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Attestation that all Infection Control Policies Have Been Reviewed

The IPC committee (Medical Director, DNS and IP) and other key clinical and administrative staff will review the infection control policies at least annually. The review will include:

- i. Updating or supplementing policies and procedures as needed;
- ii. Assessment of staff compliance with existing policies and regulations; and
- iii. Any trends or significant problems since the last review.

By signing below facility is in compliance with the above stipulations

Medical Director: [Signature] Date: 9/15/20
Infection Preventionist: Margaret Murphree Date: 9/15/20
Director of Nursing: Margaret Murphree Date: 9/15/20
Administrator: Chaine Lynt Date: 9/15/20



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PANDEMIC EMERGENCY PLAN

Annex E: Infectious Disease/Pandemic Emergency

As the COVID-19 pandemic surged around the world, healthcare policy makers, management and staff have had to recognize a risk that was talked about, but never really prepared for. Complicating the response further was that this pandemic was caused by a new pathogen, (novel virus), and to which there was no natural immunity or vaccination. We are still learning about how this disease is transmitted, which population is the most vulnerable and the best course of treatment. The most terrible aspect of the experience so far is that COVID-19 takes a terrible toll on the elderly and those sick with co-morbidities. As such, Skilled Nursing Facilities congregate care setting were especially at risk during this outbreak. As a result of this, the State and Federal governments have enacted additional requirements for the safe operation of a home. This document lays out the required elements of new legal and regulatory responsibilities during a pandemic.

(R) = Required Element

* NYSDOH regulation indicates both required and recommended elements need to be addressed in PEP

Preparedness Tasks for all Infectious Disease Events

1. Staff Education on Infectious Diseases (R)

- The Facility Infection Preventionist (IP) in conjunction with Inservice Coordinator/Designee, must provide education on Infection Prevention and Management upon the hiring of new staff, as well as ongoing education on an annual basis and as needed should a facility experience the outbreak of an infectious disease.
- The IP/ Designee will conduct annual competency-based education on hand hygiene and donning/doffing Personal Protective Equipment (PPE) for all staff.
- The IP in conjunction with the Inservice Coordinator will provide in-service training for all staff on Infection Prevention policies and procedures as needed for event of an infectious outbreak including all CDC and State updates/guidance.

Refer to Policy and Procedure: Infection Prevention Staff Training

2. Develop/Review/Revise and Enforce Existing Infection Prevention Control, and Reporting Policies (R)

The facility will continue to review/revise and enforce existing infection prevention control and reporting policies. The Facility will update the Infection Control Manual, which is available in a digital and print form for all staff, annually or as may be required during an event. From time to time, the facility management will consult with local Epidemiologist to ensure that any new regulations and/or areas of concern as related to Infection Prevention and Control are incorporated into the Facilities Infection Control Prevention Plans.

Refer to Facility Assessment for Attestation of Yearly Review or Paper Copy with Signature Review Sheet

3. Conduct Routine/Ongoing, Infectious Disease Surveillance

- The Quality Assurance (QA) Committee will review all resident infections as well as the usage of antibiotics, on a monthly basis so as to identify any trends and areas for improvement.
- At daily Morning Meeting, the IDT team will identify any issues regarding infection control and prevention.
- As needed, the Director of Nursing (DON)/Designee will establish Quality Assurance Performance Projects (QAPI) to identify root cause(s) of infections and update the facility action plans, as appropriate. The results of this analysis will be reported to the QA committee.
- All staff are to receive annual education as to the need to report any change in resident condition to supervisory staff for follow up.
- Staff will identify the rate of infectious diseases and identify any significant increases in infection rates and will be addressed.
- Facility acquired infections will be tracked/reported by the Infection Preventionist.

Refer to Policy and Procedure: Infection Control Surveillance

4. Develop/Review/Revise Plan for Staff Testing/Laboratory Services

- The Facility will conduct staff testing, if indicated, in accordance with NYS regulations and Epidemiology recommendations for a given infectious agent.
- The facility shall have prearranged agreements with laboratory services to accommodate any testing of residents and staff including consultants and agency staff. These arrangements shall be reviewed by administration not less than annually and are subject to renewal, replacement or additions as deemed necessary. All contacts for labs will be updated and maintained in the communication section of the Emergency Preparedness Manual.
- Administrator/ DON/Designee will check daily for staff and resident testing results and take action in accordance with State and federal guidance.

Refer to Vendor List in Emergency Management Plan (EMP)

Refer to P/P Testing

5. Staff Access to Communicable Disease Reporting Tools (R)

- The facility has access to Health Commerce System (HCS), and all roles are assigned and updated as needed for reporting to NYSDOH.
- The following Staff Members have access to the NORA and HERDS surveys: Administrator, Director of Nursing, Infection Preventionist, and Assistant Director of Nursing. Should a change in staffing occur, the replacement staff member will be provided with log in access and Training for the NORA and HERDS Survey
- The IP/designee will enter any data in NHSN as per CMS/CDC guidance

Refer to Annex K Section 1 Communicable Disease Reporting

Refer to Facility Assessment

6. Develop/Review/Revise Internal Policies and Procedures for Stocking Needed Supplies (R)

- The Medical Director, Director of Nursing, Infection Control Practitioner, Safety Officer, and other appropriate personnel will review the Policies for stocking needed supplies.
- The facility has contracted with Pharmacy Vendor to arrange for 4-6 weeks supply of resident medications to be delivered should there be a Pandemic Emergency.
- The facility has established par Levels for Environmental Protection Agency (EPA) approved environmental cleaning agents based on pandemic usage.
- The facility has established par Levels for PPE.

Refer to Policy and Procedure on Personal Protective Equipment: Par Level, Storage and Calculating Burn Rate
Refer to Policy and Procedure on Environmental Cleaning Agents
Refer to Vendor list and Contracts in EMP (Emergency Management Plan)

7. Develop/Review/Revise Administrative Controls with regards to Visitation and Staff Wellness

- All sick calls will be monitored by Department Heads to identify any staff pattern or cluster of symptoms associated with infectious agent. Each Dept will keep a line list of sick calls and report any issues to IP/DON during Morning Meeting. All staff members are screened on entrance to the facility to include symptom check and thermal screening.
- Visitors will be informed of any visiting restriction related to an Infection Pandemic and visitation restriction will be enforced/lifted as allowed by NYSDOH.
- A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional DOH planning and CMS to address widespread healthcare staffing shortages during a crisis.

Refer to Policy and Procedure: Visitation Guidelines during Pandemic
Refer to Policy and Procedure Staff Screening and Monitoring During a Pandemic.
Refer to contingency staffing plan in EMP

8. Develop/Review/Revise Environmental Controls related to Contaminated Waste (R)

- Areas for contaminated waste are clearly identified as per NYSDOH guidelines
- The facility environmental coordinator shall follow all Department of Environmental Conservation (DEC) and DOH rules for the handling of contaminated waste. The onsite storage of waste shall be labeled and in accordance with all regulations. The handling policies are available in the Environmental Services Manual. Any staff involved in handling of contaminated product shall be trained in procedures prior to performing tasks and shall be given proper PPE.
- The facility will amend the Policy and Procedure on Biohazardous wastes as needed related to any new infective agents.

Refer to Policy and Procedure on Handling of Biohazardous Waste Material

9. Develop/Review/Revise Vendor Supply Plan for food, water, and medication (R)

- The facility currently has a 3-4 days' supply of food and water available. This is monitored on a quarterly basis to ensure that it is intact and safely stored.
- The facility has adequate supply of stock medications for 4-6 weeks.
- The facility has access to a minimum of 2 weeks supply of needed cleaning/sanitizing agents in accordance with storage and NFPA/Local guidance. The supply will be checked each quarter and weekly as needed during a Pandemic. A log will be kept by the Department head responsible for monitoring the supply and reporting to Administrator any specific needs and shortages.

Refer to the following
P/P Subsistence Food and Water EMP
Facility Logs: Water and Food: Food Service Director
Stock Medications: Director of Nursing
Sanitizing/Cleaning Agents: Director of Environmental Services

10. Develop Plans to Ensure Residents are Cohorted based on their Infectious Status (R)

- Residents are isolated/cohorted based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control guidance.

- The facility Administration maintains communication with Local Epidemiologist, NYS DOH, and CDC to ensure that all new guidelines and updates are being adhered to with respect to Infection Prevention.
- The Cohort will be divided into three groups: Unknown, Negative, and Positive as it relates to the infectious agent.
- The resident will have a comprehensive care plan developed indicating their Cohort Group and specific interventions needed.

Refer to Policy and Procedure on Cohorting

11. Develop a Plan for Cohorting residents using a part of a unit, dedicated floor or wing, or group of rooms

- The Facility will dedicate a wing or group of rooms at the end of a unit in order to Cohort residents. This area will be clearly demarcated as isolation area.
- Appropriate transmission-based precautions will be adhered to for each of the Cohort Groups as stipulated by NYS DOH
- Staff will be educated on the specific requirements for each Cohort Group.
- Residents that require transfer to another Health Care Provider will have their Cohort status communicated to provider and transporter and clearly documented on the transfer paper work.
- All attempts will be made to have dedicated caregivers assigned to each Cohort group and to minimize the number of different caregivers assigned.

Refer Policy and Procedure Cohorting Guidelines during a Pandemic

Refer Policy and Procedure Transferring Residents with Infection Diseases.

12. Develop/Review/Revise a Plan to Ensure Social Distancing Measures

- The facility will review/ revise the Policy on Communal Dining Guidelines and Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidance.
- The facility will review/revise the Policy on Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidelines. Recreation Activities will be individualized for each resident.
- The facility will ensure staff break rooms and locker rooms allow for social distancing of staff
- All staff will be re-educated on these updates as needed

Refer to Policy and procedure: Dining Guidelines during a Pandemic

Refer to Policy and procedure: Recreation Needs During a Pandemic

13. Develop/Review/Revise a Plan to Recover/Return to Normal Operations

- The facility will adhere to directives as specified by, State and CDC guidance at the time of each specific infectious disease or pandemic event e.g., regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.
- The facility will maintain communication with the local NYS DOH and CMS and follow guidelines for returning to normal operations. The decision for outside consultants will be made on a case by case basis taking into account medical necessity and infection levels in the community. During the recovery period residents and staff will continue to be monitored daily in order to identify any symptoms that could be related to the infectious agent.

Refer to Policy and Procedure Staff Monitoring during a Pandemic Emergency

Refer to Policy and Procedure Resident Monitoring during the Recovery phase of a Pandemic Emergency

Additional Preparedness Planning Tasks for Pandemic Events

1. Develop/Review/Revise a Pandemic Communication Plan (R)

- The Administrator in conjunction with the Social Service Director will ensure that there is an accurate list of each resident's Representative, and preference for type of communication.
- Communication of a pandemic includes utilizing established Staff Contact List to notify all staff members in all departments.
- The Facility will update website on the identification of any infectious disease outbreak of potential pandemic.

Refer to Section of PEP Additional Response Communication and Notifying Families/ Guardians and Weekly Update page 8

Refer to Policy and Procedure Communication with Residents and Families During Pandemic

Refer to list of Resident representatives/contact information

Refer to Staff Contact List located in EMP

2. Develop/Review/Revise Plans for Protection of Staff, Residents, and Families Against Infection (R)

- Education of staff, residents, and representatives
- Screening of residents
- Screening of staff
- Visitor Restriction as indicated and in accordance with NYSDOH and CDC
- Proper use of PPE
- Cohorting of Residents and Staff

Refer to Infection Prevention and Control Policy and Procedures

Response Tasks for All Infectious Disease Events

1. Guidance, Signage, Advisories

- The facility will obtain and maintain current guidance, signage advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions.
- The Infection Preventionist/Designee will ensure that appropriate signage is visible in designated areas for newly emergent infectious agents
- The Infection Control Practitioner will be responsible to ensure that there are clearly posted signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas.
- The Infection Preventionist/Designee will ensure that appropriate signage is visible in designated areas to heighten awareness on cough etiquette, hand hygiene and other hygiene measures in high visible areas.

Refer to the attached listing of government agencies and contact numbers

Refer to the CDC website for Signage download

2. Reporting Requirements (R)

- The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19 (see Annex K of the CEMP toolkit for reporting requirements).
- The DON/Infection Preventionist will be responsible to report communicable diseases via the NORA reporting system on the HCS
- The DON/Infection Preventionist will be responsible to report communicable diseases on NHSN as directed by CMS.

Refer to Annex K CEMP for reportable diseases

3. Signage *(Refer to Guidance, Signage, Advisories)*

4. Limit Exposure

- The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies.
- Facility will Cohort residents according to their infection status
- Facility will monitor all residents to identify symptoms associated with infectious agent.
- Units will be quarantined in accordance with NYSDOH and CDC guidance and every effort will be made to cohort staff.
- Facility will follow all guidance from NYSDOH regarding visitation, communal dining, and activities and update policy and procedure and educate all staff.
- Facility will centralize and limit entryways to ensure all persons entering the building are screened and authorized.
- Hand sanitizer will be available on entrance to facility, exit from elevators, and according to NYSDOH and CDC guidance
- Daily Housekeeping staff will ensure adequate hand sanitizer and refill as needed.

Refer Policy and Procedure Cohorting Guidelines during a Pandemic

5. Separate Staffing

- The facility will implement procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.

Refer to Policy and Procedure on Cohorting

6. Conduct Cleaning/Decontamination

- The facility will conduct cleaning/decontamination in response to the infectious disease utilizing cleaning and disinfection product/agent specific to infectious disease/organism in accordance with any applicable NYSDOH, EPA, and CDC guidance.

Refer to Environmental Cleaning /Disinfection P/P

Refer to the attached Policy and Procedure on Terminal Room Cleaning

7. Educate Residents, Relatives, and Friends About the Disease and the Facility's Response (R)

- The facility will implement procedures to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information.
- All residents will receive updated information on the infective agent, mode of transmission, requirements to minimize transmission, and all changes that will affect their daily routines.

Refer to the attached Policy and Procedure on Communication During a Pandemic

8. Policy and Procedures for Minimizing Exposure Risk *(Refer to section 4)*

- The facility will contact all staff including Agencies, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents and staff.
- Consultants that service the residents in the facility will be notified and arrangements made for telehealth, remote chart review, or evaluating medically necessary services until the recovery phase according to State and CDC guidelines.

Refer to Memo regarding vendor delivery during a Pandemic
Refer to P/P Telehealth Services

9. Advise Vendors, Staff, and other stakeholders on facility policies to minimize exposure risks to residents (R)

- Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors and vendors to limit/discontinue visits to reduce exposure risk to residents and staff.
- Emergency staff including EMS will be informed of required PPE to enter facility
- Vendors will be directed to drop off needed supplies and deliveries in a designated area to avoid entering the building.
- The facility will implement closing the facility to new admissions in accordance with any NYSDOH directives relating to disease transmission

Refer to Policy and Procedure on Visitation during a Pandemic
Refer to Policy and Procedure on Limited Services During a Pandemic
Refer to Vendor Contact List in EPM

10. Limiting and Restriction of Visitation (R)

- The facility will limit and or restrict visitors as per the guidelines from the NYSDOH
- Residents and Representatives will be notified as to visitation restrictions and/or limitations as regulatory changes are made.

