

**Vestal Park Rehabilitation & Nursing Center
105 W. Sheedy Road
Vestal, NY 13850
607-754-4105**

Pandemic Emergency Plan

Approved 9/15/2020

**105 W. Sheedy Road
Vestal, NY 13850**

Pandemic Emergency Plan

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**Vestal Park Rehabilitation & Nursing Center
105 W. Sheedy Road**

Vestal, NY 13850

Infectious Disease/Pandemic Emergencies

Policy Number: C1000.100

Effective Date: 9/14/2020

Revision Date(s):

Departments Affected: All

PURPOSE: To provide guidance and information during a developing Pandemic outbreak affecting the facility and the surrounding community. To comply with the requirement for a Pandemic Emergency Plan as specified in subsection 12 of Section 2803, Chapter 114 of the Laws of 2020.

POLICY: It is the policy of Vestal Park Rehabilitation & Nursing Center to plan for disasters based on an all hazards risk assessment and the Emergency Preparedness Manual.

DEFINITIONS:

A *Pandemic* is an epidemic that spreads rapidly around the world with high rates of illness. 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. Pandemics may occur with different illnesses such as Influenza or the Coronavirus COVID-19 pandemic.

Influenza

Although people are exposed to different strains of the flu virus every year, history has shown that several times each century, entirely new flu strains develop. Because no one has had a chance to develop immunity to the new flu strain, it can spread rapidly and widely. If the changed virus easily spreads from person to person, a pandemic can occur.

Pandemics are different from seasonal flu outbreaks or clusters of infection. Small changes in influenza viruses that people have already been exposed to cause seasonal flu outbreaks. A new flu vaccine is developed each year to protect people against the expected changes in existing viruses. That is why annual flu shots are needed and are effective. However, since an influenza pandemic is caused by an entirely new strain of flu virus, preparing a vaccine in advance is not as simple as it is for seasonal flu.

New York State, the state's local health departments and the federal government have been planning for the possibility of an influenza pandemic over the past several years.

The New York State Department of Health maintains educational materials, surveillance reports, health alerts, and other information about Influenza online.

<https://www.health.ny.gov/diseases/communicable/influenza/surveillance/>

BACKGROUND:

This plan is in addition to, not in place of, the entire Emergency Preparedness Manual and Plan developed by the facility. The manual already addresses many concerns with a pandemic emergency. These are additional guidelines and reminders of policies found elsewhere. The plan provides recommendations. The ultimate decision of policy formation at the time of an emergency falls to facility leadership and some decisions may vary from documented policy.

PROCEDURE/IMPLEMENTATION:

1. The facility has a COMMUNICATION plan in place for a pandemic. See policy C1000.102 "Pandemic Communications." The plan includes updating family members upon a change in condition and all representatives weekly.
2. The facility maintains policies on immunizing employees, residents, and visitors.
3. Staff is educated on infectious diseases including reporting requirements, exposure risk, symptoms, prevention, and infection control, correct use of personal protective equipment and State and Federal Regulations based on their job title and responsibilities. Education is provided upon hire, annually, and as needed with new pandemics.
4. Signage will be posted describing cough etiquette, hand washing, and other hygiene measures in highly visible areas. Entrances to building will be posted with appropriate visitation and Precautions Information. Any neighbor or unit under investigation or with active infection will have additional signage indicating such on the affected doors.
5. All residents are encouraged to receive the annual Influenza Vaccine and other immunizations unless medically contraindicated. See Infection Control Manual for policy.
6. All Employees, Contracted workers, and Volunteers are encouraged to receive the annual Influenza Vaccine unless medically contraindicated. See Infection Control Manual for policy.
7. Key members of Administration and Nursing leadership will maintain updated contact information on the NYS Health Commerce System (HCS). DOH sends out surveillance reports and alerts to health emergencies including Pandemics.
8. The facility maintains infection control policies and procedures which are reviewed annually and updated as needed. Education, surveillance, and auditing enforce policies.
9. Environmental control/ cleaning and disinfecting of isolation rooms are performed in accordance with any applicable NYSDOH, EPA and CDC guidance.
10. The facility maintains a stock of medications and medical supplies adequate to meet the demands of an outbreak for residents and staff. See the Emergency Preparedness Binder for additional information. The facility will maintain or contract to maintain a 60 day supply of: N95 respirators, Face shields, eye protection, gowns, gloves, masks, and hand sanitizer. The supplies may be kept off site. The facility maintains contracts with supply vendors to re-supply the stock as it is utilized. The facility communicates with the Ulster County Department of Emergency Services to request

available PPE and other required supplies as needed. Facility completes any required HERDS and/or HSN surveys to report available supplies.

