

**Acadia Center for Nursing and Rehabilitation  
Pandemic Emergency Plan (PEP)**

**January 2021**

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## Pandemic Response Plan (PEP)

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 Acadia Center for Nursing and Rehabilitation'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 Acadia Center for Nursing and Rehabilitation.

**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 Acadia Center for Nursing and Rehabilitation Emergency Management Plan, but instead supplements it, bridging the gap between all-hazards emergency 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:** Acadia Center for Nursing and Rehabilitation'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
- Efficient and sustained person-to-person transmission serves as a signal of an imminent pandemic
- Rates of absenteeism will depend on the severity of the pandemic. A pandemic outbreak threatens Acadia Center for Nursing and Rehabilitation'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 where Acadia Center for Nursing and Rehabilitation is located.

## **Infectious Disease Preparedness, Response and Recovery**

### **Infectious Disease Preparedness Planning**

As part of its preparedness planning for any infectious disease event, 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.
- As part of its overall emergency/disaster preparedness planning, Acadia Center for Nursing and Rehabilitation requires 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 QAPI team prior to implementation.
- As new guidance arises from the Centers for Disease Control (CDC), 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. **Refer to Appendix A - Surveillance, Recording and Reporting of Infection Policy**
- 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 current regulatory requirements. **Refer to Appendix B – Advance Preparations - Staff Management**

- Facility staff members will 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.
- 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 and based upon best practices for infection prevention and control.
- Reviews and revises, as necessary, vendor supply plans to procure adequate supplies of food, water, medications, sanitizing agents and other supplies are available. **Refer to Acadia Center for Nursing and Rehabilitation’s Emergency Operations Plan.**
- Develops, reviews, or revises the facility’s plan to treat residents who 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.
- Reviews and revises, as necessary, the facility’s plan for social distancing measures 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 (except for compassionate care situations, if allowable).
- 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 NYSDOH is required, such as in the case of COVID-19 Visitation Plans, plans will be developed and submitted timely. The Incident Commander (Administrator) will be responsible for transmitting these plans.

### **Infectious Disease Response Tasks**

- During an infectious disease outbreak, the facility will implement procedures to monitor 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.
  - The Information Officer (Administrator or designee) 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 through the following process:

- Current signage will be obtained and posted throughout the facility. The Infection Preventionist will be responsible to ensure signage for cough etiquette, hand washing, and other hygiene measures are posted in highly visible areas. The Logistical Officer (Director of Dietary/Environmental Services or designee) will distribute and ensure hand sanitizer is available throughout the facility, as well as other source control supplies if practical and warranted.
- The Infection Preventionist will be responsible to ensure the facility meets all reporting requirements for suspected or confirmed communicable diseases as mandated by New York State. **Refer to Appendix A.**
- The Incident Command Officer (Administrator) will be responsible for the facility to meet 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 the extent possible, staff are separated and do not provide care outside of a specific cohort.
- 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.
- 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 through various methods for example email, letters via mail, phone calls and through public address announcements.
- All staff and vendors 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.
- The Information Officer 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. Trained staff at the front entrance 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. Trained staff at the front entrance 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.

## **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**

Acadia Center for Nursing and Rehabilitation has implemented infection control measures to aid in the prevention of transmission, early detection and supportive treatment of COVID-19. The Acadia Center for Nursing and Rehabilitation will maintain routine communication with our residents and resident representatives during this pandemic via telephone, letters, updates on our web page and e-mail. The priority of Acadia Center for Nursing and Rehabilitation is to maintain a safe and healthy workplace and minimize the transmission of a virus to residents and staff.

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

The Pandemic Communication Plan follows the overall Acadia Center for Nursing and Rehabilitation's Emergency Management Plan.

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

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

### **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
- Window visits

All residents will be offered assistance in making phone calls and/or video conferencing with family members and with scheduling window visits. If a resident is unable to communicate via telephone, the family will be kept apprised of their status by designated staff members.

### **Communication Procedures Based on Threat Level**

#### **Communication When There are No Cases in New York and No Impact to Staff and Patients**

When there is growing concern about a pandemic outbreak, but there are currently no New York State or Suffolk County cases, and there is no impact on staff and patients, the facility will make frequent updates to residents, family members, and staff.