Refer to Policy and Procedure on Visitation during a Pandemic

Additional Response Tasks for Pandemic Events

1. Ensure Staff Are Using PPE Properly

- The facility has an implemented Respiratory Protection Plan
- Appropriate signage shall be posted at all entry points, and on each residents', door indicating the type of transmission-based precautions that are needed.
- Staff members will receive re-education and have competency done on the donning and doffing of PPE.
- Infection Control rounds will be made by the DON, IP, and designee to monitor for compliance with proper use of PPE
- The facility has a designated person to ensure adequate and available PPE is accessible on all shifts and staff are educated to report any PPE issues to their immediate Supervisor

Refer to Policy and Procedure on Respiratory Protection Program
Refer to Infection Control Surveillance Audit
Refer to P/P on PPE

2. Post a Copy of the Facility's PEP (R)

- The facility will post a copy of the facility's PEP in a form acceptable to the commissioner on the facility's public website and make available immediately upon request.
- The PEP plan will be available for review and kept in a designated area (INSERT)

Refer to attestation that PEP will be readily available

3. The Facility Will Update Family Members and Guardians (R)

- The facility will communicate with Residents, Representatives as per their preference i.e. Email, text messaging, calls/robocalls and document all communication preference in the CCP/medical record.

- During a pandemic Representatives of residents that are infected will be notified daily by Nursing staff as to the resident's status.
- Representatives will be notified when a resident experience a change in condition
- Representatives will be notified weekly on the status of the pandemic at the facility including the number of pandemic infections.
- The Hotline message will be updated within 24 hours indicating any newly confirmed cases and/or deaths related to the infectious agent.
- Residents will be notified with regards to the number of cases and deaths in the facility unless they verbalize that they do not wish to be notified. This will be documented in the medical record/CCP
- All residents will be provided with daily access to communicate with their representatives. The type of communication will be as per the resident's preference i.e. video conferencing/telephone calls, and/or email.

Refer to Policy and Procedure Communication with Residents and Families During Pandemic

Refer to CMS guidelines regarding a change in condition

4. The Facility Will Update Families and Guardians Once a Week (R) – (See Section 3 Above)

5. Implement Mechanisms for Videoconferencing (R)

- The facility will provide residents with no cost, daily access to remote videoconference or equivalent communication methods with Representatives
- The Director of Recreation/Designee will arrange for the time for all videoconferencing

Refer to Policy and Procedure Communication with Residents and Families During Pandemic

Refer to P and P on Recreational Needs of Residents during a Pandemic

6. Implement Process/Procedures for Hospitalized Residents (R)

- The facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site 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(i); and 42 CFR 483.15(e).
- Prior to Admission/readmission the DON/designee will review hospital records to determine resident needs and facility's ability to provide care including cohorting and treatment needs.

Refer to Policy and Procedure for Bed Hold During a Pandemic

7. Preserving a Resident's Place (R)

- The facility will implement processes to preserve a resident's place in a residential health care facility if such 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).

Refer to Policy and Procedure for Bed Hold During a Pandemic

8. The Facility's Plan to Maintain at least a two-month supply of Personal Protective Equipment (PPE) (R)

- The facility has implemented procedures to maintain at least a two-month (60 day) supply of 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 executed during a specific disease outbreak or pandemic.
- This includes, but is not limited to:
 - N95 respirators

- Face shield
- Eye protection
- Isolation gowns
- Gloves
- Masks
- Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)
- Facility will calculate daily usage/burn rate to ensure adequate PPE

Refer to Policy and Procedure on Securing PPE

Refer to Vendor Contract List including information for Local and State OEM in EPM

Recovery of all Infectious Disease Events

1. Activities/Procedures/Restrictions to be Eliminated or Restored (R)

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

Refer to Pandemic Tracking Sheet

2. Recovery/Return to Normal Operations (R)

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

Refer to Policy and Procedure: Staff Testing during Pandemic



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EMERGENCY MANAGEMENT PLAN: PANDEMIC EMERGENCY

INFECTION CONTROL AND INFECTION PREVENTION

SUBJECT: Emerging infection diseases (not limited to) MERS, Ebola, Zika, Influenza and Covid-19.

Circulated to all Department Heads effective 4/20/2020, reviewed 8/20/2020.

Approved by infection preventionist, medical director, DNS, administrator.

POLICY: Emerging infections disease outbreak.

Haym Salomon Home has developed a policy and procedure to protect their residents, staff and visitors from contagious disease by preparing to manage an outbreak with prompt response to a declaration of Pandemic virus. In consultation and collaboration with CMS, NYDOH and CDC guidelines the facility will staff training daily skill practice and adequate supplies on a routine basis in the event of the emerging pandemic.

Definitions for Education and Understanding:

All Viruses constantly change and mutate. The type of virus that can spread quickly and cause Pandemic infection is called “Novel Virus”, or indicative of a New Strain. Novel and variant influenza A viruses can infect and cause severe respiratory illness, as well as multiple symptoms in humans. These influenza viruses are different from currently circulating human Influenza A Virus subtypes and include Influenza viruses from predominantly Avian and Swine origin. Human infections with a “Novel Virus” are viruses that can be transmitted from person to person, and may signal the beginning of a pandemic event.

Ebola: Ebola previously known as Ebola hemorrhagic fever, is rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees). Ebola is caused by infection with a

virus of the family *Filoviridae*, genus *Ebolavirus*. There are five identified Ebola virus species, four of which are known to cause disease in humans. Ebola viruses are found in several African countries, but may become Pandemic.

Zika: Zika virus is spread to people through mosquito bites. Outbreaks of Zika have occurred in areas of Africa, Southeast Asia, the Pacific Island, and the Americas. Because the Aedes species mosquitoes that spread Zika virus are found throughout the world, it is likely that outbreaks will spread to new countries. In December 2015, Puerto Rico reported its first confirmed Zika virus case. In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil. The outbreak in Brazil led to reports of Guillain-Barre syndrome and pregnant women giving birth to babies with birth defects and poor pregnancy outcomes.

Coronaviruses are enveloped RNA viruses that cause respiratory illness of varying severity from the common cold to fatal pneumonia. Coronaviruses cause much more severe, and sometimes fatal, respiratory infections in humans than other Corona viruses and have caused major outbreaks of deadly pneumonia in the 21st century:

SARS COVID-2 is a novel coronavirus identified as the cause of coronavirus disease 2019 (**COVID-19**) that began in Wuhan, China in late 2019 and spread worldwide.

PROCEDURE:

1. The facility will continue to utilize current infection control practices and standard precautions at all times during routine day-to-day care of each resident.
2. The facility will continue to provide annual infection control training inclusive of content covering all aspects of infection control.
3. The facility will maintain:
 - a) Sufficient medical supplies (disposable gloves, gowns, masks, other personal protective equipment);
 - b) Disinfectants and cleaners (soap, hand sanitizer, disinfectants, etc.);
 - c) Disposable products (paper towels, cups, tissues);
 - d) Dedicated resident medical equipment as applicable; and
4. The in-service Director will continue to educate staff at least annually to address infection control measures and prevention of infections.
5. Additional staff in-service will be held to specifically address should an outbreak or cases be identified.

EID Outbreak – Standby Alert Phase: No Facility Involvement

1. In the event that an outbreak alert has been issued for the United States, the facility shall take the following immediate actions:
 - a) The clinical team shall begin daily monitoring of residents, staff, and visitors for signs and symptoms related to the EID alert.
 - b) The Administrator/ Designee shall inform the Medical Director and staff of the increased threat alert and discuss any proactive measures deemed to be necessary.
 - c) The Director of Nursing/ Staff Educator/Designee will again in-service all staff (including non-nursing staff) on all areas identified above.
2. The Administrator/Designee will ensure that the facility has a sufficient supply of food, disposable medical supplies, medical equipment, and any recommended lab testing supplies and cleaning materials on hand in the event that provisions become unavailable and/or the facility goes into a quarantine status.
3. The Administrator/Designee will remind staff of the need for emergency staffing procedures should the alert level change to an “active” outbreak.
4. The facility will submit resident and staff laboratory specimens for viral testing if such is requested by the Department of Health.

Emergency Preparedness Manual

INTERNAL DISASTER PLAN

Outbreak – Active Phase: Facility Involvement

1. The Medical Director, the attending physical, local and state health departments and the responsible party for each resident will be notified that an active outbreak alert has been issued/ identified in the facility.
2. Outsiders will be informed through postings at the reception desk and on the intranet/ internet web pages that staff will be screening all visitors for signs and symptoms of the specified emerging infectious disease. They will also be notified that entrance to the facility may be denied should a visitor appear to be symptomatic or if the resident population has been quarantined for disease prevention and/or due to active internal cases.
3. The Infection Control Preventionist, Medical Director and Nursing Director shall assess the extent of the specific EID incident within the facility based upon available information and determine whether or not an outbreak response plan should be activated.

If a decision is made to activate the outbreak response plan, the LNHA/Designee is advised to immediately establish the emergency command center to gather the emergency officers and establish a plan.

Note: The Administrator/or Designee will evaluate the numbers of resident/staff with active infections and determine the need to close the facility to outside visitors/admissions should an active outbreak warrant a quarantine of the building then;

- A. The Administrator/Designee shall ensure notification of staff, responsible parties, vendors, and cancelation of all outside groups who may be scheduled to come to the facility.
- B. A sign shall be posted at all entrances and on the websites to inform visitors that the facility is under an active outbreak alert and that visitation is prohibited until further notice.

If level of staff affected meets a high threshold, the Administrator/Designee will implement a contingency staffing plan to allow for continued quality care and at all times notify all appropriate agencies of the status of the residents/staff as required by state/federal reporting agencies.

Emergency Preparedness Manual

INTERNAL DISASTER PLAN

Activation of the Outbreak Command Center

Staff Outbreak Responsibilities are as follows:

Administrator/Designee will:

- The LNHA/or Designee will operate the outbreak command center and oversee all points of the clinical/environmental treatment and containment of the infection disease.
- As the Incident Commander (IC), the LNHA/Designee will appoint duties and review responsibilities with department heads and designated staff.
- The ICP will control the information flow into and out of the being, ensuring that local state and federal authorities are notified at all times of the status of the resident population.

PPE USAGE and Storage:

In conjunction with our Disaster Plan, the Facility will ensure a 3 month supply and storage of all PPE in accordance with CDC, including but not limited to:

- N95 respirators
- Face shield

- Eye protection
- Gowns/isolation gowns
- Gloves
- Face masks
- Hand Sanitizer
- Sanitizer and disinfectants in accordance with current EPA Guidance.

The Infection Preventionist will identify need in accordance with affected residents and ensure availability of PPE in designated areas.

PPE use will be monitored for appropriate use and appropriate Infection control interventions to prevent disease transmission.

The DOH will be notified of any surge in identified infections and concerns regarding availability of PPE, needs of Residents and staff use will be anticipated and evaluated throughout the Pandemic.

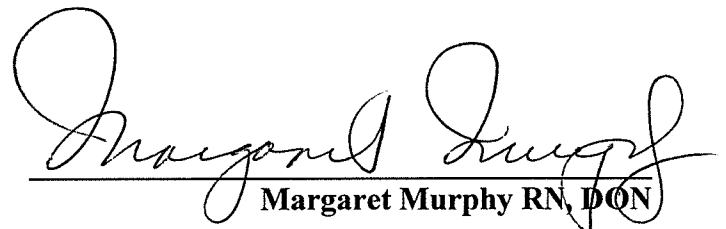
Staff Training:

All staff members will be trained on the facility Pandemic Management Plan and related policies and procedures for Infection Control and transmission precautions as part of Disaster Planning, and staff awareness. Same will be on Orientation, as well as if outbreak is suspected or as identified by CDC, CMS or NYSDOH.

Staff will be educated on Infection Control Plan following CDC Guidelines as well as education on signs/symptoms of the disease and care protocols which will be incorporated into our Management Plans.

Education and Communication will also be sent to Family members and significant others regarding our Management Plans and new directives for care; as well as notification of change regarding their loved one.

Date: 9/01/2020



Margaret Murphy RN, DON

HAYM SALOMON HOME FOR NURSING AND REHABILITATION

LESSON PLAN DEPARTMENT OF NURSING-STAFF EDUCATION

Topic/Program Offering: Infection Control in the Long Term Care Setting.

Audience: All Staff

Objective(s)	Contents (topics)	Time Frame	Facility	Teaching Methods
Describe how pathogenic organisms spread in the health care setting.	<p>1. Transmission of infections requires three elements:</p> <ul style="list-style-type: none"> • Source of infection microorganism. • Susceptible host • Means of transmission of the microorganism. <p>2. Sources of Infecting Microorganisms.</p> <ul style="list-style-type: none"> • Human sources. <ul style="list-style-type: none"> ▪ Patients ▪ Personnel ▪ Visitors • Status <ul style="list-style-type: none"> ▪ Persons with acute disease ▪ Persons who are asymptotically colonized or who are chronic carriers. ▪ Persons with endogenous flora. • Other sources <ul style="list-style-type: none"> ▪ Inanimate objects ▪ Contaminated medications ▪ Contaminated equipment ▪ Contaminated foods. 	1 Hr.	Lecture and discussion.	Oral test; Response to situations presented.

3. Host Factors

- **Individuals vary greatly in their susceptibility to infection by microorganisms.**
 - Total immunityIndividual will not develop infection or Colonization despite exposure to microorganism.
 - Natural immunity
 - Immunization

- **Colonization**

- Individuals exposed to microorganism develop a commensal relationship with the organism and become an asymptomatic carrier.

- **Infections**

- Clinical disease develops

4. Factors which reduce host defenses to Microbial Infections.

- Age
- Underlying disease
- Prior antimicrobial treatment.
- Corticosteroids and other immuno-suppressives.
- Radiation
- Breaks in skin or mucus membrane integrity
- Indwelling devices and lines

5. Transmission of Microorganisms

- **Five routes of transmission of infection.**

- Contact *
- Droplet *
- Airborne *
- Common vehicle
- Vector borne

Note**: Most common in nursing home environment.

6. Contact Transmission (1)

- **The most important and frequent mode of transmission of nosocomial infections.**
 - Direct contact transmission
 - Direct body surface to body surface contact
 - Physical transfer of the infectious agent between a colonized, infected or contaminated patient/caregiver and a susceptible host.
 - May occurs when a care giver:
 - Turns a patient
 - Bathes a patient
 - Examines a patient
 - Provides wound care
 - Performs other patient care involving direct contact.
- May also occur between two patients with one serving as the source of infectious agent and the other serving as the susceptible host.

7. Contact Transmission (2)

- **Indirect contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate**
 - Instruments
 - Needles
 - Dressings
 - Fomites in patient's room
 - Unwashed hands
 - Gloves not changed between patients

8. Droplet Transmission (1)

- **A specialized form of contact transmission**
 - Mode of transmission is distinct from that of direct or indirect contact transmission.

- Large particle droplets (>5 microns) containing infectious agents are produced by the source patient by:

- Sneezing
- Coughing
- Talking

- Large particle droplets are also produced by treatment procedures which produce aerosols such as:
 - suctioning
 - tracheostomy care

9. Droplet Transmission (2)

- Transmission via droplet infection occurs when the droplets contain infectious agents colonizing or infecting the respiratory tract of the source patient.
- The droplets are propelled a short distance through the air and are deposited on the host.
 - Conjunctiva
 - Nasal mucosa
 - Mouth
 - Fomites within 3 feet of the source patient are also contaminated as the droplets containing microorganisms settle down on surfaces.
- Because the large droplets do not remain suspended in air, special air handling and ventilation are not required to prevent droplet transmission.