11. Infectious disease surveillance is conducted by the Infection Control Preventionist to identify background rates of infection and detect significant increases in observed rate. Outbreaks are reported to the DOH and local epidemiologist per required guidelines utilizing the HERDS system. (See reporting policy).
12. A plan will be put in place to provide for staff testing for potential illness based on the outbreak observed and risk of exposure. Testing may occur at the facility if CLIA approved.
13. Staff monitors news reports for updated information during an actual pandemic. Watch for information on vaccine development. It is likely that high risk people including health care workers will be the first to be vaccinated while our resident population may need to wait for increased production.
14. Provide re-education to all affected persons on the importance of good handwashing and infection control practices. Donning and Doffing all PPE education is provided upon hire, annually, and as needed.
15. Residents will be cohorted and or isolated based on the characteristics of the epidemic illness with the goal of reducing potential exposure while maintaining the right for readmission for those residents who require hospitalization. Residents may be transferred if the facility is unable to cohort safely. The nursing department with medical consultation determines the process for cohorting. The DOH will be notified if the facility is unable to properly cohort residents.
16. Residents who require transfer out of the facility will have their place maintained and be allowed back as soon as they are medically stable and the facility is able to provide the level of services they require. The resident will be given priority to return to the same unit they were on if they desire.
17. Staff will be designated to work with resident cohorts with as little floating as possible. Staff who have been exposed, and likely immune to a virus, may be assigned to affected units.
18. The facility maintains policies on staffing concerns including an emergency staffing plan. If staffing does not allow the level of care needed to be provided, transfer to another location will be instituted.
19. Many businesses and schools may close during the crisis. The facility should make its resources available to support employees and volunteers as well as residents. Schedules may need to be flexible and duties may need to change based on things outside the control of the facility such as school closures.
20. Facility visitation and access may be limited to protect staff and residents from the public and to protect the public from infected residents. Limitations will be posted in visible areas.
21. The medical team will be consulted and made aware of the developing event. Consult with the Medical Director as needed for orders and treatment for affected persons. A vaccine may be several months in the making and care should be supportive of symptoms. Antivirals may be helpful in some cases. Therapeutic treatments that do not cure the disease but reduce symptoms may be utilized.

22. Review the attached “Pandemic Influenza Frequently Asked Questions” from the DOH. Make copies available in a public area for all. The annual VIS will be provided to residents or their representatives when consent is obtained for vaccination.
23. People will naturally begin their own research as the crisis develops. Educate and encourage them to go to reputable websites such as the CDC, NYS DOH, Local Health Department, and the Department of Homeland Security. Prepare a reference sheet with their contact information and make it available to all.
24. Maintain contact with the local Broome County Department of Health. The facility may wish to consider collaborating with the Department of Health to set up a vaccination “POD” site as vaccinations are developed. A POD is a location where community members can go to be vaccinated.
25. As the pandemic resolves, a plan to re-implement restrictions and recover normal operations will be put in place based on the current procedures with the goal of maintaining safety while balancing the impact on resident’s lives. Activity participation, communal dining, visitation, therapy gym use, patio access, building access, outside appointments and the need for social distancing are reintroduced as the pandemic event resolves with guidance from the Department of Health and the CDC. The facility will maintain and review procedures provided by the NYSDOH and CDC in recovery efforts issued at the time of each event regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed. Signage will be placed notifying residents, staff, and representatives of changes and notification will be posted on the website.
26. This plan will be maintained in a readily accessible area in the facility (reception area).