## **Communication When There Are Cases within the Facility or Staff are Impacted**

When there are positive cases at Acadia Center for Nursing and Rehabilitation, or our staff members have been impacted, Acadia Center for Nursing and Rehabilitation will provide consistent communications with staff, residents and family members. Per the regulatory requirements for PEP, each authorized contact will be communicated with in the manner which he/she prefers.

## **Pandemic Response Plan-Specific Notification Procedures**

### **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 or physicians 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 update all residents and authorized family members/guardians **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:

- Acadia Center for Nursing and Rehabilitation 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 HIPAA-compliant protocols and protecting PHI.
- The facility will make all reasonable efforts to properly inform residents, representatives and families of the information required, through means preferred by authorized representatives, including:
  - Acadia Center for Nursing and Rehabilitation facility website posting/updates
  - Social media
  - Email
  - Phone Calls
  - Mail

## **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 Commissioner 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.
  - The Administrator 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 facility's public website.
  - The Administrator is responsible for contacting the web designer to post the plan to the website.

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

The facility's Pandemic Emergency Plan includes:

- Plans to protect staff, residents and families through enhanced screening processes, changes to staffing, and the use of designated units for cohorting residents of similar status
- 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).

### **Procedures for Protecting Staff, Residents and Families Against Infection**

#### **Screening**

- The facility will monitor all entrances and screen those entering per the facility's Pandemic Screening policy, including staff, visitors and vendors. Screening types and questions will be based on regulatory guidance, including, but not limited to, CDC, CMS and NYSDOH.
- All staff will be screened prior to entering the facility and at least every 12 hours. Consistent with the guidance set out during the COVID-19 pandemic, any staff with symptoms or a temperature of 100.0 will be sent home with a mask and instructed to call Employee Health/Infection Control.
- If required by the Centers for Disease Control (CDC) or federal, state or local authorities, all employees who have travelled within the time period set out by the authorities to impacted countries/states/locations will be screened.
- Staff who have been potentially exposed to someone with a confirmed case of the virus, or to someone who is a person under investigation (PUI), will be placed under precautionary quarantine or mandatory quarantine by public health officials, based on the symptoms presented and/or level of risk for having contracted the virus as per current guidelines.
- All residents must be screened at least daily for signs and symptoms of the virus, including a temperature check (done each shift), observing for signs and symptoms consistent with the virus, including symptoms or complaints of cough, shortness of breath, sore throat, elevated temperature, nausea and vomiting or any changes in status.
- Anyone entering the facility will be reminded of the need to perform appropriate hand hygiene, socially distance and wear a facemask for the duration of their time in the facility, consistent with applicable regulatory recommendations and requirements.

## Visitation

Visitors to the nursing home may introduce the infection into the nursing home if they are ill as a result of community transmission either internationally or in the United States or have had close contact with a person(s) known to have or reasonable suspected to have the virus.

- The nursing home will have staff available to screen visitors for symptoms or potential exposure to someone with the virus.
- Post signs at the entrance instructing visitors not to visit if they have symptoms of cold/ or flu like symptoms. . 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.
- Visitors who enter the facility will be reminded of the importance of practicing appropriate hand hygiene, social distancing and be required to wear a facemask/ cloth face covering for their safety. Anyone who is not able to follow these infection control measures will not be permitted to enter the facility.
- Depending on the level of spread and presence in the community and/or facility, family members may be restricted from visitation if mandated by NYSDOH or other agency for their protection.
  - Any visitation for compassionate care situations, including end of life, must be screened.
  - When visitation is allowed or the facility is reopened to visitors under certain circumstances, the **Acadia Center for Nursing and Rehabilitation Visitation Policy** will be followed. **Refer to Appendix C – Administrative Controls.**

## Staffing

Acadia Center for Nursing and Rehabilitation has planned for potential staffing issues during a pandemic, including accounting for increasing levels of absenteeism due to illness or presence of signs or symptoms of the virus, and the need to augment existing staff with outside resources. The following measures provide an overview of the measures that will be taken:

- 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. Infection Control/Employee Health should monitor sick calls for compliance. If Management/Department Heads notice an employee exhibiting signs of infection, they should send that person home and notify Infection Control/Employee Health.
- As much as possible, in-person meetings will be avoided, and the use of conference calls and other electronic methods will be implemented.
- Staff who have symptoms of respiratory illness or other symptoms associated with the virus must stay home and not come to work until they are free of fever, and any other symptoms for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). A fever is defined as a temperature of 100.0 degrees F or 37.8 degrees C taken by an oral thermometer. All employees must

remain out of work for 14 days since symptoms of the virus positive test was received (or follow the guidance determined by the NYS Department of Health). All staff with symptoms of the virus must be cleared by Infection Control/Employee Health prior to returning to work.

