



**Department
of Health**

**The Baptist Home at Brookmeade
Community**

Comprehensive Emergency Management Plan

2020

The Baptist Home
46 Brookmeade Drive, Rhinebeck NY 12572
www.brookmeadecommunity.org

THE COMMUNITY AT
BROOKMEADE
COVID-19 Pandemic Plan

Department: Administrative

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Approval:

Label

COVID 19 PANDEMIC PLAN

1. Health Screening
2. Surveillance
3. Restrictions on Visitation
4. Personal Protective Equipment (PPE)
5. Hand Hygiene
6. Resident Admission and Discharge
7. Education
8. Administrative and Engineering Controls

POLICY:

It is the policy of the facility to provide the highest practicable physical, mental and psychosocial well-being to attain or maintain optimal functioning. It is to that extent that we will make every effort to minimize exposures to SARS-CoV-2, the virus that causes COVID-19 and to treat and provide the best quality care.

PURPOSE:

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

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



GENERAL INFORMATION:

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

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

All Infection Preventionists/designees will monitor the CDC website for information and resources. We will maintain a person-centered approach in our delivery of care by communicating effectively with patients, their representative and/or family, and understand their individual needs and goals of care. If an increased number of respiratory illnesses occur, regardless of suspected etiology among residents or staff, minimally the following must occur:

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

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

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

The facility will activate the incident command center and will hold ad-hoc Infection control committee meetings in conjunction with the morning IDC meeting, COVID19 Committee and other Management Meetings to strategize activities that will minimize the spread of the infection. Attendance sheets will be maintained by the Infection Preventionist.

PROCEDURES:

Active Health Screening and Surveillance

1. The facility will perform active health screening and surveillance on all staff (regardless of whether they are providing direct patient care), permitted visitors (hospice, discharge education, change in condition only) and providers of services and Agency HCPs to the facility through strict monitoring of any of the following:

- a. Signs and symptoms consistent with COVID-19 (fever, chronic cough, shortness of breath, sore throat, lack of smell and taste).
 - b. Has had contact with someone under investigation (PUI) for COVID-19 or “presumed positive”.
2. Active health screening including temperature and employee attestation that the symptoms of COVID-19 are not evident will be done at the beginning of each shift and upon entrance to the facility for any other purpose.
3. An Employee screening form is used for data collection.
- a. Facility staff performing health checks will:
 - i. Wear face masks and use hand sanitizer before and after contact with each individual.
 - ii. Perform hand hygiene when hands are visibly soiled.
 - iii. Actively take the temperature of all employees and will log temperature taken on a tracking sheet.
 - iv. The employee will document the presence or absence of shortness of breath, new or change in cough and sore throat.
 - v. An employee with symptoms or with a temperature >99.5F upon entry into the facility will be given a face mask and will be sent home for appropriate medical evaluation.
 - vi. The employee’s name will be added to the surveillance line list by the Infection Preventionist or designee.
4. An Employee who develops symptoms or fever consistent with COVID-19 while on duty:
- a. Must immediately stop working and report to their supervisor, who will notify the Infection Preventionist/facility leadership who will:
 - i. Ascertain what residents, staff, equipment, and locations within the facility that may have been exposed from the employee and notify nursing and administrative leadership. The facility will seek the guidance of the Regional Epidemiologist at the NYSDOH.
 - ii. Instruct the employee to self-isolate at home (as recommended by the

NYSDOH) and to notify their primary care physician for further guidance.

Temporary Restrictions On Visitation

1. The facility will restrict entry to the facility to the extent possible during the COVID-19 pandemic/national emergency as per the regulations and guidance related to restricting a resident's right to visitors found on CDC website (updated to include COVID-10 Pandemic) and in 42 CFR 483.10(f) (4) and F-tag 563 of Appendix PP of the State Operations Manual.
 - a. All non-medically necessary visitations will be restricted until further interim guidance is received from the CDC, CMS and/or New York State Department of Health.
 - b. The facility will utilize email, website posting and phone calls to notify families as needed with updates on the facility COVID-19 information including residents confirmed positive, resident expirations and staff health updates.
 - c. Vendors (X-ray and Laboratory) will be allowed to provide diagnostic services for residents and are screened upon entering the facility.
 - d. The vendor pharmacy will deliver all medications to the nursing supervisor. Medication returns will be given to the driver by the nursing supervisor.
 - e. Visits that the facility has determined to be medically necessary:
 1. Visitor is essential to the care of the patient or is providing support in imminent end-of-life situations
 2. Family members of residents in imminent end-of-life situations, and those providing Hospice Care will be determined on a case-by-case basis. This will include the careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms.
 - a. For individuals that enter in compassionate situations (end-of-life) the facility staff will reinforce each visitor's proper hand hygiene practices and use of PPE (gown and face mask, gloves if necessary).
 - b. The duration and number of visits should be minimized.
 - c. Visitors will only be allowed in the resident's room.