Vestal Park Rehabilitation & Nursing Center
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Pandemic Action Plan

Policy #: C1000.101

Date Initiated: February 2020

Date Revised: 07/06/20; 06/30/20; 06/24/20; 06/05/20; 05/20/20; 05/11/20; 05/06/2020; 04/29/2020;
03/17/20; 03/13/20; 03/07/20; 03/06/20

PURPOSE:

To provide guidelines for the prompt detection and effective triage and isolation of potentially infectious patients to prevent unnecessary exposures among patients and healthcare personnel at the facility.

BACKGROUND:

Residents of NHs and ACFs are at especially high risk of severe morbidity and mortality during a pandemic. Healthcare personnel (HCP), other direct care providers and visitors who enter NHs and ACFs while symptomatic or asymptomatic present a high risk for outbreaks.

Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet)
- Via respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Spread from contact with infected surfaces or objects

It may be possible that a person can get infected by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

When does spread happen?

- People are thought to be most contagious when they are most symptomatic (the sickest).
- Some spread might be possible before people show symptoms; there have been reports of this with this new coronavirus, but this is not thought to be the main way the virus spreads.

Symptoms

For confirmed reported illnesses range from mild symptoms to severe illness and death. Symptoms generally include:

- Fever
- Cough
- Shortness of breath

Prevention:

The best way to prevent illness is to avoid being exposed to a virus.

The CDC recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

Treatment:

People exposed should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

- People who think they may have been exposed should contact their healthcare provider immediately.

DEFINITIONS

- **Healthcare Personnel (HCP)** – HCP refers to all persons, paid and unpaid, working in healthcare settings engaged in patient care activities, including: patient assessment for triage, entering examination rooms or patient rooms to provide care or clean and disinfect the environment, obtaining clinical specimens, handling soiled medical supplies or equipment, and coming in contact with potentially contaminated environmental surfaces.

POLICY:

1. Monitoring of Residents:
 - a. **Prior to Entry:**
 - i. Residents will be screened by the Corporate Admissions Team during their hospitalization, prior to admission.
 - b. **After Admission**
 - i. All new admissions/re-admissions will be screened/monitored **every shift for 14 days** by obtaining Vital Signs and Respiratory Monitoring:
 - a. Temperature, Pulse, Respirations, Blood Pressure, Pulse Oximetry
 - b. Cough, SOB, Sore Throat
 - ii. Residents will have a test performed within 24 to 48 hours of admission/re-admission to determine if they have contracted the virus.
 - c. **Outside Appointments**
 - i. All appointments should be restricted to those only that are medically necessary.

1. Obtain baseline temperature before leaving and VS and Respiratory Monitoring every shift x 14 days upon return from appointment.
 - ii. All residents receiving dialysis will need VS and Respiratory Monitoring every shift.
 - iii. All residents receiving dialysis will be tested weekly or with any symptoms.
2. All HCP and other facility staff shall wear a facemask while within 6 feet of residents. Extended wear of facemasks is allowed; facemasks should be changed when soiled or wet and when HCP go on breaks. The facility will attempt to bundle care and minimize the number of HCP and other staff who enter rooms to reduce the number of personnel requiring facemasks.
3. If there are suspected cases of in the facility:
 - a. Residents suspected of infection should be given a facemask to wear, and the facility must immediately contact the NYSDOH.
 - b. The resident must be isolated in a separate room with the door closed.
 - c. Staff attending the resident if and until they are transferred should wear gowns, gloves, eye protection (goggles or a face shield), and facemasks and should maintain social distancing of at least six (6) feet from the resident except for brief, necessary interactions.
 - d. The facility will bundle care and minimize the number of HCP and other staff who enter rooms to reduce the number of personnel requiring facemasks.
4. If there are confirmed cases of in the facility:
 - a. Notify the local health department and NYSDOH if not already involved.
 - b. Actively monitor all residents on affected units once per shift.
 - i. This monitoring must include a symptom check, vitals, lung auscultation, and pulse oximetry.
 - c. Assure that all residents in affected units remain in their rooms. Cancel group activities and communal dining. Offer other activities for residents in their rooms to the extent possible, such as video calls.
 - d. Residents must wear facemasks when HCP or other direct care providers enter their rooms, unless such is not tolerable.
 - e. Do not float staff between units.
 - f. Cohort infected residents with dedicated HCP and other direct care providers. Minimize the number of HCP and other direct care providers entering rooms.
 - g. All residents on affected units should be placed on droplet and contact precautions, regardless of the presence of symptoms and regardless of infected status.
 - h. HCP and other direct care providers should wear gown, gloves, eye protection (goggles or a face shield), and N95 respirators (or equivalent) if the facility has a respiratory program with fit tested staff and N95s. Otherwise, HCP and other direct care providers should wear gown, gloves, eye protection, and facemasks. Facilities may implement extended use of eye protection and facemasks/N95s when moving from resident to resident (i.e. do not change between residents) unless other medical conditions which necessitate droplet precautions are present. However, gloves and gowns must be changed and hand hygiene must be performed.
 - i. For residents who initially test negative, re-testing should be performed immediately if they develop symptoms consistent with the virus.