- The Logistics Team will implement the plan to augment staffing through outside agency staff. If necessary, the New York State Office of Emergency Management among other agencies, will be contacted for assistance with emergency staffing resources.
- If there is a need or concern regarding staffing or patient care capacity, the facility must contact the New York State Department of Health **Surge and Flex Operations Center**. The Operations Center is available **24 hours 7 days a week** at the following telephone number: **917-909-2676**

## **Infection Control and Cohorting**

### **Infection Control during a Pandemic**

- Any residents suspected of having symptoms of the virus will immediately be placed on Contact and Droplet precautions. Staff will notify their supervisor and communicate with the Infection Control Nurse/Infection Preventionist.
- Symptomatic residents will be given a mask to wear, if tolerated, when out of their rooms.
- Residents with suspected or confirmed infections should be given a surgical or procedure mask to wear, if tolerated, during care and maintained on Contact and Droplet precautions.
- All residents will be encouraged to stay in their rooms at all times. For residents who cannot remain in their rooms, staff will place residents at least 6 feet away from each other.
- For a cluster of symptomatic residents, a line list will be created and a NORA report will be submitted to NYSDOH.
- In all cases, staff shall utilize Standard, Contact and Droplet precautions (including a N95 mask + eye protection, surgical mask with either goggles or face shield if N95 masks are not available, a gown and gloves) when handling any resident suspected to have or who has, the virus.
- Standard, Contact and Droplet precautions (N95 masks, eye protection, gloves and gowns) are needed when providing care for positive patients that may result in aerosolizing droplets (e.g. during procedures and when ventilated)
- In the event that a resident requires hospitalization, the resident must be isolated in a separate room with the door closed and transported with a mask. Ambulance transport and the receiving hospital must be notified that a resident is a confirmed positive case or a person under investigation due to possible exposure.

### **Cohorting**

- Signage will be posted 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.

- Proper signage will be in place to demarcate that this is a restricted area to prevent residents from entering unknowingly and for staff to be reminded of the need for precautions.
- Separate staffing teams, to the extent possible, will care for positive residents, suspected residents and non-positive residents.
- During an outbreak, the interdisciplinary team will evaluate and cohort positive, negative, unknown (including inconclusive/invalid test results) and not testing cases in the designated units.
- All positive cases will be isolated on a designated positive unit. This unit may be either a full unit or designated part of a unit dependent on the number of residents impacted.
- All residents who test negative for COVID-19 will be maintained on a Non-COVID-19 unit and will be monitored for any symptoms.
- Any resident who is presumed positive as documented by a MD/PA/NP will be kept in their own room on the COVID-19 positive unit (in a separate section).
- Any resident who is a PUI (person under investigation) who is symptomatic and has already been tested and we are waiting for results will be kept on a non-COVID-19 unit in a room by themselves (if possible) until results are received.
- If positive they will be transferred to a COVID-19 unit.
- If negative the MD/PA/NP must be consulted to determine if at this time the resident is determined to be presumed positive. If the MD/PA/NP presumes the resident to be positive then that resident will be moved to a COVID-19 unit with another presumed resident or in a room by themselves (if possible).
- If the test result is negative, the resident will be moved back to their original room on the non-positive unit provided NYSDOH non-test-based strategy or test-based strategy guidelines for discontinuing C/D isolation are met as follows:
  - Non-test-based strategy:
    - At least 72 hours of being asymptomatic (lack of fever off anti-pyretic) and improvement in respiratory symptoms AND
    - At least 14 days have passed since symptoms attributed to virus first appeared
  - Test-based strategy:
    - Lack of fever (greater than or equal to 100.0F) without anti-pyretic and improvement in respiratory symptoms AND
    - Two virus molecular assay test results negative performed at least 24 hours apart
- If a positive tested or symptomatic resident had a roommate, they will remain by themselves on contact/droplet precautions in a room on a Non-COVID-19 unit and monitored for any symptoms for fourteen days. If no symptoms in fourteen days they may come off precautions. If any symptoms arise they will be tested for COVID-19.
- All residents who test-negative and recovered cases will be placed in non-positive units.
- All admission and re-admissions will have to have a negative COVID-19 test within seven days of arrival to the facility.
  - Upon arrival to the facility all residents will be tested for COVID-19 and kept in a room by themselves (if possible) on contact/droplet precautions.
  - If the resident is negative they will be kept on a non-COVID-19 unit and kept in a room by themselves (if possible) on contact/droplet precautions will be maintained for fourteen days. At that time the resident will be re-tested for COVID-19 and if negative can come off of isolation.