Anticipating Resident Care Emotional Needs

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

Personal Protective Equipment and Hand Hygiene

1. The facility will provide appropriate PPE's in accordance with OSHA PPE standards – (29 CFR 1910).
2. All employees (in all departments) must wear a facemask while in the facility.
3. Transmission Based Precautions will be implemented and signage instructing the appropriate use of PPE's will be posted outside the resident's door.
 - a. The door will be kept closed as appropriate.
4. Communal dining and all group activities are suspended, such as internal and external group activities.
5. All residents will be provided with hand wipes for hand hygiene or assisted to perform hand hygiene before and after meals, and as needed.

Resident Categories

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

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

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

Resident Placement

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

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

Personal Protective Equipment (PPE)

At no time are gloves to be reused or used for extended periods or for multiple patients.

Hand Hygiene

1. Hand Hygiene must be performed for at least 20 seconds with soap and water or alcohol-based hand sanitizing gel:
 - a. Before donning and doffing PPE's
 - b. When gloves are torn, visibly soiled, or removed.
 - c. Before and after all patient contact, contact with potentially infectious material, before putting on and upon removal of PPE, including gloves, when hands are visibly soiled.
 - d. Hand hygiene using ABHS cannot be used:
 - i. If hands are visibly soiled.
2. Hand hygiene supplies are readily available in every care location.
3. Facilities will:
 - a. Increase the availability and accessibility of alcohol-based hand sanitizers, no-touch receptacles for disposal, and appropriate PPE's at our facility entrances, waiting areas/lobbies, and resident care areas, etc.
 - b. Ensure ABHS and/or soap and water are accessible in all resident-care areas including inside and in hallways by resident rooms.

Resident Surveillance

1. All residents on the affected units will be actively monitored at least once per shift.
 - a. All monitoring results will be documented in the EMR.
2. All residents in affected units "will remain in their room as feasible."
 - a. Activities will be offered as preferred for residents in their rooms to the extent possible.
3. COVID19 positive residents must wear facemasks when any care is being rendered as tolerated. Residents must also wear facemask if they leave their room or sit in the doorway to their room.
4. Floating of staff will be minimized as not to affect delivery of care activities.

5. Residents on the affected units must be placed on Droplet and Contact Transmission Based Precautions until a physician has performed a medical evaluation and resolved COVID-19 related symptoms.
 1. Resolution of symptoms will follow CDC's guidance:
 - a. Test- based strategy or non-test based strategy.
 2. Until further information is available regarding viral shedding after clinical improvement, discontinuation of isolation precautions will be determine on a case by case basis with a physician to physician peer review. Factors that will be considered include:
 - a. Presence of symptoms related to COVID-19 infection, date symptoms began, other conditions that would require specific precautions (e.g., tuberculosis, Clostridium difficile), other laboratory information reflecting clinical status, and alternatives to inpatient isolation.
6. All employees must wear PPE's.
7. Residents who initially tested negative, may be re-tested upon the development of symptoms consistent with COVID-19, if tests are available.
8. Residents may vary in severity of symptoms and may develop severe symptoms that require transfer to hospital for a higher level of care.

Discharge

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

Admission/Re-Admission

1. Residents will be admitted or re-admitted as long as the facility can follow the CDC's guidance for transmission-based precautions and with a negative test result.
2. If we are unable to follow the CDC's guidance for Transmission-based Precautions for COVID-19, we will wait until these precautions are modified in the hospital/acute care setting before admitting/readmitting the resident.