Manage Visitor Access and Movement within the Facility

1. Visitation has been suspended in the facility.
2. Visitation may be allowed when medically necessary (i.e. visitor is essential to the care of the patient or is providing support in imminent end-of-life situations) or for family members of residents in imminent end-of-life situations, this will be a case by case basis for arrangements to be made for the visitation, and those providing Hospice care. Any such visitors shall be subject to the same health checks for all HCP and other facility staff.
3. The duration and number of visits will be minimized. Visitors will be required to wear a facemask while in the facility and will only be allowed in the resident's room.
4. The facility will provide other methods to meet the social and emotional needs of residents, such as video calls.
5. The facility has signage posted notifying the public of the suspension of visitation and has notified resident family members.

Monitor and Manage Ill and Exposed Healthcare Personnel

1. Health checks for all HCP and other facility staff will be completed at the beginning of each shift. This includes all personnel entering the facility regardless of whether they are providing direct patient care (See attached Staff Monitoring Log).
2. Facility staff performing health checks must wear a facemask.
3. HCP and other facility staff with symptoms or with $T \geq 100.0$ F will be sent home, and HCP and other facility staff who develop symptoms or fever while in the facility will immediately be sent home.
4. All full-time employees, contract staff, medical staff, operators and administrators will be tested for weekly. Staff that refuses testing will not be allowed to work.

Protocols for healthcare personnel (HCP) who have been exposed to a confirmed case or who have traveled internationally in the past 14 days, whether healthcare providers or other facility staff, may work if all of the following conditions are met:

1. Furloughing such HCP would result in staff shortages that would adversely impact the operation of the healthcare entity and all other staffing options have been exhausted.
2. HCP who have been contacts to confirmed or suspected cases are **asymptomatic**.
3. HCP who are asymptomatic contacts of confirmed or suspected cases should self-monitor twice a day (i.e. temperature, symptoms), and will undergo temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift.
4. HCP who are asymptomatic contacts of confirmed or suspected cases will wear a facemask while working, until 14 days after the last high-risk exposure.
5. To the greatest extent possible, HCP working under these conditions should preferentially be assigned to patients at lower-risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly).
6. HCP allowed to return to work under these conditions should maintain self-quarantine when not at work, for a full 14 days.

7. At any time, if the HCP who are asymptomatic contacts to a positive case and working under these conditions develop symptoms consistent with the virus, they should immediately stop work and isolate at home. All staff with symptoms consistent with the virus should be immediately referred for diagnostic testing.

Protocol for healthcare personnel (HCP) who have traveled in the past 14 days to a state with a significant degree of community spread, whether healthcare providers or other facility staff, may work if all of the following conditions are met:

1. Furloughing such HCP would result in staff shortages that would adversely impact operation of the healthcare entity, and all other staffing options have been exhausted.
2. HCP are asymptomatic.
3. HCP received diagnostic testing within 24 hours of arrival in New York.
4. HCP self-monitor twice a day (i.e. temperature, symptoms), and receive temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift.
5. HCP wear a facemask while working.
6. To the extent possible, HCP working under these conditions should preferentially be assigned to patients at lower risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly).
7. HCP allowed to return to work under these conditions should maintain self-quarantine when not at work.
8. At any time, if the HCP working under these conditions develops symptoms consistent with the virus, they should immediately stop work and isolate at home. All staff with symptoms consistent with the virus should be immediately referred for diagnostic testing.