10. Airborne Transmission (1)

- Occurs by dissemination of:
 - Airborne droplet nuclei (\neq < 5 microns) of evaporated droplets containing the infectious agent.
 - Dust particles containing the infectious agent.
- Microorganisms can remain suspended in air for prolonged periods of time.
- They can be widely dispersed by air currents.

<p>2. Distinguish between standard precautions and transmission based precautions.</p>	<ul style="list-style-type: none"> • They may be inhaled by a susceptible host within the same room or over longer distances from the source patient depending on air currents. • Special air handling and ventilation are required to prevent airborne transmission. • Commonly transmitted infections include TB, Rubella and Varicella. <p>11. Common Vehicle and Vector Borne Transmission.</p> <ul style="list-style-type: none"> • Common vehicle transmission applies to microorganisms transmitted by contaminated items such as food, water, medications, devices and equipment. • Vector borne transmission occurs when mosquitoes, fleas, flies and other vermin transmit a disease. 		
<p>12. Distinguish between standard precautions and transmission based precautions.</p>	<p>12. Isolation Precautions Rationale.</p> <ul style="list-style-type: none"> • Isolation precautions are designed to prevent transmission of infectious agents by the contact, droplet and airborne route. • Precautions are designed primarily to interrupt the transmission of microorganisms between the host and susceptible individuals. • A variety of infection control measures are used for decreasing the risk of transmission of infections in nursing homes. These comprise the fundamentals of isolation precautions. 		
<p>13. Fundamentals of Isolation. Precautions: Handwashing (1)</p>	<ul style="list-style-type: none"> • Handwashing is the single most important measure to reduce the spread of infection. <ul style="list-style-type: none"> ▪ From one person to another ▪ From one site to another on the same patient. 		

- **Hands should be washed.**

- Between patient contacts.
- After contact with:
 - blood
 - body fluids
 - secretions
 - excretions
 - potentially contaminated equipment or fomites

- **When**

- reporting for duty
- leaving unit

- **Before**

- eating
- applying cosmetics/contact lenses
- leaving toilet.

14. Fundamentals of Isolation.

Precautions: Gloves (1)

- **Gloves are worn for three important reasons:**

- They provide a protective barrier and prevent gross contamination of hands when touching:
 - blood
 - body fluids
 - secretions and excretions
 - mucus membrane
 - non-intact skin
- They reduce the likelihood that microorganisms present on the caregivers hands will be transmitted to the patient during procedures that involve touching the patients mucus membranes or non-intact skin.

- They reduce the likelihood that hands of personnel contaminated with microorganism from a patient or fomite can transmit the microorganism to another patient gloves are changed between patient contact.

15. Fundamentals of Isolation.

Precautions: Gloves (2)

- **Wearing gloves does not replace the need for handwashing.**
 - Gloves have small inapparent defects causing leakage.
 - Gloves may be torn during use.
 - Hands may become contaminated during removal of gloves.
- **Gloves must be changed between patient contacts and hands washed after their removal.**
- **Failure to change gloves between patients is an infection control hazard.**

16. Fundamentals of Isolation.

Precautions: Patient Placement (1)

- **Appropriate placement of patients is a significant component of isolation precautions:**
 - In some cases a private room is needed to prevent disease transmission when:
 - The patient has poor hygienic habits
 - Contaminates the environment
 - Cannot be expected to assist in maintaining infection control precautions to limit transmission of microorganisms:
 - patient with altered mental status.

17. Fundamentals of Isolation

Precautions: Patient Placement (2)

- When possible, patients with highly transmissible diseases are placed in a private room with handwashing and toilet facilities. This room may have negative pressure and/or HEPA filters to assist in containment and removal of airborne microorganisms.

18. Fundamentals of Isolation

Precautions: Patient Placement (3)

- When a private room is not available an infected patient is placed with an appropriate roommate.
 - Cohorting of patients.
 - infected/colonized with the same organism
 - No other potentially transmissible microorganism.

19. HICPAC Isolation Precautions (1)

- There are two types of isolation precautions.
 - Standard Precautions: applies to all patients receiving care in the facility regardless of their diagnosis or presumed infection status.
 - Transmission Based Precautions: applies to specific patients with documented or suspected infection with highly transmissible or epidemiologically important pathogens for which additional precautions beyond standard precautions are needed.

20. Standard Precautions.

- Standard precautions is the primary strategy designed for care of all LTC residents. It has incorporated the concepts from:

Universal Precautions (blood and body fluid precautions).

- Designed to reduce risk of transmission of bloodborne pathogens.
- All patients are treated as if they have a bloodborne transmissible disease.

Body Substance Isolation (BSI)

- Designed to reduce the risk of transmission of pathogens from moist body substances.
- Strategy for preventing contact with moist body substances through use of barrier items such as gloves, gown, eye protection and masks.

21. Standard Precautions

- Standard precautions applies to:

- Blood
- All body fluids, secretions and excretions except sweat.
- Non-intact skin.
- Mucus membranes.

- Standard precautions is the primary strategy for successful nosocomial infection control.
- It is designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources.

<p>3. State when to use personal Protective Equipment.</p>	<p>22. Personnel Protective Equipment “PPE”</p> <ul style="list-style-type: none"> ▪ Mask, gown, gloves, goggles, face shields are worn by personnel during certain procedures and patient care activities that may generate splashes or sprays of blood or body fluids in order to provide protection for the skin and mucus membranes of the eyes, nose and mouth. ▪ Masks are worn to protect against spread of infectious large particle droplets that are transmitted by close contact and generally travel only short distances (up to 3 feet) from infected patients who are coughing or sneezing or having a aerosol generating procedure such as suctioning. ▪ All PPE must be changed between patient contacts. 		
<p>4. Describe how to utilize Isolation Precautions as per Facility Policy/Procedure.</p>	<p>23. Review of the following policies/Procedures</p> <ol style="list-style-type: none"> 1. Clostridium Difficili. 2. Methicillin Resistant- Staphylococcus Aureus. 3. Vancomycin(e) Resistant Enterococcus. 		

HAYM SALOMON HOME FOR NURSING AND REHABILITATION
HANDWASHING COMPETENCY

NAME _____ TITLE: _____

DEPT: _____ DATE _____

STEPS		COMMENTS
1. REMOVES JEWELRY AND PUSHES SLEEVES UP ABOVE WRIST.	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
2. ASSESSES HANDS FOR CUTS ETC.	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
3. ADJUSTS WATER FLOW AND TEMPERATURE.	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
4. WETS HANDS AND APPLIES ANTIBACTERIAL SOAP.	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
5. KEEPS HANDS AND FOREARMS IN THE DOWN POSITION.	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
6. CREATES A FOAMY LATHER; INTERLACE FINGERS, RUBS PALMS, BACK OF HANDS & WRISTS. WASHES UNDER NAILS.	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY *20-30 SECONDS	
7. RINSES HANDS IN THE DOWN POSITION, ELBOWS STRAIGHT, AVOID TOUCHING INSIDE OF SINKS	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
8. DRIES HANDS AND DISCARDS PAPER TOWEL IN PROPER RECEPTACLE.	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
9. USES CLEAN PAPER TOWEL TO TURN OFF FAUCET AND HOLD DOOR KNOB.	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	

FOLLOW-UP: _____

☐ NOT NEEDED

Auditor: _____
 PRINT NAME TITLE DATE

Employee Signature: _____ Date: _____



2340 Cropsey Avenue | Brooklyn, NY 11214 | Phone: (718) 373-1700 | Fax: (718) 449-9028
www.HaymSalomonHome.com

SUBJECT: INFECTION CONTROL - STAFF GUIDELINES

POLICY:

Haym Salomon Home for Nursing and Rehabilitation will establish and maintain standards and practices of infection control with applicable state and city codes and the Guidelines of the Centers for Disease Control (CDC).

I. PURPOSE:

To prevent the spread of communicable disease(s) within the facility among and between residents, staff, visitors and volunteers.

II. PROCEDURE:

III. RESPONSIBILITY

Infection Control Coordinator
Staff Education Coordinator
ADN's, Nursing Supervisors

ACTION

SHALL:
Monitor and maintain an ongoing program(s) of staff education designed to prevent cross contamination and infection between residents, staff, visitors and volunteers

- a. Apply the principles of asepsis to minimize the possibility of acquiring and/or transmitting communicable disease(s).
- b. Be aware of the sources and transmission vectors and vehicles involved in the epidemiology of communicable disease(s).
- c. Monitor employees' health as it relates to resident exposure and the spread of infection.

- d. Be aware of the techniques and procedures of disinfection and sterilization.
- e. Be aware of the handling of liquid and solid waste material in order to prevent those items from becoming a reservoir and/or vehicle for harboring and/or disseminating microorganisms involved in the transmission of communicable disease(s).
- f. Be aware of and report behaviors, incidents and/or accidents thought to increase the risk of disease transmission.

ALL EMPLOYEES

SHALL:

1. Wash their hands for at least 20 seconds:
 - a. before and after meals.
 - b. before and after caring for individual residents;
 - c. before and after toileting, and/or
 - d. after contact with contaminated materials.
2. Wear disposable gloves using proper techniques for donning and removing same when:
 - a. handling any contaminated materials and/or equipment or handling or anticipating possible contact with the resident's blood or other potentially infectious body fluids.
3. Have a pre-employment medical examination which establishes the immunization status of the employee.
4. Be screened for TB at pre-Employment and every year thereafter.

5. Seriously consider taking the

hepatitis B vaccine series if they are at risk of possible/probable exposure to blood-borne pathogens.

- a. Hepatitis B vaccination is offered at no cost to the employee(s).
6. Report symptoms of respiratory infections, dermatitis, open skin lesions, diarrhea or a rise in body temperature to the supervisor for disposition regarding the work assignment.
7. Submit a physician's note for the employee's absence and their ability to return to work after having been on sick leave for period of three days or more.
8. Wear clean, washable outer garments.
 - a. Any garment which becomes soiled with secretions is to be removed immediately and replaced.
9. Keep themselves clean and neatly groomed at all times. Fingernails will be kept short and clean. Jewelry shall be kept to a minimum.
10. Eat only in those areas of the facility specifically designated as appropriate for these activities by Administration.

NURSING STAFF

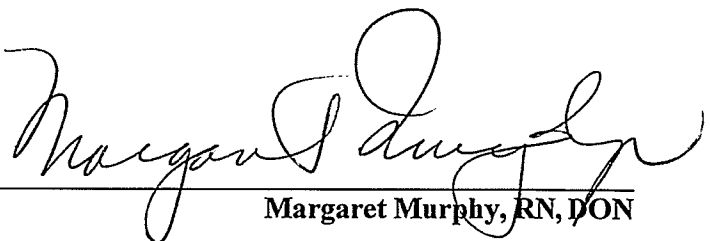
SHALL:

1. Ensure that each resident is provided, as often as necessary, with clean linen and undergarments.
2. Provide adequate education in methods of personal hygiene, and, as necessary, assisted therewith.
3. Ensure that any resident, for whom such measures are indicated, is placed on isolation precautions and uses the appropriate personal

protective equipment when caring for such residents.

4. Observe and utilize the following practices when caring for residents on isolation precautions:
 - a. Disposable, non-reusable supplies and equipment will be used, when available.
 - b. Bedpans and urinals must be rinsed to remove all waste materials after resident use.
 - c. Basin will be washed with soap or detergent, rinsed and dried.
 - d. Battery operated thermometers:
 1. Probe covers are changed between residents.
 2. Surface of instrument is cleaned using manufacturers recommended procedures (70% alcohol in some instances).

REVIEWED 03/03/2020
06/05/2020
09/01/2020



Margaret Murphy, RN, DON



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GENERAL INFECTION CONTROL POLICIES

It is the policy of the HSH that:

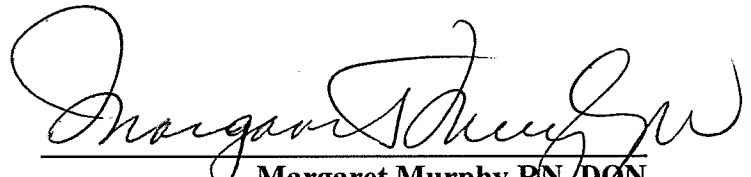
- Infection surveillance will be either “whole-house” i.e., include all residents), or “targeted” toward high risk/high volume, whichever is in accordance with local and state department of health requirements. Data will be reported internally either monthly, quarterly, or as indicated at the quality improvement meeting.
- Nosocomial infection will be defined as any infection that is not present or incubating at the time of admission.
- Community-acquired infection will be defined as any infection present or incubating at the time of admission.
- Any infection that demonstrates itself within 72 hours of admission will be considered a community-acquired infection.
- It is possible that a resident may have more than one site of infection in the same month; each site will be monitored separately to ensure accuracy in data collection.
- Chronic infections are defined as those that are present at the same site for a period of greater than 3 months. These infections will be monitored as all other infections. However, they will be designated as chronic in monthly reports and other statistics but will only be counted in the month identified.
- Criteria (definitions) of infection* will be approved by the Infection Control Committee and utilized by the Infection Control Professional (ICP) in determining infection rates.
- An assessment cultures will be obtained only if a problem area is identified, or at the direction of federal, state, or local health officials.

9/1/15

- Resident cultures will be performed only at the direction of the resident's attending physician; at the direction of federal, state, or local health authorities; or per facility policy (e.g., in a questionable outbreak of infection).

***McGeer's definitions of infection are currently recommended.**

**REVIEWED 03/03/2020
06/06/2020
09/01/2020**



Margaret Murphy RN, DON



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INFECTION CONTROL – INFECTION PREVENTIONIST

POLICY: The facility will ensure that a designated Infection Preventionist in conjunction with the Inservice coordinator, medical director, administration, demonstrate competency in management of infection diseases.

Responsibilities include:

1. Provide ongoing education on infection prevention and management for all new staff and as needed in the event of an outbreak/ pandemic.
2. Education of all aspects of basic infection control practice to include hand hygiene and appropriate PPE use.
3. Ongoing education on prevention of and management of existing disease states.

**Reviewed 4/1/2020
9/1/2020**


Margaret Murphy RN, DON

LTC Respiratory Surveillance Line List

Date: ____/____/____

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

A. Case Demographics				B. Case Location			C. Signs and Symptoms (s/s)				D. Diagnostics				E. Outcome During Outbreak ^A						
Name	Age	Gender (M/F)	Resident (R) or Staff (S)	<u>Residents Only:</u> Short stay (S) or Long stay (L)	<u>Residents Only:</u> Bldg/Floor	<u>Residents Only:</u> Room/Bed	<u>Staff Only:</u> Primary floor assignment	Symptom onset date: (mm/dd)	Fever ^B (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (<i>select all codes that apply</i>) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify _____	Chest x-ray (Y/N)	Type of specimen collected (<i>select all codes that apply</i>) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify _____	Date of collection: (mm/dd)	Type of test ordered (<i>Select all codes that apply</i>) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify _____	Pathogen Detected (<i>Select all codes that apply</i>) 0 – Negative results <u>Bacterial:</u> 1 – <i>S. pneumoniae</i> , 2 – <i>Legionella</i> , 3 – <i>Mycoplasma</i> <u>Viral:</u> 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify _____	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					
9.																					
10.																					

