

Bethel Nursing and Rehabilitation Center

Pandemic Preparedness Plan

An Addendum to the Comprehensive Emergency Preparedness Plan

September 2020

INTRODUCTION:

On June 17, 2020 Governor Andrew M. Cuomo signed into law Chapter 114 of the Laws of 2020 creating a new subdivision 12 section 2803 of the Public Health Law. The new subdivision requires that each residential health care facility, by September 15, 2020 prepare and make available to the facilities website, and immediately upon request a Pandemic Emergency Plan (PEP).

Bethel Nursing and Rehabilitation Center will focus on the Infection Control Plan for the protection of the employees, residents and residents families and a Communications Plan on how pertinent information is shared timely with residents and / or authorized representatives.

The Bethel Nursing and Rehabilitation Center Pandemic Emergency Preparedness Plan is available to be viewed by anyone and accessed through the website. In addition the plan is also available upon request.

POLICY:

It is the policy of Bethel Nursing and Rehabilitation Center to minimize exposure to respiratory pathogens and promptly identify residents with clinical features and an epidemiologic risk to COVID 19 and to adhere to Federal and State/Local recommendations in order to prevent and /or mitigate the spread of COVID-19 (to include, for example: Admissions, Visitation, Surveillance, Notifications to families/ residents, Precautions: standard, contact, droplet, hand hygiene, universal source use, use of PPE, resident placement and co-horting, etc.).

PROCEDURE:

Admission Guidance-

The facility will design a plan related to physical plant and resident placement to residents who have COVID-19 from residents who do not or have an unknown status.

- The facility will work with State and local community leaders to identify and designate units or specific facility space dedicated to residents with known COVID-19 positive and those with suspected COVID-19, ensuring they are separate from patients and resident who are COVID-19 negative.
- The facility will coordinate with State agencies including health departments, hospitals, and nursing home associations for coordination among entities/facilities to determine if the designated unit/ facility will meet designation criteria as well as the other needs outlined in the CMS Guidance and (i.e. staffing, supplies and PPE).
- COVID-19 Positive Designated units/facilities or part of a unit with signage indicating same
- Will be capable of maintaining strict infection control practices and testing protocols, as required by regulation.
- Will actively provide education for staff designated to the unit/facility.

- Shall exercise consistent assignment or have separate staffing teams for COVID-19 positive and COVID-19 negative residents, when feasible, based upon surge capacity and needs in the community.
- Prior to admission, identify on the pre-admission screen if resident is exhibiting symptoms of any respiratory infection (i.e. cough, fever, shortness of breath, etc.) to determine appropriate placement within the facility.
- It might not be feasible to distinguish residents who have COVID-19 from residents with other respiratory viruses. As such, residents with different pathogens will likely be housed on the same unit. However, only residents with the same respiratory pathogen may be housed in the same room.
- Isolate all admitted residents (including readmissions) in private room, if available, with own bathroom, in the quarantine designated location for 14 days on droplet/contact precautions.
- Residents who enter facilities should be screened for COVID-19 through testing, if available. Residents being admitted from the hospital must have at least one negative COVID-19 test.
- Limited transport and movement of the resident outside of the room to medically essential purposes (i.e. diagnostics).
- Residents being admitted or readmitted should be screened upon entering the facility and apply an approved face covering for source control.
- When a resident comes to facility, they should be instructed that if they touch or adjust their face covering, they should perform hand hygiene.
- For new residents (or residents with recent travel) obtain a detailed travel history, contact with anyone with lab confirmed COVID-19 and identify if resident exhibits fever and signs and symptoms of acute respiratory illness.
- When possible, all long term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Per CMS residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19 positive or assumed to be COVID-19 positive.
- No group activities (internal and external) or communal dining will occur in the facility at this time.
- Residents will be reminded to practice social distancing and perform frequent hand hygiene.
- Those residents requiring monitoring/assistance will be allowed in the dining room only with appropriate social distancing and use of face coverings while transporting, as able.

Screening / Testing

- Prompt detection, triage, and isolation of potentially infected residents.
- Ongoing, frequent, active screening of every resident for fever and respiratory symptoms (i.e. should be assessed for symptoms and have their temperature taken) and may include pulse oximetry. At a minimum daily screening will occur. If symptomatic, immediately isolate and implement appropriate transmission-based precautions (TSP).
- Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms would prompt isolation and further evaluation for COVID-19.

