

<b>LUTHERAN CARE CENTER AT CONCORD VILLAGE</b>	
<b>POLICY AND PROCEDURE</b>	
SUBJECT: Pandemic Emergency Plan	
ISSUE DATE: 9/2020	REVISION DATE:

1. General Information - Existing Infection Control and Reporting
2. Health Screening and Surveillance for Staff and Essential Visitors
3. Restrictions on Visitation
4. Personal Protective Equipment (PPE)
5. Hand Hygiene
6. Admission, Discharge and Transfer
7. Education
8. Administrative and Engineering Controls
9. Communication Plan
10. Emergency Supply Plan for Food, Water and Medication
11. Recover / Return to Normal Operations

**POLICY:**

It is the policy of Lutheran Care Center (LCC) to provide the highest practicable physical, mental and psychosocial well-being to attain or maintain optimal functioning. It is to that extent that we will make every effort to minimize exposures to any Infectious Disease event and to treat and provide the best quality care for “Persons under Investigation” (PUI) or those “presumed positive”, COVID-19 laboratory confirmed cases, for COVID-19 as determined by a physical.

**PURPOSE:**

The purpose of this clinical policy is to provide care guidance for staff on the current standards of professional practice for COVID-19 (novel coronavirus) and is subject to changes as the COVID-19 pandemic persists and guidance is provided by the local, state and federal regulatory agencies.

The clinical guidance is based on the current information available about COVID-19 related to disease severity, transmission efficiency, and shedding duration and will be updated as more evidence based information becomes available from the World Health Organization, Centers for Disease Control and Prevention, New York State DOH, Dutchess County DOH agencies including the Office of Emergency Management and the Federal governmental agency (CMS) and FEMA.

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**GENERAL INFORMATION:**

Infection Control Procedures including administrative rules and engineering controls, environmental hygiene, correct work practices, and appropriate use of PPE are all necessary to prevent infections from spreading during the delivery of healthcare services.

Prompt detection and effective triage with subsequent isolation of potentially infectious individuals are essential to prevent unnecessary exposures among patients, healthcare personnel and visitors at the facility. As providers of quality health care, we will be vigilant in identifying any possible infected individuals (residents, staff, visitors, vendors) through monitoring for potential symptoms of respiratory infection.

All Infection Preventionists/designees will monitor the CDC website for information and resources. We will maintain a person-centered approach in our delivery of care by communicating effectively with patients, their representative and/or family, and understand their individual needs and goals of care.

If a increased number of respiratory illnesses occur, regardless of suspected etiology among residents or staff, minimally the following must occur:

- Complete a NORA report.
- Maintain a line list of staff and residents who present with respiratory symptoms for reference and validation.

The facility will contact the New York State Department of Health for questions and will continue to review the dedicated COVID-19 for healthcare professionals at:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

Lutheran Care Center (LCC) will activate the incident command center and holds ad-hoc infection control committee meetings in conjunction with the morning IDC meeting and other Management Meetings to strategize activities that will minimize the spread of the infection and review current CDC clinical guidelines on COVID-19 upon becoming aware of any COVID-19 positive present or a presumed positive resident.

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Attendance sheets will be maintained by the Infection Preventionist.

**PROCEDURES:**

**Active Health Screening and Surveillance (see Screening – Staff and Essential Visitors Policy & Procedure**

1. LCC will perform active health screening and surveillance on all staff (regardless of whether they are providing direct patient care), permitted visitors (hospice, discharge education, change in condition only), and providers of services (Agency Staff) to the facility through strict monitoring of any of the following:
  - a. Signs and symptoms consistent with COVID-19 (fever, chronic cough, shortness of breath, sore throat, lack of smell and taste).
  - b. Has had contact with someone under investigation (PUI) for COVID-19 or “presumed positive”.
  
2. Active health screening including temperature and employee attestation that the symptoms of COVID-19 are not evident will be done at the beginning of each shift and upon entrance to the facility.
  
