of inspections and contract tracing.
  - d. The facility has adequate PPE available to ensure visitors and residents\* wear a mask or face covering at all times, over the nose and mouth during the visitation period, (\*if medically tolerated, by residents)
  - e. The facility will provide 60% alcohol-based hand sanitizers, to residents, visitors and ombudsmen, and who have demonstrated appropriate use.

#### **VISITATION PLAN:**

At this time, visitation in residents' rooms or care areas is strictly prohibited.

##### **1. WHO:**

- a. Only 10% of our Residents can have Visitors at any given time per regulatory guidance.

- b. Visitors will be restricted to 2 per resident and must be made by appointment to ensure adequate control of numbers, as we are limited to a specific number of visitors at a time.
- c. Preschedule visiting appointment time will be arranged.
- d. Current Covid-19 positive residents, residents who are suspected/unknown in a 14-day quarantine/observation period, or those with Covid-19 signs and symptoms, are NOT eligible for visits.
- e. All visitors must present a negative Covid-19 test result within seven days of their visitation. Any visitor without a copy of the test result will not be permitted to visit.
- f. All Visitors must be screened for presence of a temperature and are required to wear a mask and practice hand hygiene on entry.
- g. Visitors identified to have a temperature equal or above 100 degrees, or present signs or symptoms of Covid-19 illness, will not permitted to visit.

**2. WHEN:**

- a. Monday through Friday, 1:00pm-5:00pm
- b. Saturdays, to be determined

**3. LOCATIONS:** The Facility will have a designated area for visitation where social distancing can be facilitated, monitored and enforced for safety

- a. Tented, outside areas are the preferred designated visiting area, weather permitting
- b. Each tented and designated visiting stations will create safe, social distancing opportunities.
- c. Each designate area will have a clear partition positioned upon a table with a hole at the bottom of it, to allow for an exchange of conversations.

**4. HOW:**

- a. Prescheduled appointments will be arranged through the family call center.
- b. There will be a guided path from the entrance of the facility to the designated patio areas, monitored by security.
- c. The area will be supervised to ensure social distancing is maintained and general safety is fostered.
- d. After each visit, the designated area will be sanitized accordingly, in prep for the next resident and their visitor.
- e. Residents will be assisted to and from the designated visiting stations

- f. Residents, as medically tolerated, and all visitors will maintain their facemasks on during the visits
- g. Visitors are requested to depart the facility promptly after their visit.
- h. The facility will provide residents and those upon admission, with a Visiting expectations fact sheet, including facemask/protection and hand-hygiene.
- i. All visitors must sign-in on a Visitors Log for validation, as well as sign-out for validation and security.

The facility will continue to follow the most up-to-date regulatory guidelines and mandates accordingly, and policies are subjected to change, as the needs arise.

**Appendix E – Bed Hold & Return to Facility Policy & Procedure**

<b>PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION</b>		
<b>SUBJECT: Bed Hold – Hospitalizations and Therapeutic Leave</b>		<b>NUMBER: 5100.110</b>
<b>EFFECTIVE DATE: 5/29/19</b>	<b>SUPERCEDES: 01/2018</b>	<b>PAGE 1 OF 1</b>

**Policy:**

In the event that a patient/resident leaves the facility for a temporary absence, the patient’s bed may be held for them if the patient/resident pays privately or in certain circumstances if the patient’s/resident’s stay is being covered by Medicaid.

**Criteria:**

1. The temporary absence is considered, “therapeutic leave,” that is the patient is well enough to leave for family visits or to try living in the community in preparation for discharge. Medicaid allows a total of 10 days in a 12 month period or,
2. The temporary absence is for a hospitalization of a patient/resident on hospice services. Medicaid allows a total of 14 days in a 12 month.



3. The patient/resident must be at the Institute for 30 days or more since admission.
4. The patient/resident must want to return to the Institute.
5. It is anticipated by the physician that the level of care that the patient/resident requires can be provided at the Institute.
6. The number of unoccupied beds at the Institute does not exceed 5% of the total beds on the day the patient/resident leaves.
7. If the patient/resident exceeds allowable caps for the temporary absence, the Institute will give the individual priority status over persons referred to the Institute for the first admission and will be admitted to the first available semi- private bed.

**Procedure for Securing Non-Covered Bed Hold:**

Patients/Residents should contact the Residents Accounts Office at (718) 289-2224 to arrange private pay bed hold.

**Bed Hold Reservations – Holding Your Bed and Room During a Period of Absence**

**I. MEDICAID RESIDENTS**

If your stay at the Parker Institute is being covered by Medicaid, this program may also pay the cost of keeping your bed and room available for you during *a therapeutic leave*. In order for this to occur, the number of empty beds in Parker cannot exceed 5% of the total beds on the day of the temporary leave.

*Therapeutic Leave* means that you are well enough to either visit family or others overnight or to try living in the community for a trial period in preparation for discharge from the Parker Institute. In accordance with the New York State Department of Health regulation (Chapter 100 of the laws of 2010), a bed may be reserved for a total of 10 days in a 12 month period for therapeutic leaves of absence that are part of the individual's plan of care. Your needs must be met safely at the location that you intend to go for the therapeutic leave.

A therapeutic leave covered absence have the following basic requirements in common:

1. You must have been a patient/resident at the Parker Institute for 30 days or more since your initial admission.
2. You must want to return to the Parker Institute.

3. It is anticipated by the physician that the level of care that you require can be provided by Parker.
4. The number of empty beds in Parker Institute does not exceed 5% of the total beds on the day you temporarily leave.

If your therapeutic leave exceeds the number of days allowed as noted above, Medicaid will not pay to hold your bed and room. You will be given a priority status to return to the facility over persons referred to Parker for their first admission. If you choose to return, you can be assured that you will be readmitted to the first available semi-private bed.