If faxing to your local Public Health Department, please complete the following information:

Facility Name: _____ City, State: _____ County: _____

Contact Person: _____ Phone: _____ Email: _____

^A Note: Outbreak defined as date of first case to resolution of last case.

^B Definition of Fever (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977):

(1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).



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POLICY FOR THE USE OF PPE/ SUPPORT DEPARTMENTS

It is the policy of Haym Salomon Home that all staff members in all departments are educated on Infection Control practices during COVID-19 pandemic.

PROCEDURE:

1. All departments have been educated on the use of PPE by their respective department heads.
2. Use of facemasks has been implemented and all departments to include security, maintenance, housekeeping, fiscal, administration, IT, recreation, admissions, dietary, laundry, medical, religious services, social service are aware of appropriate use.
3. PPE is available to all 24/7 in the nursing office via the nursing supervisor.
4. Use of any other PPE to include gowns, gloves, eye shields, masks by other departments will be evaluated by the nurse in charge on the designated units.
5. Department Heads and Support services are required to meet daily to update their staff on the continued monitoring of COVID-19 throughout the building and apprise those departments of ongoing isolation; cohorting and current status of the resident population.

6. All departments have been educated on the P&P for effective use of donning and doffing of PPE and will be monitored by their respective department head.

Reviewed 5/1/2020

6/2/2020

9/1/2020



Margaret Murphy RN, DON

Personal Protective Equipment (PPE) Competency Validation

Donning and Doffing
Standard Precautions and Transmission Based Precautions

Type of validation: Return demonstration	<input type="checkbox"/> Orientation <input type="checkbox"/> Annual <input type="checkbox"/> Other
------------------------------------------	-----------------------------------------------------------------------------------------------------------

Employee Name: _____ Job Title: _____

COMPETENT	YES	NO
Donning PPE:		
1. Perform Hand Hygiene		
2. Don Gown:		
• Fully covering torso from neck to knees, arms to end of wrists		
• Tie/fasten in back of neck and waist		
3. Don Mask/Respirator:		
• Secure ties/elastic bands at middle of head and neck		
• Fit flexible band to nose bridge		
• Fit snug to face and below chin (Fit-check respirator if applicable)		
4. Don Goggles or Face Shield:		
• Place over face and eyes; adjust to fit		
5. Don Gloves:		
• Extend to cover wrist of gown		
Doffing PPE: Example 1		
6. Remove Gloves:		
• Grasp outside of glove with opposite glove 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		
7. Remove Goggles or Face Shield:		
• Handle by head band or earpieces		
• Discard in designated receptacle if re-processed or in waste container		
8. Remove Gown:		
• Unfasten ties/fastener		
• Pull away from neck and shoulders, touching inside of gown only		
• Turn gown inside out		
• Fold or roll into bundle and discard		

***NOTE: Examples include mask for coughing/vomiting patient, goggles/face shield for irrigating drainin wound, gown for dressing change if scrubs may touch patient, etc.,**

Comments or follow up actions:

**HAYM SALOMON HOME FOR NURSING AND REHABILITATION
2340 CROPSEY AVENUE, BROOKLYN, NY 11214
718-935-9500**

**ADMINISTRATIVE POLICY AND PROCEDURE FOR LIMITED VISITATION DURING COVID-19
PANDEMIC**

Policy: It is the policy of this facility to facilitate residents' visitation with their friends and family while insuring their safety through use of PPE, social distancing and restricting the number of visitors and locations in which visitation can occur.

NOTE: Directives from the New York State Department of Health will over-ride any of the procedures in this policy; the contents of this policy are derived from sound infection control practices and emergency preparedness guidelines and are subject to on-going review and revision.

Prerequisites:

- The facility will post this policy, upon approval as follows: on the facility website, at the entrance the facility, in written letter to family members. It will be presented to the Resident council and a written copy provided to the President of the Resident Council. A fact-sheet/hand-out, summarizing the pertinent information for visitors will also be available at the facility entrance.
- This facility will be in Phase 3 or higher, with no new-onset cases of Covid-19 among staff or residents in the past 28 days;
- The facility has an on-going testing plan. All residents of the facility have been baseline-tested and all staff continue to be swab tested for Covid-19 no less than once per week.
- The facility maintains an agreement with laboratories to process SARS-CoV-2 virus tests.
- Haym Salomon is in full compliance with all state and federal requirements, including reporting requirements; the facility has completed and submitted the NY Forward Safety Plan to the NYSDOH. The facility's Administrator has certified same.
- The facility has adequate staffing.
- The facility has written screening protocols for all staff on all shifts, for all residents (daily) and for all visitors to the premises.
- The facility maintains a plan for Appropriate Placement of Residents, as follows:
 - Placement of residents testing or presumed positive for infectious illness, use of isolation or cohorting techniques and discontinuation of same will be based on considerations including the nature of the infectious illness, number of residents affected, treatment protocols and other factors.
 - Upon deciding on the best arrangement for doing so, the facility will take action to ensure all residents are appropriately placed and cared for while meeting regulatory requirements and creating a staffing pattern to execute this procedure. Whenever possible, resident choice, attending physician, social worker, and family/next of kin will be considered, but cannot take precedence over the safety of all residents.
 - Likewise, discontinuation of isolation precautions or re-location off of a cohorted will be considered for residents meeting the following criteria:
 - Residents Presumed Positive Without Testing - At least 3 days have passed since recovery defined as resolution of fever greater than OR equal to 100.0 without the use of fever reducing medication and improvement in respiratory symptoms which include coughing, shortness of breath AND 14 days have passed since symptoms attributed to the infectious illness first appeared.

- Residents With Positive Test Results who were asymptomatic at the time of their first positive test and remain asymptomatic at least 14 days have passed since the first positive test. If resident has been tested the following strategy applies: Lack of fever greater than OR equal to 100.0 without fever reducing medications and improvements in respiratory symptoms and negative results
 - Residents who remain symptomatic will continue on isolation until the attending physician orders that isolation can be discontinued.
- The facility maintains an appropriate plan for the Placement of New Admissions/Re-Admissions as follows:
 - The facility reserves the right to suspend admissions, dependent on the specific circumstances of the infectious illness, however, the admissions criteria during any infectious outbreak will include:
 - From either hospital or community, the new resident will be required to have documented evidence of negative test for infectious illness prior to admission.
 - Upon admission, the resident will be considered PUI (Patients Under Investigation) and may be placed on a unit designated for PUI, where they will be re-tested and monitored for signs and symptoms.
 - Resident will be put on 24-hour report for continued monitoring to ensure surveillance in place and vital signs are recorded.
 - Resident will be placed in a private room whenever possible or cohorted based on diagnosis
 - Family/significant other will be notified of all positive results
 - Residents will be monitored until testing results are negative from the laboratory.
- In the event the facility cannot maintain compliance with the requirements, the facility will immediately halt visitation and inform the Department of Health. Likewise, the Department of Health can halt visitation in this facility at any time due to community or facility spread of infection or if the Department of Health determines that the facility has failed to comply with the requirements for limited visitation.

VISITATION - GENERAL GUIDELINES

1. Visitors will not be permitted to visit residents in their rooms or on resident units, except for end-of-life visits or special circumstances and such visits will require the advance approval of the Medical Director or Director of Nursing.
2. The total capacity for visitors cannot exceed 10% of the population, times 2 visitors per resident (currently $200/10 = 20 \times 2 = 40$), however, the facility does not have adequate space to accommodate this number of people, while maintaining safe distancing guidelines. The capacity is detailed in the description of visitation areas below.
3. Visitation will be by appointment only. This will ensure residents are prepared to greet visitors, available to travel to the first floor, and that every resident has the opportunity to see their loved ones.
4. Visits will be scheduled between 10:30AM and 7:00PM, however, will not be scheduled during resident meal times.
5. While every effort will be made to accommodate frequent requests, each resident will be limited to one visit per week, until every resident/family that has requested patio visits has been accommodated. Once this is assured, additional requests may be honored.
6. In order to be fair to everyone, visits will be scheduled not less than 45 minutes apart.
7. Visits will last approximately 30 minutes and allow for transport and disinfecting of the area between visits.
8. The facility will designate one bathroom for the exclusive use of visitors.

9. The facility will maintain an adequate supply of PPE and hand sanitizer (minimum 60% alcohol based) and provide same to visitors upon entrance to the facility, as needed. Additionally, hand sanitizer dispensers are located in each of the visitation areas.
10. The facility will conspicuously post signage to enforce the regulations as they pertain to visitation, PPE, use of hand sanitizer/frequent handwashing and COVID-19.
11. The facility reserves the right to amend this policy as needed.
12. The facility reserves the right to suspend visitation for specific visitors if they fail to follow the guidelines for safe distancing.
13. In the event the facility cannot maintain compliance with the requirements, the facility will immediately halt visitation and inform the Department of Health. Likewise, the Department of Health can halt visitation in this facility at any time due to community or facility spread of infection or if the Department of Health determines that the facility has failed to comply with the requirements for limited visitation.

Visitation areas:

Visitation will be able to take place in the following areas on the first floor of the facility:

Dialysis Lobby – 3-6 foot tables will accommodate 3 residents with up to 2 visitors each (total = 9)

Adult Day Care #1 - 3-6 foot tables will accommodate 3 residents with up to 2 visitors each (total = 9)

Adult day Care #2 - 3-6 foot tables will accommodate 3 residents with up to 2 visitors each (total = 9)

STAFFING

Adequate staff will be assigned to transport residents to/from the visitation areas, monitor areas while in use, ensure visitors compliance with rules of visitation and sanitize each area before/between & after use.

VISITORS' RESPONSIBILITIES

1. All visitors are required to wear masks for the entirety of their visit to the facility, which covers both the nose and mouth.
2. All visitors are required to use hand sanitizer upon entering the facility and encouraged to use is during their visit, as needed.
3. Visitors must maintain social distancing (6 feet) from all residents and staff, including the resident they are visiting.
4. Upon entering the facility, all visitors must be screened for signs and symptoms of COVID-19 prior to resident access and will be refused entrance if they exhibit any Covid-19 symptoms or do not pass the screening. Screening shall include both a temperature check and asking screening questions regarding international travel or travel to other states designated under the Commissioner's travel advisory. For contact tracing purposes, each visitor must provide the following information to the nursing home:
 - a. First & last name, physical/street address,
 - b. daytime & evening phone number,
 - c. date & time of visit,
 - d. email address
 - e. health screening information

VISITORS WHO DO NOT COMPLY WITH THE INFORMATION ABOVE WILL BE PROHIBITED FROM VISITING UNTIL THE COVID-19 RESTRICTIONS ARE ENDED.

Procedures:

1. Both residents and family members may request visits by contacting the Director of Therapeutic Recreation/designee (718-535-9500, extension 530), or in person (residents).
2. The TR Director will verify the resident's eligibility and schedule the visit.
3. The Nursing Department will be advised, in advance, in order that the resident be dressed and ready for the visit.
4. Recreation staff will be assigned to escort the resident to the designated area on the first floor at the scheduled time.
6. Staff will be assigned to monitor the area(s) where visiting is taking place, to assist the resident if needed, otherwise, will remain close by, but distant enough to afford the resident and their visitor(s) privacy.
7. Recreation staff will return the resident to their unit upon completion of the visit.
8. Upon completion of the visit, staff assigned to monitor the areas will sanitize the table/divider and chairs.

Compliance:

A Committee consisting of the Administrator, DNS, Medical Director, Housekeeping Director, Recreation Director/designee, Social Services Director and others as requested by the Committee will meet at least weekly for the first 4 weeks of this Limited Visitation Policy to review its effectiveness and make recommendations for revision and improvement.

7/2020;
revised 8/13/2020

HAYM SALOMON HOME FOR NURSING & REHABILITATION VISITOR'S QUESTIONNAIRE

Instructions: Please answer all questions. Please print clearly. Each visitor must complete every part of this form in order to enter the building.

Resident's Name: _____ Room #: _____

Date: _____ Time: _____

Visitor's Name: _____

Visitor's Current Address: _____

Town, State, Zip: _____

Apartment #: _____

Cell Phone: _____

Other Phone: _____

Email Address: _____

Health Screening:

Have you traveled outside the USA in the past 2 weeks? YES NO
If yes, where? _____

Have you traveled to any of the following states in the past 2 weeks?			YES	NO
Alabama	Arkansas	Arizona		California
Florida	Georgia	Idaho		Iowa
Louisiana	Mississippi	Nevada		North Carolina
South Carolina	Tennessee	Texas		Utah

What is your body temperature? (as taken by Haym Salomon staff) _____

Do you have any cold/flu-like symptoms? _____

Are you having any difficulty breathing? _____

Have you or anyone you have been in contact with recently been tested for Covid-19? _____

What were the test results? _____

IF YOU ARE NOT FEELING WELL, PLEASE DO NOT VISIT TODAY!



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ENVIRONMENTAL SERVICES POLICY AND PROCEDURE FLOOR CLEANING

Policy:

It is the policy of this facility to ensure that all floors are clean and well maintained.

Considerations:

- Consider peak hours, traffic patterns on the unit and weather conditions when scheduling floor cleanings.
- Consider drying time for the area being cleaned.
- Evaluate the written procedures periodically to ensure they are being followed and are effective.
- Be sure to obtain the appropriate Material Safety Data Sheets (MSDS) and train employees on the safe handling of same and the use of Personal Protective Equipment (PPE) required to carry out the procedure.

Procedures:

1. If any area needs to be blocked off for mopping, employee sets up signage and equipment properly. Signs must be highly visible and should be used in conjunction with cleaning up spills and debris, not just as a deterrent.
2. Gather required equipment:
 - a. Dust bin
 - b. Broom/dust mop
 - c. Wet mop, mop bucket with wringer, clean water, cleaning solution
 - d. Wet floor signs
 - e. PPE - gloves
3. Use dustpan and broom/dust mop to sweep up trash or debris, moving from sides to center of room.
4. Once floor is clean of debris, place dust mop head in a plastic liner and shake several times.
5. Treat dust mop at end of cleaning process; replace mop head when soiled.
6. Follow with wet mop; push the mop from side to side; use overlapping motions with each pass to ensure entire floor has been covered.
7. Rinse and wring out the wet mop frequently; change water/cleaning solution not more than every three rooms, or sooner if washing solution becomes cloudy or excessively dirty.
8. Ensure wet floor signs remain in place until floor is completely dry.
9. Dispose of contents of bucket in Porter's Closet. Thoroughly rinse bucket.
10. Rinse wet mop head thoroughly; change mop head when excessively soiled.

Haym Salomon Home
2340 Cropsey Avenue
Brooklyn, NY 11214

SUBJECT

Staff Testing/Laboratory services

DATE

9/15/20

POLICY

It is the policy of the Haym Salomon home to test staff and others in accordance with NYS Regulations and epidemiology recommendations for the given infectious agent.