Education-Resident and Staff

1. Resident education sessions will be provided initially at Resident Council Meetings.
2. Staff education will be provided as needed.
3. Education sessions may include:
 - a. Job-or task-specific education and training on preventing the transmission of COVID-19.
 - b. How to use facemasks to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
 - c. Proper donning (putting on) and doffing (taking off), and disposal of PPE's.
 - d. Strict hand hygiene enforcement to include:
 1. Residents hands should be cleaned before and after meals.
 2. Hand Hygiene competencies for all employees in all departments
 3. Review of hand hygiene
 - e. When entering the room of a resident with known or suspected COVID-19 (i.e., PUI), ensuring signage, adherence to Standard, Contact, and Droplet, Precautions as applicable, and the use of appropriate PPE's.
 - f. Only essential personnel should enter the room to minimize the number of staff members who enter the room.
 1. Dependent on staffing conditions we may consider caring for these patients with dedicated staff minimize the risk of transmission and exposure to other patients and other staff members.
 - g. Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, stethoscope).
 - h. Standard practice for pathogens spread by the airborne route (e.g., measles, tuberculosis) is to restrict unprotected individuals including HCP, from entering a

vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles. The windows will also be opened.

1. It is not yet known how long COVID-19 remains infectious in the air. In the interim, it is reasonable to apply a similar time period before entering the room without respiratory protection as used for pathogens spread by the airborne route (e.g., measles, tuberculosis).
 2. In addition, the room should undergo appropriate terminal cleaning and surface disinfection before it is returned to routine use.
- i. Transmission of SARS-CoV2 (person-to-person among close contacts (about 6 feet)).
1. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 2. With COVID-19, there have been reports of spread from an infected patient with no symptoms to a close contact.
- j. Prevention
1. There is currently no vaccine to prevent COVID-19 infection.
 2. The best way to prevent infection is to avoid being exposed to this virus. Everyday preventive actions to help prevent the spread of respiratory viruses includes:
 - Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, sneezing, before and after eating.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer (ABHS) with at least 60% alcohol.
 - Always wash hands with soap and water if hands are visibly dirty.
 - Avoid touching your eyes, nose, and mouth with unwashed hands.
 - Avoid close contact with people who are sick.
 - Stay home when you are sick and symptomatic.
 - Follow respiratory hygiene, cough etiquette and hand hygiene

precautions at all times.

1. Cover your cough or sneeze into your elbow. If you sneeze into a tissue, wash your hands after throwing the tissue (one use) in the trash.

- Clean and disinfect frequently touched objects and surfaces with an EPA-approved emerging viral pathogens product that claims resistance against COVID-19.

k. Treatment

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

L. Personal Protective Equipment (PPE)

1. Training will include:
 - when to use PPE
 - what PPE is necessary
 - donning and doffing in a manner to prevent self-contamination
 - how to properly dispose of and maintain PPE; and
 - the limitations of PPE

Gloves

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

Gowns

Change the gown if it becomes soiled or wet

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

Respiratory Protection

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

Eye Protection

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

Equipment Care

1. Proper cleaning/disinfecting of equipment between each resident use will be performed according to the manufacturer's instructions
2. Dedicated point-of-care equipment category will be cleaned and disinfected between each resident use.
3. Medical equipment such as mechanical lifts sharing between residents require disinfection between residents.
4. Disinfect workplace areas (nurse's stations, phones, internal radios, medication carts, treatment carts, emergency carts, etc.).

Engineering and Administrative Controls

1. Physical barriers or partitions to guide patients through common areas curtains between patients in shared areas.
2. Increase signage (elevators, lobby, etc.) for educational cues and reminders.
3. Visual alerts (e.g., signs, posters) in strategic places (e.g. waiting areas, elevators, cafeterias, screens/monitors) to provide patients and staff with instructions (in appropriate

- languages) about hand hygiene, respiratory hygiene, cough etiquette, transmission and prevention of COVID-19 infection.
4. Monitor the use of PPE's to capture demand and burn rates per facility.
 5. The facility will update its:
 - Emergency Preparedness Plan COVID-19 Pandemic
 - Infection Control and Prevention Facility Assessment
 6. Monitor and manage ill and exposed employees.
 7. Movement and monitoring decisions for employees with exposure to COVID-19 will be made in consultation with public health authorities.
 8. The facility will refer to the updated Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) and other local state and federal resources for current information.
 9. Environmental cleaning and disinfection procedures will be followed consistently and correctly.
 - Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces before applying an EPA-registered) are appropriate for COVID-19, including those patient-care areas in which aerosol-generating (nebulizer) procedures are performed.
 10. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19.
 11. Management of laundry, food service utensils and medical waste will be performed per routine procedural guidelines.
 12. Enhance cleaning activities in common and on high-touch areas will be implemented.
 13. The facility will implement mechanisms that promptly alert key facility staff including infection control, facility leadership, and frontline staff about known or suspected COVID-19 patients (i.e., PUI), staff and visitors.
 14. Promptly communicate and collaborate with public health authorities.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