HCP with confirmed or suspected case, whether healthcare providers or other facility staff, may continue to work if all of the following conditions are met:

1. To be eligible to return to work, HCP with confirmed or suspected case must have maintained isolation for at least 10 days after illness onset, must have been fever-free for at least 72 hours without the use of fever reducing medications, and must have other symptoms improving.
2. HCP who are severely immunocompromised as a result of medical conditions or medications should consult with a healthcare provider before returning to work. Entities should consider seeking consultation from an infectious disease expert for these cases.

3. If HCP is asymptomatic but tested and found to be positive, they must maintain isolation for at least 10 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 10 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving.
4. Staff who is recovering from and return to work after 10 days should wear a facemask while working until symptoms have completely resolved, so long as mild symptoms are improving, if they persist.
5. In the **rare** instance when an HCP with unique or irreplaceable skills critical to patient care has a positive diagnostic test, but remains asymptomatic, the healthcare entity may contact NYS DOH to discuss alternative measures to allow such HCP to safely return to work before 10 days from such positive diagnostic test have elapsed.

Train and Educate Healthcare Personnel

1. Provide HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
2. HCP must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering face piece respirators).
3. Ensure that HCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Implement Environmental Infection Control

1. Dedicated medical equipment should be used for patient care.
2. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
3. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
4. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for the virus in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against the virus.

Establish Reporting within Healthcare Facilities and to Public Health Authorities

1. Communicate and collaborate with public health authorities.
2. Promptly notify state or local public health authorities of patients with known or suspected cases of the virus. The Infection Control Preventionist is responsible for communication with public health officials and dissemination of information to HCP.

**Vestal Park Rehabilitation & Nursing Center
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Pandemic Communications

Policy Number: C1000.102

Effective Date: 3/11/2020

Revision Date(s): 4/29/2020, 4/21/2020

Departments Affected: All

Policy: During a pandemic, Vestal Park wants to ensure that our residents, their family members, the general public and reporting agencies/local and state officials remain up to date with pertinent facility related information.

Procedure:

- The entry doors to our facility also have signs to notify public of our current procedures and information regarding the virus and our facility.
- Family members/resident representatives will be kept up to date with all new information via social media/Facebook, USPS mailing and phone calls.
- When a new case is identified the NYS DOH and County epidemiologist will be notified.
- Residents and their family members will be notified within 24 hours if any resident tests positive for the virus or if any resident suffers a virus related death.
- Broome County Emergency Preparedness will be notified routinely for PPE purposes and emergency planning.
- Vestal Park reports daily to the NYSDOH via HERDs survey.

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Visitation and Facility Entrance Policy During a Pandemic

Policy Number: C1000.103
Effective Date: 3/10/2020
Revision Date(s): 3/12/2020
Departments Affected: All

Purpose: To restrict facility access to protect nursing home residents from exposure

Policy: Visitors and Healthcare Professionals are potential sources of introduction of the virus into nursing homes. To protect the vulnerable nursing home population, aggressive efforts toward visitor restrictions and implementing sick leave policies for ill HCP, and actively checking every person entering a facility for fever and symptoms of illness will be on-going at Vestal Park.

Procedure:

Visitors will be restricted from Vestal Park until further notice

It is the procedure of Vestal Park to screen ALL employees and approved visitors/vendors upon entry to the building by completing the screening log and having temperature taken.

The Screener have been educated for proper screening measures, including but not limited to taking temperatures using a No Touch Thermometer of all individuals entering.

All Screeners must wear the appropriate PPE while screening employees and approved visitors/vendors, this includes proper wearing of a mask, covering nose and mouth.