PURPOSE

To ensure staff and others are free of a particular infectious agent and will not contaminate patient, staff and others

PROCEDURE

- The facility will enter into a pre-arranged agreement with a laboratory service (to accommodate any testing of residents, staff, consultants and agency staff.
- These arrangements are reviewed by administration, not less than annually, more frequent if necessary and are subject to renewal, replacement or additions as is necessary.
- Contact information for labs will be updated and maintained in the Emergency Preparedness Manual, as necessary
- The administrator/DON/Designee will check daily for staff and residents testing results and take action in accordance with state and federal guidelines

Rev 6/6
Rev 9/1 Chair Lys

MONTHLY AND QUARTERLY INFECTION CONTROL REPORT

Residents detected to have infections are monitored on the 24-hour nursing report. The interdisciplinary team meets daily in the morning and the 24-hour nursing report is discussed.

Clinical surveillance is done by the Infection Control Preventionist (ICP) and is accomplished by:

- Review of 24-hour nursing report.
- Review of laboratory report or diagnostic studies that may indicate the presence of infection.
- Unit rounds by the Infection Control Preventionist.
- Review of resident's charts.

Residents with infections are followed up by the Infection Control Preventionist, physicians contacted and staff members are advised as needed on a daily basis. Early outbreak is detected if aggregation of infection in certain areas or an increase in particular infection is detected. The Medical Director is notified of any outbreak situation and Infection Control Committee meets on an Ad hoc basis.

Gathering of Information:

- Monthly flow sheet of infections are initiated and maintained by.
- All diagnosed infections are listed on the monthly flow sheet.
Information listed includes date of onset, date of resolution, room number, treatment, lab data and where occurred.

Monthly Infection Control Reports are formulated by the ICP by reviewing all available data. The presence of actual infections are tabulated on a monthly basis. The ICP prepares quarterly Infection Control Reports.

Statistics and Quality Assurance:

The Infection Control Committee meets on a quarterly basis and the following reports are for the previous quarter, presented by the ICP.

- PPD Compliance by residents and employees.
Pneumovaccine received by residents. Flu vaccine received by residents.
- Hepatitis B Vaccine received by residents.
- Report of nosocomial infections.
- Analysis of nosocomial infection report.
- Nosocomial infection comparative statistics. A baseline infection control data is established and the previous year's infection is compared in the form of charts and graphs. Any trends and patterns are identified.
- Report of residents on isolation precautions.
Laboratory reports of Organism Occurrences and Drug Susceptibility are also presented to the Infection Control committee and the medical staff.

The minutes of the quarterly Infection Control Committee meetings are maintained and disseminated to appropriate personnel and departments.

GENERAL INFORMATION

(Steps which may be taken in case of outbreak situation):

1. Isolate individual residents.
2. Possible isolation of exposed roommate.
3. Notification of attending physician or all medical staff.
4. Confining residents to a particular unit.
5. Restrict access to main dining areas and day rooms.
6. Restrict or discontinue group/floor activities.
7. Restrict floating of personnel.
8. Restrict or discontinue visiting hours.
9. Inservice staff to reinforce/instruct on infection control procedures and techniques as they relate to particular outbreak situation.
10. Initiate routine monitoring of residents on a particular unit before they exhibit symptoms.

OUTBREAK INVESTIGATION GUIDELINES

DEFINITION:

An outbreak occurs when three or more cases of the same organism/infection (combination of signs/symptoms) are believed to be acquired from a common source and reflect an increase in the expected number of cases (or a rise in the facility endemic rate.)

GOAL:

The primary goal of an investigation is the prompt control of the spread of disease with minimal disruption of facility routine.

PROCEDURE:

1. The Infection Control Preventionist shall oversee the investigation and coordinate the investigation activity, consolidate data and communicate decisions being made. (The Medical Director, Director of Nursing or any other employee may be designated if the need arises.)
2. Determination must be made as soon as possible, if there is in fact an outbreak, or if the manner in which the cases are being reported are falsely indicating a "clustering," or that the number of cases is not unusual by facility history for a specific period of the year.
3. If it is likely that an outbreak exists, control measures shall be instituted. The Infection Control Manual of this facility has guidelines for various situations. State or city health officials may be used as a resource.
4. Notification of state and city health authorities must be made as per public health regulations.
5. Help from the state or city health department may be requested by the Infection Control Preventionist to assist with the investigation. This must be approved by the administrator.
6. Data shall be compiled until a decision has been made that no new cases are occurring, or that the rate of incidence has returned to the previously established endemic level.
7. In order to prevent future problems, administration, nursing and medical policies and procedures shall be reevaluated and revised.

NOTE: Sometimes the precise cause of an outbreak is not determined, nevertheless, a written report should be prepared and sent to appropriate departments formally confirming findings (or lack of findings) and recommendations. Additionally, these findings should be discussed at Infection Control Committee meetings.



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OUTBREAK

DETERMINING, REPORTING, MANAGEMENT & INVESTIGATION

PURPOSE:

To ensure prompt control of the spread of disease with minimal disruption of facility routine.

PROCEDURE/RESPONSIBILITY:

CHARGE NURSE/SUPERVISOR, PHYSICIAN, INFECTION CONTROL PREVENTIONIST OR ANY PROFESSIONAL STAFF MEMBER:

1. Notices an incidence of 3 or more cases with the same organism same set of signs or symptoms.
2. Notifies Nursing Administration and Infection Control Preventionist.
3. Determines if any immediate precautionary measures need to be taken.

INFECTION CONTROL COORDINATOR:

1. Compiles all pertinent data.
2. Notifies department heads as necessary.
3. Informs Medical Director of increased incidence of illness/set of symptoms.
4. Notifies the Administrator and Director of Nursing.
5. Investigates all cases reported.
6. Establishes a "case" definition.
7. Establishes that an outbreak actually exists.
8. Informs Nursing Supervisors of the presence of an outbreak and of "case" definition, to enhance accurate reporting according to the case definition.
9. Determines if additional precautionary measures are warranted.
10. Notifies health authorities of outbreak situation.
11. Continues to compile data to include name, room number, date of onset, objective symptoms or physical findings and treatment ordered. Obtains additional information as required by health authorities.
12. Prepares investigation report and forwards to Medical Director, Director of Nursing, Administrator and Quality Assurance Coordinator.
13. Determines measures to prevent further outbreaks.



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INFECTION CONTROL POLICIES REPORTING OF NOSOCOMIAL INFECTIONS TO HEALTH DEPARTMENTS

POLICY:

It is the policy of Haym Salomon Home for Nursing and Rehabilitation that New York State/City Department of Health shall be notified of all reportable nosocomial infections. The presence of outbreaks and unusual communicable diseases and/or nosocomial infections shall be reported immediately to the New York State Department of Health, Bureau of Communicable Disease Control, Division of Epidemiology.

- Reporting shall be done by the Infection Control Preventionist, Director of Nursing or Assistant Director of Nursing.
- Nosocomial reporting will be done in a timely manner.
- The facility will maintain active infection control surveillance and these reports will be provided to the Infection Control Program on request. Please see attached form for Reporting Nosocomial Infection DOH-4018 and the list of Reportable Conditions. Report to:

**Infection Control Program
NYS DOH (518) 473-4439 or FAX (518) 474-7381
Within 24 hours**



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TITLE: REPORTING COMMUNICABLE DISEASES.

POLICY:

All communicable diseases shall be reported to the Department of Health as mandated under the New York State Sanitary Code (10NYCRR 2.10a).

All infectious or communicable diseases will be reported to the New York City Department of Health within 24 hours of diagnosis.

Inquiries concerning reportable diseases should be referred to the infection control Practitioner, Director of Nursing and the Medical Director.

PURPOSE:

**To comply with the mandate for reporting communicable diseases.
To ensure early identification and prevention of the spread of communicable diseases.**

**REVIEWED 03/03/2020
M. Murphy, RN., DON**

PROGRAM DEVELOPMENT AND OVERSIGHT

The primary focus of the IPCP is prevention and management of infections. Oversight of the facility wide IPCP will be conducted by the Interdisciplinary Infection Prevention Control Team.

A function of the Interdisciplinary Infection Prevention and Control team will include but not limited to:

- **Establish program goals and priorities.**
- **Plan and implement strategies to achieve program goals.**
- **Monitor Implementation of the program.**
- **Respond to errors, problems, or other identified issues.**
- **Identify health care practitioners roles and responsibilities for program implementation as well as unusual occurrences or threats of infection developing and implement appropriate infection control policies and procedures.**
- **Defining and managing resident health initiatives.**
- **Immunizations Program – (influenza, pneumonia, etc).**
- **Tuberculosis screening on admission and follow-up thereafter.**
- **Managing food safety.**
- **Providing a nursing home liaison to work with local and state agencies.**
- **Defining how and when the program is to be routinely monitored.**
- **Identify situations for a focus review of the program.**
- **Communicates findings from data collection and analysis to facility's staff and management.**
- **Directs changes in practice based on identified trends, and regulatory agencies advisories.**
- **Components of the Infection Prevention and Control Program.**
- **Policies and Procedures.**
- **Program development and oversight.**
- **Infection Preventionist.**
- **Surveillance.**
- **Documentation.**
- **Monitoring**
- **Data Analysis**
- **Communicable Disease reporting**
- **Education**
- **Antibiotic Review**

PROGRAM OVERVIEW

Infections are a significant source of morbidity and mortality for nursing home residents and account for up to half of all nursing home resident transfer to hospitals. The most frequently occurring infections among nursing home residents:

- Respiratory infections
- Urinary Tract Infections
- Skin and soft tissues
- Conjunctivitis
- Gastroenteritis
- Influenza

Critical aspects of the HSH infection prevention and control program shall include but not limited to:


- Recognizing and managing infections at the time of a resident's admission to the facility and throughout their stay; and following recognized infection control practices while providing care such as:
 - Hand hygiene
 - Handling and processing of linens
 - Use of standard precautions, and appropriate use of transmission – based precautions, cohorting or separating residents

Date: 01/01/2020

Reviewed: 3/6/2020

6/8/2020

9/1/2020



Margaret Murphy RN, DON

Haym Salomon Home

2340 Cropsey Avenue

Brooklyn, NY 11214

SUBJECT

Reporting Communicable Disease Tools

DATE

9/15/20

POLICY

It is the policy of the Haym Salomon Home to report communicable disease information through the NYSDOH as required.

PURPOSE

To ensure that staff understand their respective obligations to report communicable disease information to the NYSDOH.

PROCEDURE

- The Administrator, Director of Nursing, Infection Preventionist and Assistant Director of Nursing will have access to NORA and HERDS Survey
- Replacement staff members will be provided with log in access and training for the NORA and HERDS Survey.
- The Infections Preventionist will enter any data in NHSN as per CMS/CDC guidelines.

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INFECTION CONTROL - EXPOSURE PLAN FOR EMPLOYEES

POLICY: It is the policy of Haym Salomon Home to test all employees on a weekly bases to minimize risk of exposure to residents. This policy encompasses all others: i.e. consultants, volunteers, Compassionate Care etc.

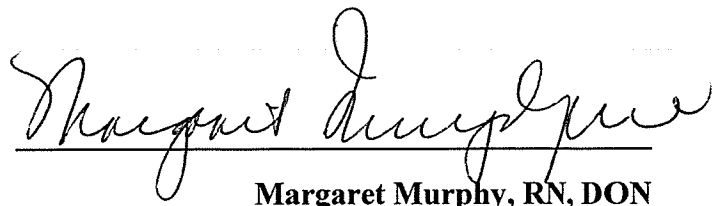
PROCEDURE: All employees, consultants, visitors, Compassionate Care and all others shall be tested to ensure compliance with current Department of Health and CDC guidelines.

In the event an exposure shall occur the following measures will be executed:

1. Residents shall be monitored for signs and symptoms of COVID-19.
2. All residents in the facility will have a nasal swab done.
3. Swabs will be collected from the day the suspected exposure occurred and again on the day seven and again on the day fourteen.
4. Staff testing will occur concurrently as per the facility protocol.
5. Ongoing re-education and inservice will continue.
6. Floating of staff will be minimized to the extent practicable.
7. Symptomatic residents will be evaluated and placed on isolation as per physicians determination.
8. The rehab will be contained on the nursing units and the gym area terminally cleaned.

Date 09/09/2020

REVISED _____



Margaret Murphy, RN, DON

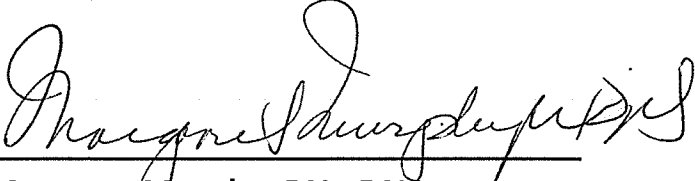


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TITLE POLICY: COVID 19 POLICY & PROCEDURE FOR EMPLOYEES

1. Any employees who has reported symptoms or feels ill will be granted immediate time off to seek medical attention.
2. Staff is encouraged to stay out of work until symptoms subside and are cleared by a medical professional who documents the employee has been cleared to work for full duty.
3. Staff will be granted time to seek care for themselves, family members for as long as necessary and should communicate their medical status to the Nursing Staffing Coordinator.
4. Haym Salomon communicate employee's status via log book kept by the Staffing Coordinator in the Nursing office.
5. HIPPA regulations regarding employee status shall be followed.
6. Staffing Coordinator will communicate with payroll to ensure employees are appropriately compensated.
7. Employees shall be assigned to the same unit as staffing allows and floating will be minimized
8. Ongoing in-service will be provided to all staff members regarding emerging care and treatment of residents to ensure staff are protected and educated regarding COVID-19.

Reviewed 5/4/2020



Margaret Murphy, RN., DNS



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Removal of bio hazardous waste and trash during Pandemic

Policy: To follow appropriate infection control guidelines when Housekeeping staff is removing medical waste from an isolation room during a pandemic.

Purpose: Minimize the transmission of infections.

Procedure: Before entering an isolation room to remove biohazardous waste housekeeping staff performs following:

1. Wash hands for the full 20 seconds.
2. Put on PPE (gowns, gloves & mask).
3. Enter bathroom and remove red plastic bag containing hazardous waste from the red medical waste container.
4. Tie a knot to seal the bag.
5. Exit the room and secure red bag in the designated tilt truck.
6. In the event there is no other medical waste to be removed, the housekeeper removes his/her PPE and deposits same with the red bags into the tilt trucks.
7. At the closest location, housekeeper washes his/her hands for the full 20 seconds.
8. Tilt truck is then taken to the holding area in the basement.
9. Prior to removing medical waste, Housekeeper dons PPE and removes hazardous waste bags and used PPE from the tilt truck and places them in a designated medical waste container.
10. The housekeeper then removes the PPE he/ she is wearing and places same in the medical waste container.
11. Housekeeper stores the container in the holding room.
12. Housekeeper goes to the nearest sink and washes hands for the full 20 seconds.
13. When the Housekeeper is removing hazardous waste from more than 1 room the above procedure is followed each time he enters an isolation room.
14. During Pandemic this procedure will be done weekly.

Reviewed and Revised: 1/3/2020

6/5/2020

9/1/2020



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PREVENTION AND CONTROL OF 2019-nCoV in

HAZARD RECOGNITION:

How does the 2019-n-CoV Spread?