3. An Employee screening form is used for data collection.
  - a. Facility staff performing health checks will:
    - i. Wear face masks and use hand sanitizer before and after contact with each individual.
    - ii. Perform hand hygiene when hands are visibly soiled.
    - iii. Actively take the temperature of all employees and will log temperature taken on a tracking sheet.
    - iv. The employee will document the presence or absence of shortness of breath, new or change in cough and sore throat.
    - v. An employee with symptoms or with a temperature >99.5F upon entry into the facility will be given a face mask and will be sent home for appropriate medical evaluation.
    - vi. The employees name will be added to the surveillance line list by the Infection

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Preventionist or designee.

4. An Employee who develops symptoms or fever consistent with COVID-19 while on duty:
  - a. Must immediately stop working and report to their supervisor, who will notify the Infection Preventionist/facility leadership who will:
    - i. Ascertain what residents, staff, equipment, and locations within the facility that may have been exposed from the employee and notify nursing and administrative leadership. The facility will seek the guidance of the Regional Epidemiologist at the NYSDOH.
    - ii. Instruct the employee to self-isolate at home (as recommended by the NYSDOH) and to notify their primary care physician for further guidance.
  - b. Staff Testing and Laboratory Services – LCC will conduct staff testing in accordance with NYS regulations. The Infection Preventionist monitors lab test results for positive cases.

**Temporary Restrictions On Visitation**

1. LCC will restrict entry to the facility to the extent possible during the COVID-19 pandemic/national emergency as per the regulations and guidance related to restricting a resident’s right to visitors found on CDC website (updated to include COVID-10 Pandemic) and in 42 CFR 483.10(f) (4) and F-tag 563 of Appendix PP of the State Operations Manual.
  - a. All non-medically necessary visitation will be restricted until further interim guidance is received from the New York State Department of Health.
  - b. The facility will utilize email, website posting and phone calls to notify families within 24 hours with updates on the facility COVID-19 information including residents and staff confirmed positive and resident expirations.
  - c. Vendors (X-ray and Laboratory) will be allowed to provide diagnostic services for residents and are screened upon entering the facility.
  - d. The vendor pharmacy will deliver all medications to the nursing supervisor. Medication returns will be given to the driver by the nursing supervisor.
  - e. Visits that the facility has determined to be medically necessary:

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1. Visitor is essential to the care of the patient or is providing support in imminent end-of-life situations
2. Family members of residents in imminent end-of-life situations, and those providing Hospice Care will be determined on a case-by-case basis. This will include the careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms.
  - a. For individuals that enter in compassionate situations (end-of-life) the facility staff will reinforce each visitor’s proper hand hygiene practices and use of PPE (gown and face mask, gloves if necessary).
  - b. The duration and number of visits should be minimized.
  - c. Visitors will only be allowed in the resident’s room.

**Regulatory Guidance (Ref. NYSDOH Health Advisory 7/10/2020)**

Limited visitation, including, but not limited to, family members, loved ones, representatives from the long-term care ombudsman program (LTCOP), and resident advocacy organizations, will be permitted under the following conditions:

1. Adequate staff are present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.
2. The nursing home maintains signage regarding facemask utilization and hand hygiene and uses applicable floor markings to cue social distancing delineations
3. Visitors are screened 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 or do not pass the screening questions. Screening shall consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner’s travel advisory. The facility must maintain screening questions asked onsite and make it available upon the Department’s request. Questions include visitors name, address, contact phone number and email address if available.

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4. Visitors must wear a face mask or face covering which covers both the nose and mouth at all times when on the premises of the NH. Visitors must maintain social distancing, except when assisting with wheelchair mobility. The nursing home must have adequate supply of masks on hand for visitors and must make them available to visitors who lack an acceptable face covering.
5. Facilities provide alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, to residents, visitors, and representatives of the long-term care ombudsman visiting residents and those individuals are able to demonstrate to appropriate use.
6. No more than 10 percent (10%) of the residents shall have visitors at any one time and only two visitors will be allowed per resident at an one time.
7. Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.
8. 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.
9. Visitation cannot occur for 28 days if there has been a new onset of COVID-19 positives for staff or residents.
10. Visitation is limited to outdoor areas, weather permitting.