If an employee and approved visitor/vendor fails one of the screening questions, their visit will be restricted. Essential employees may be reviewed by the infection preventionist nurse to determine if they can work with proper PPE based on their screening questions. Anyone with a fever may not enter the facility.

Signage is posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.

For those permitted entry, they instructed to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; they must restrict their visit to the resident's room or other designated location; and must wear PPE.

For those permitted entry, they are advised to monitor for signs and symptoms of the virus. If a staff member develops symptoms at work, they will leave the facility and be advised to contact their primary care physician. Affected staff will contact the ADON/IP for proper tracking purposes, include information on individuals, equipment and locations the person came in contact with. Follow current guidance for returning to work.

The above process is communicated to our residents, staff, visitors, families via signage at entrance and throughout the building, letters, mailings, resident council, social media (Facebook), our website and various calls for up to date notifications.

Employees who work elsewhere that have a confirmed positive case of the virus are not eligible to continue their employment at Vestal Park.

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Enhanced Environmental Cleaning During a Pandemic

Effective Date: 3/2020

Policy Number: C1000.104

Departments Affected: Environmental Services, Nursing

Purpose: To provide enhanced cleaning to high touch areas of all resident rooms and facility common areas, reducing the transmission of infectious disease.

Policy: It is the policy of this facility to provide and maintain enhanced cleaning to high touch areas in the facility and to have a documentation process in place for this task.

Procedure:

1. Enhanced cleaning will be performed in common areas ensuring high touch surfaces are addressed. The Common Area Enhanced Cleaning checklist will be utilized and maintained by the Director of Housekeeping/Laundry.
2. Enhanced cleaning will be conducted in all resident's rooms at a minimum of once per day. The Resident Room Enhanced Cleaning checklist will be utilized to document the cleaning.
3. The facility Infection Preventionist will determine resident rooms which require more frequent enhanced cleaning (minimum two times each day) utilizing the following criteria:
 - a. Residents on current contact or droplet precautions
 - b. Residents with MDRO's not currently on transmission based precautions
4. The Infection Preventionist will update the room list and communicate it to Environmental Services as necessary.
5. Environmental Services will assign rooms to be cleaned two times to each housekeeper. The Enhanced Cleaning checklist will be handed in to the Director of Housekeeping/Laundry or designee at the end of the shift on a daily basis and maintained in the Environmental Services Office.

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Donning and Doffing of Personal Protective Equipment

Effective Date: 3/2020

Policy Number: C1000.105

Departments Affected: All

Purpose:

To provide guidance for the proper donning and doffing of personal protective equipment (PPE) to provide care of the resident with confirmed or suspected infection.

Policy:

- Prior to working with infected residents, all employees must have received documented training and have demonstrated competency in donning/doffing proper PPE.
- PPE must be donned correctly in proper order before entry into the resident care area.
- Visually inspect the PPE ensemble to be worn to ensure it is in serviceable condition, all required PPE and supplies are available, and that the sizes selected are correct for the employee.
- No personal items (e.g., jewelry, watches, cell phones, pagers, pens) should be brought into resident room.
- PPE must remain in place and be worn correctly for the duration of exposure to potentially contaminated areas. PPE should not be adjusted during resident care.
- PPE must be removed slowly and deliberately in the correct sequence to reduce the possibility of self-contamination or other exposure to Ebola virus.
- PPE doffing is performed in the resident care area. Place washable impermeable gowns in a separate container in the resident room. Footwear and gloves are to be disposed of in the resident room. N95 masks may be removed outside of the room, unless the presence of the virus is throughout the unit, then N95 masks may be kept on.

Procedure:

Donning PPE

1. **Remove personal items.**
2. **Inspect PPE prior to donning:**
3. **Perform hand hygiene.** Allow hands to dry before moving to next step.
4. **Put on shoe covers.**
5. **Put on impermeable gown or coverall.** Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten in back of the neck and waist. Ensure gown or coverall is large enough to allow unrestricted freedom of movement.

6. **Put on N95 mask.** Secure elastic bands at middle of head and neck. Fit flexible band around nose bridge. Fit snug to face and below chin. Perform self-fit test.
7. **Put on goggles or face shield.** Place over face and eyes and adjust to fit.
8. Put on gloves. Ensure gloves extend over gown or coverall.