- 1- Initially the outbreak resulted from people being exposed to infected animals
- 2- It can now be spread between people via respiratory secretions - including coughs and sneezes - especially between close contact caring for or living with infected persons
- 3- Contact viral transmission can be direct person-to-person while indirect contact transmission can occur through transfer of infectious materials or virus particles to an object or surface that a susceptible individual touches
- 4- Airborne transmission results from inhalation of infectious particles

GENERAL CDC RECOMMENDED STRATEGIES FOR MINIMIZING WORKPLACE EXPOSURE

- 1- Encourage sick employees to stay home - if employees are showing acute respiratory symptoms, they should stay home until free of symptoms for at least 24 hours
- 2- Separate sick employees who appear to have acute respiratory illness symptoms - eg: cough, shortness of breath - upon arrival to work or become sick during the day should "... be separated from other employees and sent home immediately." (CDC)
- 3- Emphasize sanitary work practices such as hand washing, sneezing and coughing techniques and use of no-touch hands trash containers. Soap and water as frequently as is feasible and use of hand sanitizers are recommended
- 4- Housekeeping staff should increase routine cleaning of all frequently touched surfaces such as doorknobs, desks, phones, keyboards, remotes and the like. Use of disposable wipes is encouraged
- 5- Isolation is the course of action for those potentially infected individuals in the case of suspected cases in the facility. Restrictions on persons entering isolation areas and use of engineering, administrative, safe work practices and PPEs

ENGINEERING CONTROLS

- 1- First line of defense is to consider physical barriers or partitions in triage areas, to separate residents and, if applicable, use of rooms with air exhausts directly to the outside. If air exhausts are not possible, residents should be placed in private rooms with the door closed
- 2- Employees should follow usual infection control practices along with the appropriate PPEs when cleaning surfaces - contaminated or otherwise
 - a. PPEs provided to EEs must conform with the standards pursuant to OSHA's Bloodborne Pathogens Hazcom Standards
- 3- Employees are not to use compressed air or water sprays to clean potentially contaminated surfaces as these techniques may aerosolize infectious material

ADMINISTRATIVE CONTROLS

- 1- As indicated above, isolating suspected cases from suspected cases to prevent transmission
- 2- Restrict the number of personnel entering the room of a resident with suspected/confirmed 2019-nCoV. For housekeeping EEs, appropriate use of PPE is required and for dietary EEs, PPE are also required.

- 3- Suspected/confirmed cases must have their doors appropriate signed and transmission-based precautions must be put into place.
- 4- At the moment, the CDC advises the use of EPA-registered chemical germicides that provide low or intermediate level disinfection that was used for SARS during general use because these products inactivate related viruses with similar physical and biochemical properties. (There are no EPA-approved list of disinfectants effective against 2019-nCoV)

SAFE WORK PRACTICES

- 1- EEs should perform as many tasks as possible in areas away from a resident with suspected/confirmed 2019-nCoV.
- 2- Work from clean to dirty and limit opportunities for touch contamination with suspected/confirmed 2019-nCoV.
- 3- Prevent touch contamination by avoiding unnecessary touching of environmental surfaces with contaminated gloves.
- 4- Use caution when handling needles or other sharps and dispose of sharps into appropriate containers

PPE

- 1- EEs MUST wear and use proper PPE when exposed to a resident with suspected/confirmed 2019-nCoV.
- 2- CDC and OSHA recommend that EEs wear: gowns, gloves, NIOSH-certified, disposable N9 or better respirators and eye/face protection - eg: goggles or face shields
- 3- When doffing potentially contaminated PPE, do not touch the outside of the respirator without wearing gloves
- 4- After removing PPE, always wash hands with soap and water. Ensure that hand hygiene facilities are readily available at the point of use - can use alcohol-based hand rub as well.

WORKER TRAINING

- 1- Train all EEs with reasonably anticipated occupation exposure to 2019-nCoV about the sources of exposure to the virus, the hazards associated with that exposure and appropriate workplace protocols in place to prevent or reduce the likelihood of exposure.
- 2- Training must include information about how to isolate individuals with suspected or confirmed 2019-nCoV or other infectious diseases and how to report possible cases.
- 3- Training must be offered during work hours
- 4- EEs required to use PPEs must be trained on when to use the PPEs, what PPE is necessary, how to properly don and doff PPE, how to properly dispose or disinfect, inspect for damage and maintain PPE and the limitations of PPE.
- 5- When the potential exists for exposure to human blood, certain body fluids or OPIM, EEs must be trained on the Bloodborne Pathogen standard including information about how to recognize tasks that may involve exposure and the methods to reduce exposure.

SECURITY/FRONT DOOR STAFF

- 1- Put up a large poster board with enlarged copies of the CDC recommendations in English, Spanish and Simple Chinese in the front lobby - translate for other languages as indicated
- 2- Encourage Security/Front Door Staff to direct visitors and families to review the information on the board
- 3- Encourage staff who enter the facility to be on the lookout for visitors and families members who show signs and symptoms of respiratory stress, coughs and other flu-like symptoms and report same to nursing administration

REVIEWED 03/03/2020

M.M.

6/5/2020
9/1/2020 *[Signature]*



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Monitoring of Medical Waste Removal by Housekeeping Staff

Policy:

It is the policy of the Haym Salomon Home to monitor staff while removing medical waste and trash from rooms to ensure proper procedure.

Purpose:

To minimize the transmission of infection.

Procedure:

1. It is the practice of the Haym Salomon Home to observe on a monthly basis and utilize a monitoring tool to follow the housekeeper while removing medical waste from an isolation room.
2. The Housekeeping director or supervisor will closely watch if the housekeeper is following the proper procedures while properly removing medical waste.
3. The director will check off every step in the monitoring tool to ensure that the proper procedure is being followed.
4. Depending on how the procedure went, the director will provide remedial education as necessary.

Reviewed and Revised: 1/3/2020

6/3/2020

9/2/2020



Subject: Emergency Supplies	Effective Date: 3/2/2020
P&P#:	Page:
Date Revised: 9/1/2020	Approval:

POLICY: A four day emergency food supply will be readily available within the facility

PURPOSE: To ensure that adequate provisions are available to nourish residents and staff without any heat or electricity

PROCEDURE:

- The Food Service Director and Clinical Dietitians will establish a four (4) day emergency menu. Items on the menu will not require refrigeration, cooking or processing
- The Food Service Director will purchase the needed items and store them appropriately
- All items will be dated as to the date of delivery and rotated every 6 months
- The emergency may cause power failure therefore, freezer and refrigerator items will be used first. Sternos will be stored so that food can be heated as needed to a minimum temperature of 170° and maintained at 140° during service. If conditions allow, gas grills will be used as well
- All cold foods must be served as soon as possible to avoid temperature increase above 41°
- All foods will be served to the residents from the food trucks and/or disposable serving items



HAYM SALOMON

Home for Nursing & Rehabilitation

Day I

Orange Juice
Cold Cereal
Milk
Sanka/Tea
Sugar

Salmon Salad/Crackers

Chick Peas Salad
Apricots

Sanka/Tea

Sugar

Milk

Tuna/Crackers

Three Bean Salad

Pineapple

Sanka/Tea

Sugar

Milk

Day II

Apple Juice
Cold Cereal
Milk
Sanka/Tea
Sugar

Gefilte Fish/Crackers

Beet Salad
Fruit Mix

Sanka/Tea

Sugar

Milk

Peanut Butter/Jelly/Crackers

Chick Pea Salad

Pears

Sanka/Tea

Sugar

Milk

Day III

BREAKFAST

Cranberry Juice
Cold Cereal
Milk
Sanka/Tea
Sugar

LUNCH

Tuna/Crackers
Three Bean Salad
Pineapple
Sanka/Tea
Sugar
Milk

SUPPER

Sardines/Crackers
Beet Salad
Peaches
Sanka/Tea
Sugar
Milk

Day IV

Orange Juice
Cold Cereal
Milk
Sanka/Tea
Sugar

Salmon Salad/Crackers

Chick Pea Salad
Apricots

Sanka/Tea

Sugar

Milk

Gefilte Fish/Crackers

Three Bean Salad

Applesauce

Sanka/Tea

Sugar

Milk



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POLICY AND PROCEDURE

TITLE: EMERGENCY WATER SUPPLY

POLICY:

It is the policy of Haym Salomon that in the event of loss of utility (City Water Supply Service) the facility will ensure water is available for use on all floors and essential areas.

PROCEDURE:

The facility emergency water supply will be utilized for essential areas. The facility will contact Poland Springs to provide water bottles around the clock until the water supply returns. (Company contract). Water remaining in the lines will be used to fill tubs on the floors for toilet flushing.

All non-essential equipment requiring water in order to function will be turned off.

Water will be brought to all floors by staff with the use of hand trucks and elevators.

The water bottles will be placed in the south side dayrooms on all units, and distributed for use by designated personnel.

Rev. 03/03/2020

Rev. 06/06/2020

Rev. 09/01/2020



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POLICY: LOG FOR CLEANING AGENTS

PROCEDURE: All chemicals are already ready to use, no mixing

1. (3)M, #(3A) and (4A) are to mop and disinfect bathrooms
2. Bleach disinfected
3. (12L), (13L), (12L) are flavor deodorize only
4. Lysol disinfected wipes (3M) #17A
5. Window cleaner (3M)#17A
6. Stripping chemical (5 gal paic)
7. Wax chemical (5 gal paic)
8. Baseboard stripper (12oz paic)
9. Stainless steal cleaner (12oz spray bottle)

F. Jorge

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LOG FOR MEDICAL SUPPLIES AND STOCK MEDICATIONS

	ITEM NAME	UNIT SOLD (each,bx,cs,etc.)	ITEMS PER UNIT	PRICE PER UNIT
1	A and D ointment PACKETS			
2	A and D ointment TUBES			
3	Abdominal Binders Large			
4	Abdominal Binders Medium			
5	Abdominal Binders Small			
6	Abdominal Binders XL			
7	Abdominal Binders XXL			
8	Ace bandage 2"			
9	Ace bandage 4"			
10	Ace bandage 6"			
11	Acidophilus with Pectin tabs 100's			
12	Add a Foley cath trays			
13	Alcohol pints			
14	Alcohol prep pads			
15	Allevyn Life Foam 5x5			
16	Aspirin 325 mg			
17	Aspirin BABY 81 mg			
18	Aspirin COATED 81 mg			
19	Bacitracin foil packets			
20	Band aids 3/4"			
21	Bath oil 8 oz			
22	Bath shampoo 8 oz			
23	Bedpans			
24	Bedpans Fracture			
25	Ben gay patch			
26	Benadryl cream 1 oz			
27	Benadryl tabs 25 mg			
28	Bibs disposable			
29	Bioconnector Ext set BN-762			
30	Bisacodyl tabs			
31	Blood /Universal spill kit			
32	Bordered gauze 2x2			
33	Bordered gauze 4x4			

34	BP Cuff barrier			
35	Calcium 600 mg 400IU with D			
36	Calcium alginate dressing 4x4			
37	Calcium alginate dressing with silver 4x4			
38	Calcium carb 1250 mg			
39	Calcium Carb Liq 16 oz			
40	Claritin 30's			
41	Cofortfoam Border gauze 7x7			
42	Collace Liquid			
43	Collace softgells			
44	Coloplast 7910 Interdry dressing			
45	Combine sterile 5x9			
46	Combs 9"			
47	Comfortfoam Border gauze 6x8			
48	Cotton tipped applicators STERILE			
49	Cranberry tabs			
50	Denture cups with lids			
51	Denture tabs			
52	Dermacerin 3.75 oz			
53	Dermacerin 8 oz			
54	Desitin Cream 4 oz			
55	Desitin Ointment 4 oz			
56	Diapers Stretch Fit Size A			
57	Diapers Stretch Fit Size B			
58	Dove Liquid Body Wash			
59	Drainage bag covers			
60	Drainage bags			
61	Dressing change kit AMS-7180			
62	Emesis basins			
63	Empty humidifiers 3230			
64	Enema phosphate			
65	Enteral Y Adapter			
66	Eucerin cream 16 oz			
67	External male cath			
68	Eye wash bottles 16 oz			
69	Eye wash bottles 32 oz			
70	Face masks with ear loops			
71	Ferrous sulphate tabs			
72	Flex straws Sterile			
73	Foley catheters 16			
74	Foley catheters 18			
75	Foley catheters 20			

76	Foley catheters 22			
77	Foley catheters 24			
78	Foley catheters 26			
79	Foley catheters 28			
80	G Tubes 16			
81	G Tubes 18			
82	G Tubes 20			
83	G Tubes 22			
84	G Tubes 24			
85	G Tubes 26			
86	G Tubes 28			
87	Gauze 2x2 STERILE			
88	Gauze 4x4 STERILE			
89	Gloves Latex MEDIUM			
90	Gloves LATEX SMALL			
91	Gloves LATEX STERILE			
92	Gloves LATEX LARGE			
93	Gloves LATEX XL			
94	Gloves VINYL LARGE GP			
95	Gloves VINYL LARGE EXAM			
96	Gloves VINYL Medium GP			
97	Gloves VINYL Medium EXAM			
98	Gloves VINYL SMALL GP			
99	Gloves VINYL SMALL EXAM			
100	Gloves VINYL STERILE			
101	Gloves VINYL XL GP			
102	Gloves VINYL XL EXAM			
103	Glucocard VITAL meter			
104	Glucocard VITAL strips			
105	Hair brushes			
106	Heel pads			
107	Heparin Flush 5/10 ml MIH-3335			
108	Hollister 14104			
109	Hollister 14204			
110	Hollister 14604			
111	Hollister 14606			
112	Hollister 148025			
113	Hollister 14904			
114	Hollister 15403			
115	Hollister 18004			
116	Hollister 18104			
117	Hollister 18176			
118	Hollister 18192			

119	Hollister 18292			
120	Hollister 18903			
121	Hollister 19004			
122	Hollister 19103			
123	Hollister 19156			
124	Hollister 3325			
125	Hollister 3704			
126	Hollister 3804			
127	Hollister 3814			
128	Hollister 401535			
129	Hollister 401575			
130	Hollister 78501			
131	Hollister 8724			
132	Hydrocortisone packets			
133	Ibuprofen 200 mg			
134	Ice packs			
135	Immodium A-D Tabs 24's			
136	Insulin Syringes 1 cc			
137	Iodine liquid			
138	Iodine preps			
139	Iodine swabs			
140	Iron Liquid			
141	Iron tabs			
142	Isolation gowns			
143	IV Administration set AMS-122-1			
144	IV cath Insyte 1412			
145	IV cath Insyte 1423			
146	IV cath Insyte 1433			
147	IV Starter kits			
148	Kling 3" UNSTERILE			
149	Lancets 28g			
150	Lemon Glycerin swabs			
151	Lotion 8 oz			
152	Maalox			
153	Medication cups 1 oz			
154	Metamucil 13 oz			
155	Milk of Magnesia			
156	Mini tissues			
157	Molded face masks			
158	Mouthwash 4 oz			
159	Multivitamin Tablets			
160	Multivitamin Tablets with Minerals			
161	Mylanta			