**Anticipating Resident Care Emotional Needs**

1. Our clinical staff will provide emotional support for all resident who may be directly or indirectly affected by the temporary restrictions placed on visitation.
2. Alternate means of communicating are available (video calls, facetimeing, window visits).
3. Emotional and psychosocial support will be provided for residents during visitation restrictions in collaboration with their selected representative.
4. Telehealth visits are available for psychology services.
5. Refer to clergy.

**Personal Protective Equipment and Hand Hygiene**

1. The facility will provide appropriate PPE's in accordance with OSHA PPE standards – (29 CFR 1910).
2. All employees (in all departments) must wear a facemask while in the facility.

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3. Transmission Based Precautions will be implemented and signage instructing the appropriate use of PPE's will be posted outside the resident's door.
  - a. The door will be kept closed as appropriate.
4. Communal dining and all group activities are suspended, such as internal and external group activities.
5. All residents will be provided with hand wipes for hand hygiene or assisted to perform hand hygiene before and after meals, and as needed.

**Resident Categories**

The facility has identified three categories for the delivery of care amidst the COVID-19 pandemic. They are:

1. Confirmed COVID-19 positive as evident by testing
2. Presumed COVID-19 positive as evident by COVID-19 related symptoms (fever, cough, loss of appetite, shortness of breath)
3. Asymptomatic/Non-COVID
  - a. Residents will be placed on a non-COVID or PUI unit to the best of our ability.
  - b. Residents will be cohorted using the categories above.

As such, no COVID-19 positive residents will be cohorted with "Presumed COVID-19 positive asymptomatic/non-COVID-19 and/or vice versa. (See Facility Policy on Cohorting).

**Resident Placement**

1. Residents will be placed in a private room if one is available.
2. Residents will be cohorted in the categories above.

Resident information is monitored daily and submitted to the NYSDOH HERDS daily.

**Personal Protective Equipment (PPE)**

**Facility will maintain an Emergency 60 day supply of PPE**

1. Training will include:
  - when to use PPE
  - what PPE is necessary

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- donning and doffing in a manner to prevent self contamination
- how to properly dispose of and maintain PPE; and
- the limitations of PPE

### **Gloves**

- Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area.
  - o Change gloves if they become torn or heavily contaminated
  - o Do not double glove
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

### **Gowns**

Change the gown if it becomes soiled or wet

- Remove and discard the gown in a dedicated container for waste before leaving the patient care area for extended use.
- Disposable gowns must be discarded after use.

### **Respiratory Protection**

- Respiratory protection is mandatory before entry into the patient room or care area.
- Do not touch the front of the mask.

### **Eye Protection**

- Put on eye protection (a disposable face shield that covers the front and side of the face) upon entry to the patient care area.
- Disinfect eye protection after use.
- Perform hand hygiene after cleaning eye protection.



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**Hand Hygiene (see Hand Hygiene Policy)**

1. Hand Hygiene must be performed for at least 20 seconds with soap and water or alcohol-based hand sanitizing gel. All personnel must perform hand hygiene to prevent the spread of infection.
  - a. Hand hygiene using ABHS cannot be used:
    - i. If hands are visibly soiled.
    - ii. When caring for a resident with *Colostridium Difficile* (C-Diff).
2. Hand hygiene supplies are readily available in every care location.
3. LCC will:
  - a. increase the availability and accessibility of alcohol-based hand sanitizers, no-touch receptacles for disposal, and appropriate PPE's at our facility entrances, waiting areas/lobbies, and resident care areas, etc.
  - b. Ensure ABHS and/or soap and water are accessible in all resident-care areas including inside and in hallways by resident rooms.