Notify your State and local Health Departments immediately (<24 hours) if these occur:

- Severe respiratory infection causing hospitalization or sudden death
- Clusters (≥ 3 residents and /or HCP) of respiratory infection
- Individuals with suspected or confirmed COVID-19
- Complete NORA report as required and confer with Local/State DOH epidemiologists for direction as needed.
- CDC-Key Strategies to Prepare for COVID-19 in Long Term Care Facilities (LTCFs)

Testing:

- Contact physician and public health authorities for COVID-19 testing consistent with current CDC and State Public Health recommendations
- Work with State and local health departments to determine and address COVID-19 tests, requirements, prioritization and specimen collection.
- Perform nasal swab for residents suspected for COVID-19 infection exhibiting the s/s of COVID-19 as listed above. Send to White Plains Hospital Lab.
- For suspected cases of COVID-19/ or positive cases of COVID-19, contact the State or local health department for direction and testing. (NYSDOH, or County DOH)
<https://www.cms.gov/files/documents/qso-20-140nhpdf.pdf>
- The determination to test close contacts and /or the unit the resident(s) are on can be made at that time: as well as consideration of testing the entire facility based on clinical information.

Notifications and Communications:

- Contact and inform residents physician
- Contact and inform resident representative
- Contact and inform the Medical Director
- Contact and inform the DON
- Contact and inform the Administrator so that he/she may inform all residents and families per the "Communications with Residents/Families and Staff during COVID-19 pandemic"
- For identified increase in the number of respiratory illnesses regardless of suspected etiology for residents and /or employees, immediately contact the local and State health departments for further guidance.
- In accordance with previous CMS guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitor, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked.
- They will also be asked about travel to any Country or State on NYS Quarantine list.
- An exception to this is Emergency Medical Services (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately.

Suspected or Known COVID-19:

A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put into place. Symptoms may vary in severity. If symptoms are mild and do not require transfer to the hospital:

- Place the resident in an AIIR if available. If no AIIR, place on both contact and droplet precautions.
- Contact State/local Public Health immediately for direction, for example: “Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19”.
<https://www.cms.gov/files/documents/3-13-2020-nursing-home-guidance-covid-19.pdf>

Acute Change of Condition:

- Immediate isolation in private room
- Implement transmission-based precautions (COVID-19) i.e. Droplet / Contact precautions.
- Complete clinical assessment of resident including r/o other diseases likely to cause same symptoms such as Flu.
- Monitor ill residents (including documentation of temperature and oxygen saturation) at least 3 times daily to quickly identify residents who require transfer to a higher level of care. If they require transfer:
 - CDC- Key Strategies to Prepare for COVID-19 in Long Term Care Facilities (LTCFs)
 - Cal EMS (notify of COVID-19 status- be alerted to the residents diagnosis and precautions to be taken)
 - Call receiving hospital (notify of COVID-19 status- be alerted to the residents diagnosis and precautions to be taken)
 - Notify the Medical Director/PCP
 - Complete notifications per policy including designated representative.
 - Complete Discharge Process per facility Policy
 - Immediately notify Public Health department of discharge to acute care (COVID-19)
 - Limit only essential personnel to enter the room with appropriate PPE and respiratory protection. Implement consistent assignment as indicated in the facility plan.
 - Log – keep a log of all persons who enter the room, including visitors and those who care for the resident, i.e. assignment sheets.
 - Add to Line list

Resident Remained in the Facility (non-acute)

- Implement transmission-based precautions (COVID-19) i.e. Droplet / Contact precautions.
- Implement isolation to designated room/unit per plan.
- Closely monitor residents for change in condition
- Complete notifications per policy including designation representative

- Notify Public Health department of suspected /known COVID-19 and complete required reporting
- Notify Medical Director/PCP
- Complete notification per policy
- Implement consistent assignment of staff for resident(s)
- Only essential staff are to enter room/unit with appropriate PPE and respiratory protection
- Add to Line list
- Residents suspected or confirmed with COVID-19 that remain in facility upon advice of local/State public health agency, will be assessed and evaluated for a minimum of 14 days for potential change in condition or additional signs and symptoms.