- If the initial COVID-19 test is positive the resident will be moved to a COVID-19 unit and contact/droplet precautions will be maintained.
- Any resident who goes out of the facility for any reason (medical appointment, dialysis, etc.) will be placed on a 14 day prophylactic isolation in a room by themselves (if possible) and contact/droplet precautions will be maintained. During the pandemic, residents will only go out of the facility for medically necessary appointments that have to be done in person (all other appointments can be done via Telehealth or phone call).

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

The facility's PEP considers that hospitalized 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.

### **Accepting Patients from Hospitals**

As per current NYSDOH guidance: the admission policy will be revised as needed if more current guidance is received.

If the facility is unable to meet cohorting standards or any infection control standards, admissions must be suspended to the facility. Failure to adhere to these standards will result in civil monetary penalties and/or revocation of your license.

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

Per the requirements of the PEP regulation, Acadia Center for Nursing and Rehabilitation will follow its Bed Reservation/ Bed Hold Policy to preserve a resident's place in the facility if such a 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). The facility will also follow this process 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 D – Bed Reservation/ Bed Hold Policy**

### **Section 3 – Procedures for Sufficient PPE Supplies**

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/ KN95 masks
- Face shields
- Eye protection
- Gowns/Isolation Gowns
- Gloves
- Surgical/Isolation Masks
- Alcohol- Based Hand Sanitizer
- Disinfectants (meeting EPA Guidance current at the time of the pandemic)

A 60-day supply of necessary PPE will be secured in a locked room at the nursing home under the supervision of the Director of Nursing.

The facility will maintain a plan for identifying what quantities of PPE will be required for 60 days, calculated based on the peak COVID-19 week of April 19, 2020 – April 27, 2020.

## Appendices

### Appendix A – Surveillance, Recording and Reporting of Infection Policy

#### **POLICY: SURVEILLANCE, RECORDING AND REPORTING OF INFECTIONS**

- PURPOSE:**
1. To outline a systematic approach of data collection, comparison, analysis and dissemination of infection events and rates.
  2. To promote patient safety by identifying areas for improvement that supports and minimizes infection rates.
  3. To monitor changes in infection rates and maximize control measures to minimize the impact of epidemics or outbreaks.
  4. Identification of patients at risk for Health Care Associated Infections (HAI) and implement prospective Infection Control intervention.

**DEFINITION:** The continuous and systematic process of collection, analysis, interpretation and dissemination of descriptive information for monitoring health problems, planning, implementation, and evaluation of health care related practices.

**HAI:** Localized or systemic conditions resulting from an adverse reaction to the presence of an infectious agent does not present at the time of admission to the healthcare facility.

**INFORMATION:** Surveillance includes:

- Review of practices related to resident care, i.e. hand washing, clean techniques, PPE use, cleaning or disinfecting reusable equipment.
- Collection, documentation, monitoring, analysis of data on individual cases and comparing to standard definitions of infection.

Infections are tracked to determine the following:

- Which conditions might be communicable
- Which are reportable to local and state regulatory agencies
- Which are nosocomial
- Which residents require isolation or other precautions
- Causative agents, control spread and identify prevalence

Accurate records of infections are maintained and made available.

## Appendix B

### Advance Preparations - Staff Management

Acadia Center for Nursing and Rehabilitation has proactively planned for potential staffing issues during a pandemic. The strategy for staff management involves many considerations and contingencies that may arise in the event of staffing issues. Advance preparations for staff management include:

- Prepare staff scheduling enhancements to cover the period, including shift alterations, extended shifts and additional contracted coverage
- Place off-duty/on-call staff in alert status
- Review staffing policies covering staff absenteeism during emergencies
- Implement denial of leave requests, cancellation of pre-scheduled leaves and days off and medical clearance for use of sick leave
- Include executive leadership coverage in the staffing plan
- Facilitate and encourage the establishment of employee self-help transportation pools.
- Implement use of facility vehicles to provide staff transportation for extreme circumstances.
- If determined feasible, create sleeping arrangements or reserve hotel accommodations for key staff
- Identify potential need for staff dependent care, including pets, and activate plans as needed
- Direct incoming personnel to bring extra clothing, food, water and personal necessities, including medications, in preparation for an extended stay
- Review facility emergency procedures with staff, including shelter in place and evacuation plans, as well as absenteeism policies
- Brief the Critical Incident Stress Debriefing team, if needed