August 20, 2020

Re: DAL NH 20-09 Required Annual
Pandemic Emergency Plan for All
Nursing Homes

Dear Nursing Home Operators and Administrators:

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

This DAL explains the requirements for the PEP outlined in the statute and provides additional direction and guidance on how to implement its requirements. The Department will be issuing further guidance on a recommended form for the PEP. Generally, the PEP must include:

1. A communication plan that:
 - a. Updates authorized family members and guardians of residents infected with the pandemic infectious disease at least once per day and upon a change in the resident's condition;
 - b. Updates all residents and authorized family members and guardians once per week on the number of infections and deaths at the facility;
 - c. A plan to provide all residents with daily access to free remote videoconferencing, or similar communication methods, with authorized family members and guardians; and
 - d. Required communications must be by electronic means or other method selected by each family member or guardian
2. Infection Protection Plans for staff, residents and families, to include:
 - a. A plan for readmission of residents to the facility after hospitalization for the pandemic infectious disease
 - i. Such plan must comply with all other applicable State and federal laws and regulations, including but not limited to 10 NYCRR 415.19, 415.3(i)(3)(iii) and 415.26(i); and 42 CFR 483.15(e).
 - ii. The facility's plan should also consider how to reduce transmission in the event there are only one or a few residents with the pandemic disease in a facility and corresponding plans for cohorting, including:
 1. Use of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, such as at the end of a hallway;
 2. Discontinue any sharing of a bathroom with residents outside the cohort;

3. Proper identification of the area for residents with the pandemic infectious disease, including demarcating reminders for healthcare personnel; and
4. Procedures for preventing other residents from entering the area.
- iii. Additionally, the plan should consider steps for facility administrators and operators to determine cohorting needs and capabilities on a regular basis, including establishing steps to notify regional Department of Health offices and local departments of health if the facility cannot set up cohort areas or can no longer sustain cohorting efforts.
- b. Having personal protective equipment (PPE) in a two-month (60 day) supply at the facility or by a contract arrangement¹.
 - i. Supply needs are based on facility census, not capacity, and should include considerations of space for storage. To determine supply needs during a pandemic episode, facilities should base such need on DOH existing guidance and regulations; in the absence of such guidance, facilities should consult the [Center for Disease Control and Prevention \(CDC\) PPE burn rate calculator](#).
 - ii. Be cognizant of experience with prior pandemic response and adopt protocols outlined in guidance that are specific to the pathogen and illness circulating at the time of the pandemic, and plan to handle worst case scenarios without implementing shortage or other mitigation efforts.
 - iii. This plan should address all personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents, current guidance on various supplies and strategies from the CDC. Supplies to be maintained include, but are not limited to:
 1. N95 respirators
 2. Face shield,
 3. Eye protection
 4. Gowns/isolation gowns,
 5. gloves,
 6. masks, and
 7. Sanitizer and disinfectants in accordance with current EPA Guidance.:
3. Plan for preserving a resident's place at the facility when the resident is hospitalized.
 - a. Such plan must comply with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).
4. Compliance with the PEP
 - a. Failure to comply is a violation of § 2803(12), which may subject the facility to penalties pursuant to PHL § 12 and § 12-b and other enforcement remedies.
5. Format for PEP
 - a. The Department suggests that in developing the PEP document, the facility follow the format for the Emergency Preparedness plan you developed for the CMS Emergency Preparedness Rule. We suggest that the PEP be included as

¹ Please also keep in mind that nursing home operators and administrators must also comply with emergency regulations effective July XX, 2020, setting forth PPE stockpile requirements.

an annex to that plan. A format of an annex will be provided to you. It will be modeled after the templates distributed as part of the 2019 DOH Comprehensive Emergency Management Plan (CEMP) training to nursing homes on developing a PEP. Attached is information for taking an online version of the CEMP training as a refresher; or if you were unable to attend last year's live training sessions.

We will be using the CEMP for purposes of complying with the requirement and a webinar will be scheduled to explain how to incorporate the pandemic emergency plan in the CEMP. Any questions regarding this correspondence should be forwarded to nursinghomeinfo@health.ny.gov.

Thank you for your attention to this important issue affecting residents of nursing homes in New York State.

Sincerely,

Sheila McGarvey

Director
Division of Nursing Homes and ICF/IID
Surveillance
Center for Health Care Quality and
Surveillance

Attachments (3) as follows:

OHEP.CEMPONLINE

CEMP and PEP Template

PEP Tool Kit Annex K – Infectious Disease