162	N95 face masks			
163	Nail clippers FINGER			
164	Nail clippers TOE			
165	Nasal cannulas			
166	Nebulizer machines			
167	Nebulizer with mask			
168	Nebulizer with T adapter			
169	Oxygen face masks			
170	Oxygen mask Non Rebreather			
171	Packing strips 1/4"			
172	Packing strips Iodoform 1/2"			
173	Peri Guard			
174	Peri wash 8 oz			
175	Peroxide pints			
176	Petroleum Tubes			
177	Pill Crusher METAL			
178	Pill Crusher Pouches for Silent Knight			
179	Pill Crusher SILENT KNIGHT			
180	Pillow cloth 20x26			
181	Pillow staph chek			
182	Pitchers			
183	Polyethylene glycol (bulk)			
184	Prilosec W/O magnesium 42's			
185	Probe covers DIATEK 05031-101			
186	Pull ups Large			
187	Pull ups Medium			
188	Pull ups Small			
189	Pull ups XL			
190	Razors			
191	Robitussin			
192	Roll On Deoderant			
193	Saline Flush 5 ml/12 ml 10-1205			
194	Sani hand wipes			
195	Selan foil packets			
196	Senakot syrup			
197	Senakot Tabs			
198	Sharps container 6.9 qt BD 5489			
199	Sharps container 8.2 qt BD 5490			
200	Shaving cream			
201	Shroud kits			
202	Simethicone chewable 125 mg 60's			
203	Simethicone Tabs 80 mg 100's			
204	Skin preps			

205	Sodium chloride 250 cc			
206	Sorbituss			
207	Souffle cups 3/4" oz			
208	Specimen cups STERILE			
209	Spirometer			
210	Staple removal kits			
211	Statlock picc plus			
212	Steri strips 1/2x4			
213	Sterile field 18x26			
214	Sterile water 1000 cc			
215	Sterile water 500 cc			
216	Surface wipes			
217	Suture removal kits Busse 718			
218	Suture removal kits Busse 723			
219	Suture removal kits			
220	Syringes 3 cc 23x1			
221	Syringes 5 cc BD 5561			
222	Syringes with needles 10 cc BD 5564			
223	Tape 2" CLOTH			
224	Tape 2" PAPER			
225	TED Stockings KNEE Large			
226	TED Stockings KNEE Medium			
227	TED Stockings KNEE Small			
228	TED Stockings KNEE XL			
229	TED Stockings KNEE XXL			
230	TED Stockings THIGH Large			
231	TED Stockings THIGH Medium			
232	TED Stockings THIGH Small			
233	TED Stockings THIGH XL			
234	TED Stockings THIGH XXL			
235	TED Stockings THIGH XXXL			
236	Tegaderm 4x4			
237	Tegaderm 6x8			
238	Telfa nonadherent dressing 3x4			
239	Telfa nonadherent dressing 4x4			
240	Telfa nonadherent dressing 3x8			
241	Tongue depressors STERILE			
242	Toothbrushes			
243	Toothettes oral swabs			
244	Toothpaste			
245	Trach Mask			
246	Tuberculin Syringes 1 cc			
247	Tylenol 325 mg			

248	Tylenol 500 mg			
249	Tylenol Liquid			
250	Ureathral cath trays			
251	Urinals			
252	Urinary leg bags			
253	Vitamin C 500 mg			
254	Vitamin C Liquid			
255	Wash basins Rectangle			
256	Wash basins Round			
257	Xeroform 4x4			
258	Zantac Ranitidine 150 mg			
259	Zinc oxide tubes			
260	Ziplock bags 10x13			
261	Ziplock bags 8x10			
262	Ziplock bags 9x12			



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SUBJECT: DAILY RECREATION PROGRAMMING DURING PANDEMIC

POLICY:

The Therapeutic Recreation Department provides meaningful activities appropriate to resident's cognitive, physical, cultural, religious and emotional needs to enhance their quality of life. During a pandemic this policy will be implemented to ensure daily programming is maintained while practicing all infection control requirements as instructed by the Administration.

PROCEDURE:

RESPONSIBILITY

ACTION

- | | | |
|------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recreation Staff | 1. | Will ensure that residents are sitting 6 feet
If they are in the dining room. |
| Recreation Staff | 2. | Provide activities that stimulate their
Cognitive needs such as single use
Puzzles, word games, crosswords, art work,
Magazines & reading material, newspaper
Etc. |
| Recreation Staff | 3. | Ensure that appropriate music is played
In the dining room throughout
the day so residents can benefit
from a calming and enjoyable atmosphere. |
| Recreation Staff | 4. | Provide individual use puzzles, sensory
Games and objects designed to
meet the needs of confused or agitated
residents while in the dining room. |
| Recreation Staff | 5. | Show Movies or short video such as music,
Concerts, trivia games, name that tune
Videos on various apps on large portable
TV's |



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Home for Nursing & Rehabilitation

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- | | | |
|------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recreation Staff | 6. | Ensure all activities provided meet the Cultural needs of the population and Individuals. |
| Recreation Staff | 7. | Will provide a hand sanitizing wipe before And after activity and follow all Infection control protocols and updates. |
| Recreation Staff | 8. | Assist with religious needs by informing Staff Clergy that a religious visit is needed. Will obtain permission from Administration To have a Catholic Priest or any other Religious leader enter the building Due to visitation restrictions. |
| Recreation Staff | 9. | Will make every effort to keep residents Connected to their families by scheduling Video Chat Calls on facility owned I-pads. Provide window visits so they can see their Families if possible. |
| Recreation Staff | 10. | Will log Video calls and 1:1 visits for record Keeping purposes. |
| Recreation Staff | 11. | In Absence of the monthly group meeting Recreation Director Will confer with the Resident Council President and Other members individually. All concerns will be forwarded To the appropriate departments for resolution. |
| Recreation Staff | 12. | Will follow all infection control protocols as instructed by The Administration and Department Of Health. |

Department Head Signature Renee Ruggieri Date March 19, 2020

Administrator Signature Chaine Lopez Date 3/19/20

Policy: Daily Recreation Programming During Pandemic

Approved by: Chaine Tipton Title: ADMINISTRATOR

Approved by: _____ Title: _____

Effective Date: March 19, 2020

Date updated: June 9, 2020 Revised: Yes ☐ No ☒

Signature Rina Reeggen

Date updated: September 9, 2020 Revised: Yes ☐ No ☒

Signature Rina Reeggen

Date updated: _____ Revised: Yes ☐ No ☐

Signature _____

Date updated: _____ Revised: Yes ☐ No ☐

Signature _____

Date updated: _____ Revised: Yes ☐ No ☐

Signature _____

Date updated: _____ Revised: Yes ☐ No ☐

Signature _____

Date updated: _____ Revised: Yes ☐ No ☐

Signature _____



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Pandemic Resident Council Meeting

POLICY:

1. During the restriction on group activity this will serve as a temporary policy that will allow our Resident Council to express thoughts and concerns during Pandemic.

PROCEDURE:

1. Staff will visit 1:1 with all Residents who would like to participate in the monthly Resident Council Meeting and explain the temporary policy and procedure for Resident Council meetings during Pandemic.
2. Recreation Director will meet with all Resident Council Members and review the social distancing requirements and need for the modified activity schedule.
3. Recreation Director will encourage resident feedback.
4. Recreation Director will inform all residents of the availability of video chatting with their family or loved ones and work out a schedule to maintain a connection during Pandemic.
5. Staff will distribute a satisfaction survey to any resident who would like to fill it out. The Recreation Staff will work with residents who were unable to independently complete the questionnaire to document their comments.
6. Department Heads will review satisfaction surveys so feedback can be addressed timely.
7. Administration will inform Resident Council of all infection control measures and safety protocols that have been implemented to maintain safety during the Pandemic and keep Residents updated as new information is presented.
8. The completed minutes will be reviewed with the Council President and Vice President and read at the following meeting.
9. Any issues will be forwarded to the appropriate departments for follow up.

Department Head

Rina Ruggieri

Date

March 19, 2020

Administrator

Ch. Hoff

Date

3/19/20

Policy: Pandemic Resident Council Meeting

Approved by: Chaim Lipef Title: ADMINISTRATOR

Approved by: _____ Title: _____

Effective Date: March 19, 2020

Date updated: June 9, 2020 Revised: Yes ☒ No

Signature Rina Ruggieri

Date updated: September 9, 2020 Revised: Yes ☒ No

Signature Rina Ruggieri

Date updated: _____ Revised: Yes No

Signature _____

Date updated: _____ Revised: Yes No

Signature _____

Date updated: _____ Revised: Yes No

Signature _____

Date updated: _____ Revised: Yes No

Signature _____

Date updated: _____ Revised: Yes No

Signature _____



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MONITORING OF ACCESS TO HAYM SALOMON HOME

POLICY: To ensure all employees and any persons identified to access Haym Salomon Home during the COVID-19 crisis, the following measures are to be taken:

1. All persons **MUST** sign in.
2. All persons entering the building **MUST** be wearing appropriate face covering.
3. All persons **MUST** use hand sanitizer.
4. All persons **MUST** have their temperature taken. Any elevation of 99.5 or above will be reported to the nursing supervisor on duty for further evaluation.
5. There are no exceptions at this time.

Reviewed 3/15/2020

6/15/2020

9/1/2020


Margaret Murphy RN, DON



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POLICY FOR NEW RESIDENTS ADMISSION

Policy for new resident's admission to Nursing Home will be considered PUI (Patient under investigation). Residents will be required to have documented evidence of negative COVID-19 swab prior to admission.

It is the policy of Haym Salomon Home that all new admissions will be admitted to the 3rd floor to be monitored/ tested for COVID-19 signs and symptoms.

1. All new admissions will be tested for COVID-19 upon admission to the facility.
2. Resident will be put on 24 hour report for continued monitoring to ensure surveillance in place and vital signs are recorded.
3. Residents will be placed in a private room whenever possible or cohorted based on diagnosis.
4. Family/ significant others will be notified of all positive results.
5. Residents will be monitored until test results are negative from the laboratory.

Reviewed 9/1/2020



Margaret Murphy RN, DON

Haym Salomon Home
2340 Cropsey Avenue
Brooklyn, NY 11214

SUBJECT

Develop/Review/Revise a plan to Recover/Return to Normal Operation

DATE

9/15/20

POLICY

It is the policy of the facility to maintain an up to date plan for recovery/return to normal operation.

PURPOSE

To provide staff and others with a measurable plan to return the facility to normal operations

PROCEDURE

- The facility will adhere to directives as specified by State and CDC Guidelines at the time of each specific infectious disease or pandemic event. This will include how, when, which activity/procedure/ restrictions may be eliminated as well as the timing when these changes may be executed.
- The facility will maintain communications with the local NYS, DOH and CMS and will follow guidelines or return to normal operations.
- The decision for outside consultants will be made on a case by case basis taking into account medical necessity and infection levels in the community
- During the recovery period the residents and staff will continue to be monitored daily to identify any symptoms that could be related to the infectious agent.

Rev 6/6
Rev 9/1 che Lyl

POLICIES, PROCEDURES AND INFORMATION

Title: Communication Policy During a Pandemic
Issued By: Department of Social Service
Updated: September 15 th , 2020

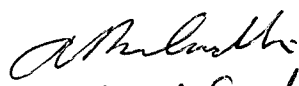
POLICY:

- It is the policy of Haym Salomon Home to be able to communicate effectively with residents and designated representatives regarding any pertinent information, updates, and all other happenings at Haym Salomon Home.

PROCEDURE:

- The facility will update the website on an as needed basis to ensure that all information is made available to residents and designated representatives.
- A mailing will be sent to all designated representatives, informing them of all happenings at Haym Salomon Home.
- The facility will also communicate with residents and designated representatives via telephone.
- During a pandemic – designated representatives of residents that are infected will be notified as to the resident's status.
- Designated representative will be notified when a resident experiences a change in their condition.
- Hotline message will be updated within 24 hours indicating any newly confirmed cases and/or deaths related to the infectious agent.
- All residents will be provided with daily access for communicating with their designated representatives.

Reviewed on: 03/30/2020, 06/06/2020, 09/01/2020


Director of Social Services



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POLICY AND PROCEDURE

TITLE: INFECTION PREVENTION & CONTROL PROGRAM

POLICY:

The Haym Salomon Home for Nursing and Rehabilitation shall establish, implement, and maintain a facility – wide Infection Control Program designed to provide a safe, sanitary and comfortable environment for residents, staff and visitors.

PROGRAM OBJECTIVES/FOCUS:

- Prevents, investigates and controls infections in the facility;
- Prevents the development and transmission of disease and infection.
- Collects and analyzes data regarding infectious acquired in the facility;
- Ensures staff practices are consistent with current infection control principles and standards of practice;
- Ensures staff with communicable diseases or infected skin lesions are prohibited from direct contact with residents.
- Utilizes infection precautions to minimize the transmission of infection.
- Performs surveillance activities to prevent, to the extent possible, the onset and the spread of infections;
- Prevents and controls outbreaks and cross-contamination using transmission based precautions in addition to standard precautions;
- Maintains a record of incidents and corrective actions related to infections.
- Implements hand hygiene (hand washing) practices consistent with accepted standards of practice, to reduce the spread of infectious and prevent cross-contamination.
- Properly store, handle, process and transport linens to minimize contamination.

PROGRAM DEVELOPMENT AND OVERSIGHT

The primary focus of the IPCP is prevention and management of infections. Oversight of the facility wide IPCP will be conducted by the Interdisciplinary Infection Prevention Control Team.

A function of the Interdisciplinary Infection Prevention and Control team will include but not limited to:

- **Establish program goals and priorities.**
- **Plan and implement strategies to achieve program goals.**
- **Monitor Implementation of the program.**
- **Respond to errors, problems, or other identified issues.**
- **Identify health care practitioners roles and responsibilities for program implementation as well as unusual occurrences or threats of infection developing and implement appropriate infection control policies and procedures.**
- **Defining and managing resident health initiatives.**
- **Immunizations Program – (influenza, pneumonia, etc).**
- **Tuberculosis screening on admission and follow-up thereafter.**
- **Managing food safety.**
- **Providing a nursing home liaison to work with local and state agencies.**
- **Defining how and when the program is to be routinely monitored.**
- **Identify situations for a focus review of the program.**
- **Communicates findings from data collection and analysis to facility's staff and management.**
- **Directs changes in practice based on identified trends, and regulatory agencies advisories.**
- **Components of the Infection Prevention and Control Program.**
- **Policies and Procedures.**
- **Program development and oversight.**
- **Infection Preventionist.**
- **Surveillance.**
- **Documentation.**
- **Monitoring**
- **Data Analysis**
- **Communicable Disease reporting**
- **Education**
- **Antibiotic Review**

PROGRAM OVERVIEW

Infections are a significant source of morbidity and mortality for nursing home residents and account for up to half of all nursing home resident transfer to hospitals. The most frequently occurring infections among nursing home residents:

- Respiratory infections
- Urinary Tract Infections
- Skin and soft tissues
- Conjunctivitis
- Gastroenteritis
- Influenza


Critical aspects of the HSH infection prevention and control program shall include but not limited to:

- Recognizing and managing infections at the time of a resident's admission to the facility and throughout their stay; and following recognized infection control practices while providing care such as:
 - Hand hygiene
 - Handling and processing of linens
 - Use of standard precautions, and appropriate use of transmission – based precautions, cohorting or separating residents

Date: 3/15/2020

Revised: 6/15/2020

9/01/2020



Margaret Murphy RN, DON



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TERMINAL ROOM CLEANING POLICY

Steps:

1. Gather Supplies

Be alert for signage that may indicate the need for special precautions
Proper cleaning and disinfectant products

2. Hand Hygiene + PPE

3. Remove Trash

4. Remove Soiled Linens

5. Clean Room (Horizontal and Vertical Surfaces)

Dust — start with high surfaces
Curtains, doors, recessed lights
Walls
Damp wipe all vertical surfaces

Windows/glass
Clean air vents and returns
Inspect privacy curtains

6. Clean and Disinfect High-Touch Surfaces in Patient Room

Headboard
Bedrails
Nurse call button and cord
TV remote
Handrails
Bedframe
Mattress
Coated pillows
Footboard
Nightstand
Over-the-bed table
Mirrors
Computers
Telephones

Arm chairs
Cabinet handles
Door knobs
Light switches
Patient equipment
Blood pressure cuff and tubing
Infusion poles
IV pump control
Multi-module monitor controls
Multi-module monitor touch screen
Multi-module monitor cables
Ventilator control panel

7. Clean and Disinfect Bathrooms


- **Sink area** - counter, faucet and handles, sink basin, under the sink, all pipes with condensation, soap dispenser
- Grab bars
- Shower fixtures
- Shower floor

- **Toilet area** - toilet bowl, toilet seat, exterior, toilet handle
- Light switches
- Bathroom inner door knob and plate
- Bathroom light switch
- Toilet bedpan cleaner

8. Clean Floors -Room and Bathrooms

9. Prepare for the Next Patient: Replenish Patient Care Items and Exit

Reviewed 3/1/20
6/6/20
9/1/20

E. D. Song




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INFECTION PREVENTION & CONTROL

TITLE: **CLEANING COMMUNAL EQUIPMENT**

POLICY:

It is the policy of HSH that sanitary equipments will be used for care of all residents.