## Appendix C

### **Administrative Controls-**

**Subject: Facility Visitation Plan**

**Effective: July 15, 2020**

**Revised: September 17, 2020**

### **BACKGROUND:**

On March 13, 2020, the Department of Health (DOH) issued guidance to nursing homes limiting visitation to medically necessary or end-of-life services.

On July 10, 2020, DOH revised guidance to permit outside visitation, and limited indoor visitation and activities, if the nursing home met specific benchmarks and developed a reopening plan via the NY Forward Safety Plan.

### **Once the following criteria are met, the nursing home may resume visitation:**

1. The region in which the nursing home is located is in Phase 3.
2. The facility is in compliance with all state and federal requirements for COVID-related regulations, executive orders, surveillance, and data reporting.
3. The facility has procedures in place to separate COVID-positive and non-positive residents.
4. The facility completed and submitted the NY Forward Safety Plan.
5. The facility has no staffing shortages, as evidenced by the facility's staffing plan.
6. The absence of any new onset of COVID-19 among staff or residents for a period of no less than fourteen (14) days.
7. The facility has access to adequate testing for residents and staff, as per guidelines.
8. The facility has an executed and operationalized arrangement with laboratories to process SARS-COV-2 virus tests. As recommended by the CMS, the tests used should be able to detect SARS-COV-2 virus with greater than 95% sensitivity, greater than 90% specificity, with results obtained and rapidly reported to the nursing home.
9. Continued daily monitoring and screening of resident, staff, and visitors. Resident monitoring must include daily symptom checks, vital signs, and pulse oximetry.
10. A copy of the facility's formal visitation plan is posted on its public website and broadcasted 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.

### **PROCEDURE:**

#### **1: Location of visits:**

- Facility visitation will be conducted in the outdoor courtyard, weather permitting;
- In inclement weather, such as high heat or foul weather and as facility space allows, visitation will be inside, in the main dining room.
- With no more than ten (10) individuals who are social distanced and wearing facemask / face covering while in the presence of others will be allowed in the visiting areas. This may include residents visiting each other.

## 2: **Reservation and scheduling:**

- Visits are for thirty (30) minutes. They are to be scheduled in advance and shall be scheduled by the admissions staff in one (1) hour time slots to allow time to return residents to their units, and to sanitize visiting area between visits.
- A visitation schedule will be provided to all units a day in advance of visitation day and updated, as needed, for changes.(Attachment A)
- No more than ten percent (10%) of the residents shall have visitors on any day and only two visitors will be allowed per resident at any one time;
- Visitors under the age of 18 are allowed but must be accompanied by an adult 18 years of age or older.
- Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits;
- Each visitor must present a **verified** negative COVID-19 test result within the last week (7 days).

A visitor's failure to present such negative test result documentation will be refused visitation.

## 3: **Screening & Monitoring:**

- The facility will assign staff to assist with the transporting of residents, monitoring of visitation for appropriate infection control and safety and social distancing, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.
- The facility will assign staff to screen all visitors for the presence of a **verified** negative COVID-19 test result and for signs and symptoms of COVID-19 prior to resident access, and visitation will be refused if the individual(s) exhibits any COVID-19 symptoms and/or does not present a verified negative COVID-19 test result within the last week (7 days). This will include temperature checks and screening questions to assess potential exposure to COVID-19, international travel and to states designated under the Commissioner's travel advisory. The facility shall maintain documentation of visitor's verified negative COVID-19 test result, as well as screening questions asked onsite in an electric format and make it available upon the request of the Department of Health. (Attachment B)
- Visitors and residents must wear a facemask or face covering (must always cover both the nose and mouth when on the premises of the facility). Masks will be available for residents.
- Visitors are not permitted to bring in items during visitation (i.e. food, beverage, flowers,ect.);
- Visiting areas will have easily accessible alcohol-based hand rub, for residents, visitors, and staff;
- If any visitor fails to adhere to the protocol, he/she/they will be prohibited from visiting for the duration of the COVID-19 state declared public health emergency.