**Resident Surveillance**

1. All residents on the affected unit will be actively monitored at least once per shift.
  - a. All monitoring results will be documented in the EMR.
2. All residents in affected unit will remain in their room as feasible.
  - a. Activities will be offered as preferred for residents in their rooms to the extent possible.
3. Residents must wear facemasks when any care is being rendered as tolerated. Residents must also wear facemask if they leave their room or site in the doorway to their room.
4. Floating of staff will be minimized as not to affect delivery of care activities.
5. Residents on the affected units must be placed on Droplet and Contact Transmission Based Precautions until a physician has performed a medical evaluation and resolved COVID-19 related symptoms.
  1. Resolution of symptoms will follow CDC's guidance:
    - a. Test- based strategy or non-test based strategy.
  2. Until further information is available regarding viral shedding after clinical

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improvement, discontinuation of isolation precautions will be determine on a case by case basis with a physician or Medical Director review. Factors that will be considered include:

- a. presence of symptoms related to COVID-19 infection, date symptoms began, other conditions that would require specific precautions (e.g., MDRO's, Clostridium difficile), other laboratory information reflecting clinical status, and COVID-19 testing results.
6. All employees must wear required PPE.
7. Residents who initially tested negative, may be re-tested upon the development of symptoms consistent with COVID-19, if tests are available.
8. Residents may vary in severity of symptoms and may develop severe symptoms that require transfer to hospital for a higher level of care.

### **Admission, Discharge and Transfer**

#### **Admission/Re-Admission**

1. Residents will be admitted or re-admitted as long as the facility can follow the CDC's guidance for transmission-based precautions and with a negative test result.
2. If we are unable to follow the CDC's guidance for Transmission-based Precautions for COVID-19, we will postpone or deny the Admission/Readmission.

#### **Discharge**

1. Before transferring the resident for a higher level (acute care) of services, emergency \ medical services and the receiving facility should be alerted to the resident's diagnosis and precautionary measures.
2. If the patient does not require hospitalization, they may be discharged home if deemed medically and socially appropriate.
3. Pending transfer or discharge, place a facemask on the resident and keep the door closed, if feasible.
  - a. Provide instructions for COVID-19 related discharge as per CDC guidelines.
4. Terminal cleaning will be performed after the individual is removed using an EPA-

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approved emerging viral pathogens product that claims resistance against COVID-19.

**Transfer**

LCC will preserve a resident’s place in the facility if the resident is hospitalized in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d) (6) and 42 CFR 483.15(e)

**Education-Resident and Staff**

1. Resident education sessions will be provided at Resident Council Meetings.
2. Staff education will be provided as needed.
3. Education sessions may include: Hand Hygiene, Donning and Doffing PPE, Coronavirus Symptoms, Social Distancing, Environmental Cleaning and Disinfecting, Optimizing the Supply of PPE and Face Masks and Safety Etiquette.
  - a. Limiting exposure – dedicated staff.
  - b. Use of dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, stethoscope).
  - c. Transmission and Prevention:
    1. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
    2. With COVID-19, there have been reports of spread from an infected patient with no symptoms to a close contact.
  - d. Prevention
    1. There is currently no vaccine to prevent COVID-19 infection.
    2. The best way to prevent infection is to avoid being exposed to this virus. Everyday preventive actions to help prevent the spread of respiratory viruses includes:
      - Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after

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blowing your nose, coughing, sneezing, before and after eating or use an alcohol-based hand sanitizer (ABHS) with at least 60% alcohol.

- Always wash hands with soap and water if hands are visibly dirty.
- Avoid touching your eyes, nose, mouth and face mask with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick and symptomatic.
- Follow respiratory hygiene, cough etiquette and hand hygiene precautions at all times.
  1. Cover your cough or sneeze into your elbow. If you sneeze into a tissue, wash your hands after throwing the tissue (one use) in the trash.
- Clean and disinfect frequently touched objects and surfaces with an EPA-approved emerging viral pathogens product that claims resistance against COVID-19.

e. Treatment

1. As of the development of this policy there is no specific antiviral treatment recommended for COVID-19 infection.
2. Individuals infected with COVID-19 should receive supportive care to help relieve symptoms.
3. For severe cases, treatment can include care to support vital organ functions.
4. Treatment of symptoms will commence after provider notification and collaboration.