Readmission:

- The facility can make a determination to readmit residents diagnosed with COVID-19 from the hospital based upon the below criterion (<https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf>):
 - The facility is able to follow CDC guidance for Transmission based Precautions for COVID-19.
 - No Hospital shall discharge and patient to a Nursing Home or ACF until they have done a molecular test for COVID-19 and obtained one negative result using such testing method.
 - If possible, the facility will dedicate a unit/wing exclusively for any resident coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab unit or returning to long-stay original room). Bethel Nursing and Rehabilitation Center will use the 1 West nursing unit for this purpose.
 - For suspected or confirmed COVID-19, the facility will keep a log of all persons who enter the room, including visitors and those who care for the resident (assignment sheets).
 - Employees who have unprotected exposure to a resident with COVID-19 should report to the Infection Preventionist or designee for further direction as indicted by State/ Local Health departments.
- For anytime a new COVID positive resident is identified LTCF will:
 - Guidance for Risk Assessment and Work Restrictions for HCP with Potential Exposure to COVID-19 will be utilized to investigate if LTCF staff, residents/and or visitors were exposed to COVID-19. AN exposure/ contact investigation will be completed and line lists "COVID exposed HCF staff monitoring line list" and COVID-19 line list template clusters" will be forwarded to DOH and recommendations followed.
- Resident Transport: Prior to resident transport, both the emergency medical service and the receiving facility will receive alerted information regarding:
 - Resident diagnosis or suspected diagnosis
 - Precautions necessary
 - A face mask will be place on the resident prior to transport

- Dedicated or disposable patient-care equipment should be used when possible. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer's recommendations using EPA-registered disinfectants against COVID-19: <https://www.epa.gov/newsreleases/epa-releases-list-disinfectants-use-against-covid-19>.

Discontinuation of Isolation Precautions will be determined on a case-by-case in conjunction with the State and /or Local Health Department/or will utilize a test based strategy using 2 negative tests at least 24 hours apart if resident has been COVID-19 positive. Bethel Homes will maintain new admissions on Contact/ Droplet Precautions in a separate area for 14 days and monitor for any s/s of Covid-19. Residents will be tested at the end of the 14 days and will be removed from precautions if negative.

Upon discontinuation of isolation precautions: Cleaning and disinfecting room and equipment will be performed using products that have EPA approving emerging viral pathogens: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>:

- Notify Housekeeping upon D/D of isolation so room can be terminally cleaned.

Outbreak / Testing:

- In the event of a facility outbreak (CDC defines as a single new case of SARS-CoV-2 in any healthcare worker or nursing home onset in any resident) institutes outbreak management protocols.
 - Outbreak refers to infections that originated in the facility.
- Immediate reporting/notification and consultation with the Local/State Public Health Department
- Place resident(s) with confirmed COVID-19 in private rooms on transmission based precautions on designated COVID-19 unit/area specified on unit. These areas will be clearly marked and may be separated by plastic sheeting erected specifically for this purpose.
- Implement consistent assignment of employees
- Only essential staff to enter rooms/wings
- Decisions on admission will be based upon consultation with facility leadership, infection Preventionist, Medical Director, acute care partner and Public Health Department.
- Consult with Public Health on testing expansion consistent with CDC Testing Guidelines for Nursing Homes: <https://www.cc.gov/coronavirus/2019-ncov/hcp/nursing-testing.html>
- In the event of an outbreak as defined above, all staff and residents must be tested every 3-7 days until testing identifies no new cases of Covid-19 infection among staff or residents for a period of at least 14 days since the most recent positive result (among either group).
- Residents who have been previously Covid positive by laboratory confirmation will not be retested for outbreak surveillance: they will only be tested if symptomatic and an alternate illness etiology cannot be identified.
- Residents may exercise their rights to decline COVID-19 testing in accordance with 42CFR-483.10. Person centered approach should be used to try to educate and explain the importance of testing.
- If resident refused testing but exhibits s/s of COVID 19 they should be placed on appropriate transmission based precautions until criteria for discontinuing them has been met.

- If outbreak testing has been triggered and asymptomatic resident refused testing-resident should be monitored to ensure resident maintains appropriate social distancing from other residents, wears a face covering and practices effective hand hygiene until procedure for outbreak testing is complete.

Per NYS DOH emergency regulations of 9/1/2020, Bethel Homes will comply with testing as follows:

- Any nursing home resident will be tested for both COVID-19 and Influenza whenever he/she is known to have been exposed to COVID-19 or influenza, or has symptoms consistent with COVID-19 or Influenza.
- Any nursing home resident who dies in the nursing home will be tested for both COVID-19 and influenza within 48 hours after death. If he/she is suspected of having died of either disease and had not been tested for Covid-19 and influenza in the 14 days prior to death. Deaths must be reported immediately after receiving both test results through the ERDS. However, these post mortem tests are not required if the individual's next of kin objects to the testing. NOK will be contacted for permission for testing prior to performing the test on deceased. Any facility that lacks the ability to perform rapid testing for either of these tests can request that the DOH perform them, (BNRC and BNH have the ability to perform rapid COVID-19 tests (rapid antigen testing) but not influenza and will contact DOH for same).