## 4: **Visitor Education**

- The facility will post signage regarding facemask utilization and hand hygiene and use applicable floor markings for social distancing.
- The facility will provide and post a fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet will be provided upon initial screening to all visitors and posted on the facility website. (Attachment C).

**5: Visitor's Log Sheet:**

- A visitors log sheet will be kept for all visitors that includes: (Attachment D)
- First and last name of the visitor;
- Physical (street) address of the visitor;
- Daytime and evening telephone number;
- Date and time of visit;
- Email address, if available; and
- As per NYSDOH, a notation indicating the individual cleared the screening that does not include any individual temperatures or other individual specific information.

On a weekly basis, the Administrative Assistant will scan and save each visitor's log sheet and verified proof of negative COVID-19 test result to a visitor data base.

**6: Room Visits:**

At this time, visitation is strictly prohibited in resident rooms or care areas with few exceptions such as, end of life visits, or residents who are bed bound. In those instances, all other requirements listed in the Facility Visitation Plan apply, except that visitors for terminally ill residents do not need to be tested for COVID-19.

For residents who are bed bound, alternative methods of visitation will be used, such as through videoconferencing, through Skype, or FaceTime as much as possible. Limited visitation may be permitted but must adhere to the same requirements for other visitors as much as possible. Visitors will be escorted to the patient room and not any other areas in the facility.

**7: Review of Visitation Plan**

- The IDT Team will review the Facility Visitation Program and monitor for any needed adjustments and report to the QA Committee, as needed.

## Appendix D – Bed Reservation/Bed Hold Policy

**POLICY:** Bed Reservation/ Bed Hold

**PURPOSE:** To outline the Bed Hold Process when residents are temporarily hospitalized or out of the facility on “therapeutic” days.

**INFORMATION:**

- At the time of admission and again at the time of transfer to hospital, the Resident and/or the Resident’s Designated Representative will be informed orally and in writing of this policy.
- As of May 29<sup>th</sup>, 2019, Bed reservation (bed hold) reimbursement will apply as follows:
  - Patients 21 and over on hospice are eligible for 50% of the Medicaid rate otherwise payable to the facility for services provided. Payments cannot exceed 14 days in any 12-month period.
  - Patients 21 and over on therapeutic leaves of absences will be reimbursed at 95% of the Medicaid rate otherwise payable to the facility for services provided. Payments for Therapeutic Leave cannot exceed 10 days in any 12-month period.
  - Patients under 21 will be reimbursed at 100% of the Medicaid rate for hospital, therapeutic and hospice leaves of absences. There are no limits for patients under 21 years old.
- Medicare does not pay for a bed to be held during hospitalizations or therapeutic leave. Patients whose stay is paid for by Medicare and who wish to have their bed “held” must pay for overnight absences at the prevailing per diem rate.
- Private paying residents who wish to have their bed “held” must pay for overnight absences at the prevailing per diem rate.
- Health Maintenance Organizations (HMOs) and Managed Long-Term Care Companies (MLTCs) must be notified of and approve a hospital transfer or therapeutic leave and may reimburse the facility.
- Family members or designated representatives of a Medicaid recipient may pay privately to reserve the Resident’s bed for any days beyond the period of allowable Medicaid reimbursement by paying the facility its daily Medicaid rate for each additional bed hold day requested.
- The facility will re-admit the Resident to his or her previous room, if available, or immediately upon the first availability of a bed in a semi-private room, provided the Resident:
  - Requires the services provided by the facility; and
  - Is eligible for Medicare skilled nursing services or Medicaid nursing home services.

- At the time of transfer to the hospital or commencement of therapeutic leave, the Resident and/or Resident's Designated Representative will be provided with the following information orally and in writing:
  - The bed-hold policy for hospitalization or therapeutic leave, as applicable;
  - Reasons the Resident is being transferred to the hospital;
  - The effective date of the transfer or leave;
  - The location to which the Resident is transferred or will be staying on therapeutic leave.
- The Resident or Resident's Designated Representative will be provided with instructions on how to appeal the transfer to the hospital.
- If the facility determines that a Resident who was transferred with an expectation of returning to the facility cannot return, the facility will provide Resident with the following information, sending a copy to the State Ombudsman:
  - The reason the Resident is being discharged;
  - The effective date of the discharge;
  - The location to which the Resident is discharged;
  - Instructions on how to appeal the discharge.