**Equipment Care**

1. Proper cleaning/disinfecting of equipment between each resident use will be performed according to the manufacturer’s instructions
2. Dedicated point-of-care equipment category will be cleaned and disinfected between each

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resident use.

3. Medical equipment such as mechanical lifts sharing between residents require disinfection between residents.
4. Disinfect workplace areas (nurse’s stations, phones, internal radios, medication carts, treatment carts, emergency carts, etc.).

**Engineering and Administrative Controls**

1. Physical barriers or partitions to guide patients through common areas curtains between patients in shared areas.
2. Increase signage (elevators, lobby, etc.) for educational cues and reminders.
3. Visual alerts (e.g., signs, posters) in strategic places (e.g. waiting areas, elevators, cafeterias, screens/monitors) to provide residents and staff with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, cough etiquette, transmission and prevention of COVID-19 infection.
4. Monitor the use of PPE’s to capture demand and burn rates.
5. The facility will update its:
  - Emergency Preparedness Plan COVID-19 Pandemic
  - Infection Control and Prevention Facility Assessment
6. Monitor and manage ill and exposed employees.
7. Movement and monitoring decisions for employees with exposure to COVID-19 will be made in consultation with public health authorities.
8. Environmental cleaning and disinfection procedures will be followed consistently and correctly.
  - Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces before applying an EPA-registered) are appropriate for COVID-19, including those patient-care areas in which aerosol-generating (nebulizer) procedures are performed.
9. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19.
10. Management of laundry, food service utensils and medical waste will be performed per

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routine procedural guidelines.

11. Enhance cleaning activities in common and on high-tough areas will be implemented.
12. The facility will implement mechanisms that promptly alert key facility staff including infection control, facility leadership, and frontline staff about known or suspected COVID-19 residents (i.e., PUI), staff and visitors.
13. Promptly communicate and collaborate with public health authorities.
14. Contaminated Waste - Areas for contaminated waste are clearly identified as per NYSDOH guidelines. The Director of Plant Operations shall follow all Department of Environmental Conservation (DEC) and regulations regarding the handling and labeling of contaminated waste.

**Communication Plan**

1. Residents and their families will be provided with assistance in accessing the Internet-based platform for videoconferencing of their choice, connecting via telephone, window visits or via written correspondence.
2. LCC will communicate the weekly update via email and the facility’s website.
3. The Administrator will ensure that all residents are provided with daily access to free remote videoconferencing, or similar communication methods, with authorized family members and guardians.
  - a. The IDT will develop a cooperative plan to assist residents in communications with family and friends;
  - b. Staff providing assistance to residents will obtain communication devices (i.e. laptops, tablets, smart phones, etc.) from the Recreation Department and return the equipment to the department upon completion of the visit(s).
  - c. The Director of Recreation will ensure that all communication devices are working properly, charged between sessions, and cleaned and stored per the facility’s infection control guidelines.
  - d. Visits will be scheduled according to the following procedures:
    - i. Families are asked to call the Director of Recreation to request virtual

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visitation. Virtual visits are offered 7 days per week.

- ii. Communication devices (i.e. laptops, tablets, smart phones, etc.) are charged and cleaned and stored per the facility’s infection control guidelines between sessions.

**Emergency Supply Plan for Food, Water and Medication**

1. The facility currently has adequate supply of food and water available. This is monitored on a regular basis to ensure that it is intact and safely stored.
2. The facility has adequate supply of stock medications.
3. Refer to Emergency Preparedness Plan: Subsistence Needs During An Emergency

**Recovery/Return to Normal Operations**

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

**Facility PEP Posting Regulations**

The facility will post a copy of the facility’s PEP in a form acceptable to the Commissioner on the facility’s website and make available immediately upon request.