Doffing PPE

1. Remove shoe covers: grasp the outside of the shoe cover, lift the shoe cover over your heel, pull it off your foot, and dispose
2. Remove gloves. Grasp outside of glove with opposite hand; peel off. Hold removed glove in gloved hand. Slide fingers of ungloved hand under remaining glove at wrist. Peel glove off over first glove. Discard gloves in waste container.
3. Remove Goggles or face shield: Handle by headband or ear pieces. Place in designated receptacle for reprocessing or in waste container.
4. Remove Gown or Coveralls: Unfasten ties. Pull away from neck and shoulders, touching inside of gown only. Turn gown inside out. Fold or roll into a bundle and place in designated laundry container or waste container.
5. Exit resident room and close door. Remove respirator: Grasp bottom, then top ties or elastics and remove. Store in labeled open plastic bag or paper bag.
6. **Perform hand hygiene.**

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Procurement and Storage of PPE

Effective Date: 8/2020

Policy Number: C1000.106

Departments Affected: All

Purpose:

To ensure availability of necessary personal protective equipment (PPE) for the safety of residents and staff during a pandemic

Policy:

- In compliance with regulation, by September 30, 2020, the facility will procure and maintain at least a 60-day supply of necessary personal protective equipment and supplies.
- The facility will maintain at least a 60-day supply of the following PPE items:
 - N-95 respirator masks
 - Surgical masks
 - Isolation gowns
 - Eye protection (face shields/goggles)
 - Gloves
 - Alcohol-based hand sanitizer
- Facility central supply will maintain inventory of necessary PPE.
- Facility administration and central supply will communicate regularly with corporate purchasing regarding procurement needs.
- If supplies exceed the capacity of the central supply storage areas, the vacant adult day care facility will be utilized for overflow storage.

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Policy and Procedure for Dining Services During a Pandemic

Effective Date: 3/2020

Revision Date(s): 4/2020, 5/2020

Policy Number: C6020.550

Departments Affected: Nursing, Dietary

Purpose: Residents must maintain a social distance of 6 feet during meals to avoid the potential spread if someone is a carrier.

Policy: Provide social distancing during meal times for residents of Vestal Park Rehabilitation & Nursing Center during a pandemic.

Procedure:

1. Maintain residents on their own unit during meal time.
2. Dining rooms are closed and communal dining is not allowed at this time.
3. Wash resident's hands prior to meal being served.
4. Staff, who assist in feeding residents, may only assist one resident at a time. Staff must maintain proper hand hygiene and wash hands between assisting different residents. Staff must have facemask covering nose and mouth while assisting residents.
5. Affected residents must remain in their rooms at all times including during meals and staff will go into resident rooms for feeding assistance as needed.

Vestal Park Rehabilitation & Nursing Center
105 W. Sheedy Road
Vestal, NY 14850

Resident Outdoor Recreation During a Pandemic

Effective Date: 8/2020

Policy Number: C7260.166

Departments Affected: Activities, Social Work

Purpose: To enhance the residents' quality of life while restricting the chance of exposure.

Policy: The Recreation Department will schedule and assist residents with supervised time outside during a pandemic.

Procedure/Implementation:

1. Only residents from units with no exposure will be allowed to schedule and participate in outdoor program.
2. Recreation staff will set up times to for individual resident outdoor activities to walk around or sit outside for short periods of time. A schedule will be posted within the Recreation Department to coordinate outdoor recreation times between residents/units.
3. Resident will use hand sanitizer and utilize a face mask before leaving unit with Recreation Staff, Social Worker, or other assigned staff.
4. Resident and staff will remain at least 6 feet away from any other persons while doing outdoor activities.
5. The patio outside of the therapy department, the enclosed patio on Brookside Garden, and the small patios on Sunrise Garden may be used for outdoor recreation.
6. No more than two residents may be in a patio area at a time, and they must remain at least six feet apart.
7. Resident will be returned inside the facility and back to their unit after time outdoors. Mask will be removed and hand sanitizer used when resident is back to their room.