Personal Protective Equipment and Supplies

- State and local health departments should work together with long-term care facilities in their communities to determine and help address long term care facility needs for PPE an/or COVID-19 tests. Refer to CMS guidance.
- Staff will use appropriate PPE when they are interacting with residents, to the extent PPE is available and per CDC guidance on conservation of PPE.
- For duration of the state of emergency in NY State, all facility personnel should wear a facemask while they are in the facility.
- It is recommended that an N95 or surgical mask is to be used- if no surgical mask or N95 is available a cloth face covering can be used but is not considered a PPE. Per CDC, Ensure all staff wear a facemask while in the facility. Cloth face coverings are not considered PPE because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should not be worn instead of a respirator or facemask if more than source control is required.
- Full PPE should be worn per CDC guideline for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.

If COVID_19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms on the affected unit (or facility-wide) depending on the situation).

- All residents should wear a cloth face covering for a source control when they leave their room or leave the facility for essential medical appointments. When healthcare workers enter the resident room, resident should cover their mouth and nose with a clean cloth facemask or tissue, if able.
- The facility will monitor necessary supplies and equipment (PPE, ABHR, thermometers, pulse oximetry, soap, towels, etc.) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
- If facility is unable to obtain needed supplies and equipment from vendor, contact the local and state public health agency.

Personal Protective Equipment (PPE) includes:

- Gloves, Gowns, Facemasks (see CDC 'Strategies for Optimizing the Supply of Isolation Gowns (Face masks).
- Respiratory protection if facility has a preparatory protection program (Fit-tested NIOSH-certified disposable N95 filtering face pieces respirator prior to entry and removal after exiting). IF disposable respirator is used, it should be removed and discarded after exiting the resident room and closing the door. Perform hand hygiene after discarding. If reusable respirator is used, clean and disinfect according to the manufacturers recommendations. If facility is using fit-tested NIOSH certified disposable N95 filtering respirators, staff must be medically cleared and fit-tested and trained prior to use.

In the event of supply capacity concerns for respiratory protection, the CDC has outlined measures in the 'Strategies for Optimizing the Supply of N95 Respirators' at: <https://www.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html> and 'Guidance for use of Certain Industrial Respirators by Health Care Personnel' at <https://www.cms.gov/files/document/gso-20-17-all.pdf>

- Bethel Nursing and Rehabilitation Center will document efforts to obtain necessary PPE's and supplies needed. The facility will take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible.
- If there is a shortage of PPE which may be regional or national, the facility will contact the local and state public health agency to notify them of the shortage, follow national guideline for optimizing the current supply, or identify the next best option to care for residents.
- If no Fit tested NIOSH Certified N95 respirators are available or used in the facility, the infection Preventionist / DON will identify appropriate mask that will be donned when entering and after exiting resident room
- Eye protection that covers both the front t and sides of the face. Remove before leaving resident room. Reusable eye protection will be cleaned and disinfected according to manufacturer's recommendation. Disposable eye protection will be discarded after use.
- Hand hygiene using alcohol based hand sanitizer before and after all resident contact, contact with infectious material and before and after removal of PPE including gloves.
- If hands are soiled, washing hands with soap and water is required for at least 20 seconds.
- Ensure ABHRs accessible in all resident care areas including and outside resident rooms. Hand washing may also be performed if ABHR is not immediately accessible or if hands are visibly soiled.

The facility is to obtain and maintain a 60 supply of PPE as determined by the average daily usage during April 19 to 27, 2020. This stock pile is to be secure yet readily accessible for distribution. The supply is maintained by the Purchasing Director. Daily burn rates are provided to NYS DOH via the HERDS reporting process on the Health Commerce System (HCS).

Employees

- DOH guidance, any employee testing positive and asymptomatic are not eligible to return to work until 14 days for the first positive test. Symptomatic employees will not be eligible until 14 days after the onset of symptoms, provided at least 3 days (72 hours) have passed since resolution of fever without the use of fever reducing medications and respiratory symptoms are improving.
- Screening Employees:

- Facility will actively screen employees for signs and symptoms of COVID-19 when employees report to work beginning of their shift. Document temperature, absence of symptoms of COVID-19 and travel to areas requiring quarantine.