PURPOSE:

To prevent the spread of infection from resident to resident.

COMMUNAL EQUIPMENT

- Glucometer (Disinfectant wipes)
- Electronic Thermometer (Disinfectant wipes)
- B/P Cuff
- Stethoscopes (disinfectant wipes), alcohol wipes for ear tips
- Pulse Oximeter (alcohol wipes)

CLEANSING EQUIPMENT

- Gloves
- Disinfectant wipes (Clorox)
- Disinfectant solution/spray
- Garbage bags
- Lysol spray
- Alcohol wipes

PROCEDURE:

RESPONSIBILITY

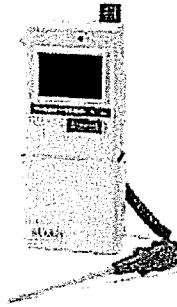
LICENSED NURSE/CNA

ACTION
SHALL

- Wash hands before procedure.
- Determine need to clean equipment.
- Don unsterile gloves.
- Clean equipment (non porous) between each resident using disinfectant wipes as per manufacturer recommendations.
- Places wipes in the garbage.
- Allow area to air dry between use.
- Remove gloves and wash hands.
- **GLUCOMETER:** (Disinfectant Wipe)
Wipe outside of meter between residents. Do not use wipe on the inside of the meter.



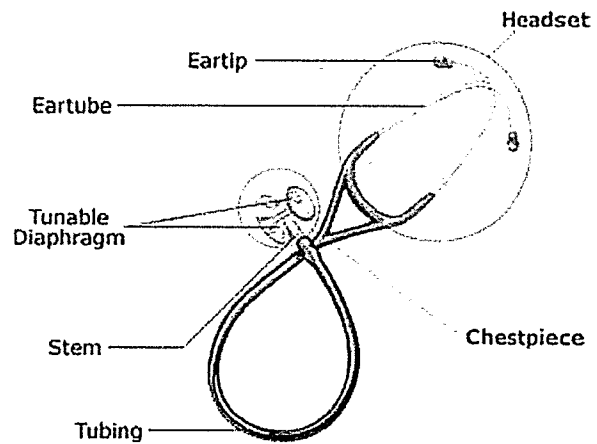
- **ELECTRONIC THERMOMETER:**
Wipe the outside of the meter and the probe wire after each use.



- **STETHOSCOPE**

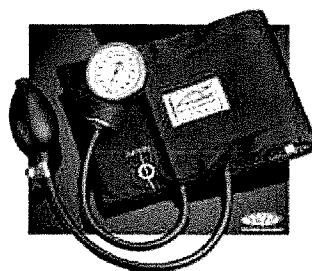
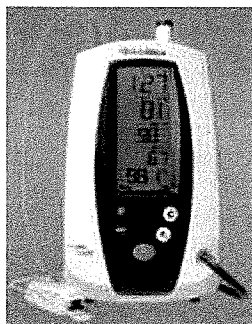
Wipe the diaphragm and tubing with the disinfectant wipe. After cleansing area with the disinfectant wipes, wipe the diaphragm with an alcohol prep pad to remove the Clorox residue from the diaphragm to prevent resident skin irritation.

Do not use Clorox wipe on ear tips. Use alcohol wipe to cleanse ear tips of stethoscope.

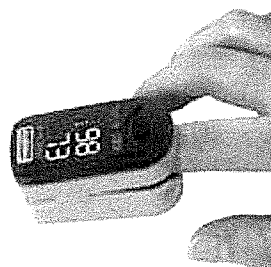


- **BLOOD PRESSURE CUFF**

Use disposable B/P cuff cover for residents who are on precautions. All other times use Lysol Spray as needed or replace B/P cuff if soiled with blood or body drainage.



- PULSE OXIMETER



Cleanse resident's fingertip with an alcohol wipe
before inserting finger into probe.

NOTE:

Clorox Wipes are not to be used on skin and is not to be used as diaper
wipes or for personal cleansing.

Reviewed 6/2/2020
9/1/2020

Margaret Murphy RN, DON



2340 Cropsey Avenue | Brooklyn, NY 11214 | Phone: (718) 373-1700 | Fax: (718) 449-9028 www.HaymSalomonHome.com

SUBJECT: 24 HOUR REPORT/ CHANGE IN RESIDENT CONDITION

POLICY:

At the end of each shift, the Charge Nurse will accurately generate a 24 hour report regarding any changes that have occurred during the shift.

PROCEDURE:

1. The report will be initiated by the Night Shift, which begins the 24-hour period for each report and continue through day and evening shifts.
2. Each unit report will be completed by the Charge Nurse/Designee at least 30 minutes before the end of their tour.
3. The report will be made out in triplicate. The original will be collected and submitted to the DNS daily by the Night Supervisor.
4. Copies will be used by the Assistant Director of Nursing/ Supervisor for report.
5. Charge Nurse will use the original to give reports to on coming staff.

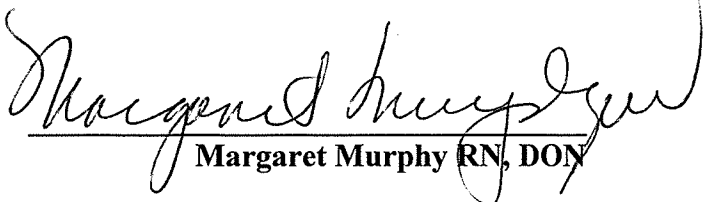
Criteria for the 24 Hour Report includes, but may not be limited to, the following:

1. Episodic illness or changes that warrants notification of attending physician.
2. Sensorium changes
3. Elevated temperature on onset of infection requiring antibiotic intervention and temperature monitoring on 24 to 72 hour basis.
4. Residents placed on precautions or isolation.

5. Skin breakdown.
6. Adverse reaction to medication.
7. Residents scheduled for special procedures.
8. Residents who are seriously ill or whose condition is unstable.
9. Severe behavioral problems that must be closely monitored or require medication.
10. Residents seen by the attending physician.
11. New admissions, discharges, transfers (reason why), and deaths.
12. Pending blood work and cultures or results of same.
13. Incidents/Accidents and follow up.
14. Residents seen for consultation (i.e., surgical, optical, psychiatric) etc.
15. Residents seen by Podiatrist and Dentist.
16. Include notation of family or responsible person regarding change in resident condition.
17. Problems/Concerns of Residents/Families.
18. Residents on Therapeutic leave including date leave began and expected date of return.
19. Any environmental factors contributing to resident care and follow-up, i.e.,
20. Problems with heat or air conditioning systems.
21. Extermination procedure.
22. Equipment problems.

All nursing staff are required to adhere to the above Policy & Procedure.

Date 9/1/2020


Margaret Murphy RN, DON



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TITLE POLICY: **COHORTING OF RESIDENTS**

EFFECTIVE DATE: **09/01/2020**

- Guidelines for Cohorting of residents put into practice with residents current status and DOH recommendations executed and ongoing room changes monitored by social services.
- Ad-hoc infection control daily with unit managers and department managers
- Room changes effectuated to cohort and determine residents current status as determined by Administration, Nursing and Social Services
- Policy and procedure completed and all department heads educated of plan to move forward
- Identification of COVID+ residents and additional swabs to confirm or rule out viruses
- No communal dining during pandemic
- Residents will be cohorted determined by diagnosis, signs and symptoms of active disease.

A handwritten signature in black ink, appearing to read 'Margaret Murphy', is written over a horizontal line.

Margaret Murphy RN, DON



HAYM SALOMON

Home for Nursing & Rehabilitation

2340 Cropsey Avenue | Brooklyn, NY 11214 | Phone: (718) 373-1700 | Fax: (718) 449-9028

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PPE Par Levels

Policy:

Haym Salomon Home for Nursing and Rehabilitation recognizes the importance of securing appropriate amounts of Personal Protective Equipment to stop the spread of infection.

Procedures:

1. Par levels will be monitored and kept secured.
2. Staff will be educated on proper use.
3. Facility will ensure a 60-day supply as required by NYS DOH.

 9/15/2020



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Public Health and Other Agencies:

ICP will be responsible for communications with the public health authorities during a declared pandemic outbreak.

***Local Health Department contact information:**

New York City Department of Health

Long Term Care Division

90 Church Street, New York, NY 10007

Phone: (212) 417-4200

Contact: Antonella (347) 804-5800

***State Health Department contact information:**

New York State Department of Health

175 Green Street, Albany, NY 12202

Phone: (518) 447-4580

CDC/NHSN

cdc.gov/nhsn/index.html

Haym Salomon Home
2340 Cropsey Avenue
Brooklyn, NY 11214

SUBJECT

Develop/Review/Revise Environmental Control Related to Contaminated Waste

DATE

9/15/20

POLICY

It is the policy of the Haym Salomon home to develop/review/revise controls as relates to contaminated wastes.

PURPOSE

To ensure environmental control of contaminated waste or current.

PROCEDURE

- Areas for contaminated waste are clearly identified as per NYSDOH guidelines.
- The director of house keeping shall follow all Department of Environmental Conservation and DOH Rules for the handling of contaminated wastes.
- The onsite storage of waste shall be labeled in accordance with all regulations.
- The handling policies are available in the housekeeping manual.
- Any staff involved in handling contaminated product shall be trained prior to performing tasks and shall be given appropriate PPE
- The facility will amend the Policy and Procedure on Biohazardous Waste as needed related to any new infected agents.

Rev. 6/0
Rev 9/1 Chair Lys

Haym Salomon Home
2340 Cropsey Avenue
Brooklyn, NY 11214

SUBJECT

Review/ Revise Internal Policies and Procedure for Stocking Needed Supplies

DATE

9/15/20

POLICY

It is the policy of the Haym Salomon Home to have the Medical Director, Director of Nursing, Infection Control Practitioner, Safety officer, and other appropriate personnel will review the policy for stocking needed supplies.

PURPOSE

To ensure that key personnel has input into stocking needed supplies.

PROCEDURE

- The vendor pharmacy will arrange for a 4-6 weeks supply of resident medication to be delivered should there be a Pandemic Emergency
- The Facility has established par levels for Environmental Protection Agency approved environmental cleaning agents based on Pandemic usage.
- The facility established par levels for Personal Protective Equipment

Rev 6/6
Rev. 9/1

Chai-Lyng

Haym Salomon Home
2340 Cropsey Avenue
Brooklyn, NY 11214

SUBJECT

The Review/Revise Vendor Supply Plan for Food, Water and Medication

DATE

9/15/20

POLICY

It is the policy of the facility to have adequate food, water and medication on hand in the facility.

PURPOSE

To ensure that all staff have a reference for food, water and medication to be maintained on hand in the facility at all times.

PROCEDURE

- The facility currently maintains a 3-4-day supply of food and water in the facility.
- This supply is monitored on a quarterly basis to ensure that stock is intact and safely stored
- The facility has adequate supply of stock medication for a minimal period of 4-6 weeks
- The facility has access to a minimal 2-week supply of needed cleaning/sanitizing agents in accordance with storage and NSTA/Local guidelines.
- The supply of cleaning/sanitizing agents will be checked weekly as needed during a Pandemic
- A log will be kept by the Director of Housekeeping monitoring the supply and reporting to the Administrator any specific need and shortages

Rev 6/6
Rev 9/11 Cha Lyff

Haym Salomon Home
2340 Cropsey Avenue
Brooklyn, NY 11214

SUBJECT

Develop/Review/Revise a Plan to Ensure Social Distancing Measures.

DATE

9/15/20

POLICY

It is the policy of the Haym Salomon home to develop/review/revise social distancing measures.

PURPOSE

To ensure that staff and others understand the facility's social distancing measures

PROCEDURE

- The facility will review and revise communal dining guidelines and recreational activities during a pandemic to ensure social distancing is adhered to in according with state and CDC guidelines.
- Recreational activities will be individualized for each resident.
- The facility will ensure that break rooms, locker rooms will allow for social distancing of staff
- Staff will be re-educate on social distancing measures as required.

Rev 6/6
Rev 9/11 Cha Lef

Haym Salomon Home
2340 Cropsey Avenue
Brooklyn, NY 11214

SUBJECT

Advising staff vendors and other stakeholders on facility policy to minimize exposure risks to residents

DATE

9/15/20

POLICY

It is the policy to inform all interested parties of the facility policy to minimize exposure risk to residents

PURPOSE

To keep all interested parties informed on measures taken to minimize exposure risk to residents.

PROCEDURE

- Subject to any superseding NYS executive orders and/or NYSDOH Guidelines that may otherwise temporarily prohibit visits, the facility will advise visitors and others of limits/discontinuance of visits to reduce exposure risk to residents and staff.
- Emergency staff including EMS will be informed of required PPE to enter the facility.
- Vendors and others will be directed to drop off needed supplies and deliveries in a designated area to avoid entering the building.
- The facility will cease any new admissions in accordance with any NYSDOH directives related to disease transmission.

Rev 6/1
Rev 9/1 ch-Lyf



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COMMUNAL DINING DURING COVID-19 PANDEMIC

Policy:

It is the policy of this facility to ensure that residents are able to enjoy a communal dining experience. During Pandemic, the facility will continue this practice, only when deemed appropriate.

Procedures:

1. Residents are determined to be eligible for this program if they reside on a non-covid floor and are asymptomatic.
2. The dining room on each unit will have table arrangements that insure safe social distancing, i.e. each resident will have their own table or two tables will be put together, with a maximum of two residents placed at opposite ends to insure a distance of 6 feet between them.
3. Residents will be encouraged to wear masks when in community areas and not eating.
4. Staff will provide sanitary wipes to each resident before and after the meal is served, and provide assistance to the resident, if necessary.
5. In order to achieve the appropriate social distancing, the total number of residents eating in the dining room at one time will be limited or a second seating will be added, with the room sanitized between seatings.
6. The Housekeeping staff will sanitize all tables upon completion of meal service.