## **II. MEDICARE AND PRIVATE PAYING RESIDENTS**

If your stay at Parker is being covered by Medicare, this program does NOT pay the cost of keeping your bed and room available during a therapeutic leave. The bed can only be held if you make payment arrangements with the Residents Accounts Office, located on the 2nd floor, prior to leaving the facility for therapeutic leave.

## **III. MANAGED CARE OR PRIVATE INSURANCE COMPANY RESIDENTS**

If a private insurance company is paying for your care at Parker, it is most unlikely that the insurance company will pay to hold your bed during a therapeutic leave. It is strongly recommended that you contact your insurance company directly to ask questions about their bed hold policy. If they do not pay for bed hold, you may wish to do so. The bed can only be held if you make payment arrangements with the Residents Accounts Office, located on the 2nd floor, prior to beginning your therapeutic leave.

See your copy of the Admission Agreement, Appendix A, for details.

If you have any questions, please feel free to contact the Residents' Accounts Office or your social worker.

## Appendix F-Infection Prevention and Control Policy/Procedure

Parker Jewish Institute for Health Care and Rehabilitation

<b>INFECTION PREVENTION AND CONTROL POLICY/PROCEDURE</b>		<b>ICP: R/3</b>
<b>SUBJECT: REPORTING OF SELECTED DISEASES, CONDITIONS AND NOSOCOMIAL INFECTIONS TO THE DEPARTMENT OF HEALTH</b>		<b>EFFECTIVE DATE: 3/20</b>
<b>SUPERSEDES: 3/01; 10/04; 10/06, 3/10, 4/14</b>	<b>CROSS REFERENCE TO: O/1</b>	<b>PAGE 1 OF 2</b>

### **POLICY:**

Parker Jewish Institute will complete reporting of communicable diseases/conditions to the New York City Department of Health on the HERD system of Reporting and/ or New York State Department of Health per agency requirements. Some diseases require immediate reporting by telephone. All confirmed or suspected food borne outbreaks should be reported immediately to the local health department as well as to the Infection Prevention and Control Committee

### **PROCEDURE:**

1. The Infection Control Practitioner will maintain a current list of telephone numbers as required by each department of health unit.
2. Reporting to the Department of Health will be done by the Infection Control

Practitioner or designee, once appropriate information has been gathered.

3. Multiple cases, clusters, outbreaks and/or increased incidents of nosocomial acquired infections in patients/residents/staff. Definition of an outbreak shall be individually determined as per facility policies, i.e., GI outbreak protocol, Respiratory illness outbreak, COVID-19. comparison to facility baselines and infection trends, review of area prevalence rates as well as decisions made by the Infection Prevention and Control Committee.

**Reportable Diseases and Conditions include but are not limited to the following:**

- ◆ Newly diagnosed HIV or HIV related illness; AIDS
- ◆ Sexually transmitted diseases: Chancroid, Chlamydia, Gonorrhea, Granuloma inguinale, Lymphogranuloma venereum, Syphilis (including congenital), Non gonococcal Urethritis
- ◆ Tuberculosis: Positive AFB smears, Positive nucleic acid amplification tests, Positive M.TB cultures, Pathology findings consistent with TB, Start of TB treatment with 2 or more anti TB drugs, Positive Mantoux in children less than 5 years of age
- ◆ Vaccine Preventable Diseases: Diphtheria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella (including congenital), Tetanus
- ◆ Other: Amebiasis, Anthrax, acute Arboviral Infections, Babesiosis, Botulism, Brucellosis, Campylobacteriosis, Cholera, Creutzfeld-Jakob disease, Candida Auris, Cryptosporidiosis, Cyclosporiasis, Ehrlichiosis, Encephalitis, E. Coli, Giardiasis, Glanders, Haemophilis influenzae, Hantavirus, Hemolytic uremic syndrome,

Parker Jewish Institute for Health Care and Rehabilitation

<b>INFECTION PREVENTION AND CONTROL POLICY/PROCEDURE</b>		<b>ICP: R/3</b>
<b>SUBJECT: REPORTING OF SELECTED DISEASES, CONDITIONS AND NOSOCOMIAL INFECTIONS TO THE DEPARTMENT OF HEALTH</b>		<b>EFFECTIVE DATE: 3/20</b>
<b>SUPERSEDES: 3/01; 10/04; 10/06, 3/10, 4/14</b>	<b>CROSS REFERENCE TO: O/1</b>	<b>PAGE 2 OF 2</b>

Hepatitis (A, B, non-A, non-B), Hospital associated infections, Kawasaki syndrome, Legionellosis, Leprosy, Leptospirosis, Lyme Disease, Listeriosis,

Malaria, Melioidosis, Meningitis, Meningococemia, Monkeypox, Plague, Psittacosis, Q fever, Rabies or exposure to rabies, Rickettsialpox, Rocky Mountain Spotted Fever, Salmonellosis, SARS, Scarlet fever, Smallpox, Shigellosis, Staphylococcal enterotoxin B, Streptococcal infections (A and B invasive disease), Toxic Shock Syndrome, Trachoma, Transmissible spongiform encephalopathies, Trichinosis, Tularemia, Typhoid fever, Non-cholera vibrio species, Viral hemorrhagic fever, Visceral larva migrans, West Nile Virus, Yellow Fever, Yersiniosis

- ◆ Injuries: Animal bites, Poisonings, Lead and other metal poisoning, Food poisoning
- ◆ Any nosocomial outbreak or increased incidence of facility acquired infection i.e. Influenza, Respiratory Syncytial Virus, Enterovirus, Noro-virus
- ◆ Severe Acute Respiratory Syndrome (SARS)
- ◆ COVID-19