

LUTHERAN RETIREMENT HOME
d.b.a. LUTHERAN HOME AND REHABILITATION CENTER

POLICY: PANDEMIC EMERGENCY PREPAREDNESS (PEP) PLAN

Date: Sept. 2020

Reviewed:

This policy/plan oversight will be completed by leadership staff identified in the Disaster/Emergency Preparedness Plan and Facility Assessment with additional support from the Safety Committee, Department Managers, QAPI Steering Committee, and all levels of front line staff. The Administrator will be responsible to coordinate services and efforts from all departments within LHRC, and to ensure adequate support, staffing and supplies to manage the pandemic. This policy is not meant to be all- inclusive but will subject to the most recent directives from the DOH/CDC/CMS.

INTRODUCTION:

A congregate setting is an environment where a number of people reside, meet or gather in close proximity for either a limited or an extended period of time. Examples include homeless shelters, assisted living facilities, group homes, prisons, detention centers, schools and workplaces. The New York State Department of Health will issue specific guidance and requirements for nursing homes and adult care facilities specific to a Pandemic, should one occur, that does not apply to other congregate settings.

Purpose: To increase awareness to symptoms, progression, treatment and prevention of the Pandemic in the LTC setting. To decrease the spread of viruses through standard, contact, and droplet. Relevant sections of federal, state, regional, or local plans for the Pandemic are reviewed for incorporation into this facility's plan.

RECOMMENDATIONS:

Post signage:

- Place signs visible to all staff, residents and any visitors to stay home or in their rooms if they are sick or that visitation is restricted when directed by the DOH, CDC or CMS. In that case, signs will be posted that state no visitation is allowed within the facility except for family of a resident that is at end of life (two identified people may visit), Hospice workers, or necessary medical personnel/vendors such as pharmacy, lab, x-ray, etc.
- Place Cover Your Cough and Wash your Hands posters in visible locations around your facility.
- Place clear signage outside all isolation areas for staff and residents to properly identify these areas to reduce intermingling of symptomatic and non-symptomatic individuals.

Reduce movement within the facility:

- If there is evidence of community-wide Pandemic illness, Facility will determine if visitor restrictions should be put in place and will follow the most current guidance from the DOH/CDC. Eliminate visitors or restrict only to essential visitors until such time as the NYS DOH provides guidance to allow limited visitation. Inform families or caregivers. Provide alternate ways for residents to stay in touch with their families, such as by phone or video. Points of entry will be limited.

- For specific vendors and/or family as listed above, the facility will have them complete a screening questionnaire, and provide facemasks (mandatory), gowns and gloves (as needed), and hand sanitizer.
- Physical barriers (plastic) at the reception area to limit close contact between triage personnel and those potentially infectious.
- Review vendor and supply processes; prohibit non-essential vendors from delivering to the facility, and direct vendors to drop supplies outside.

Visitation:

- Modification of frequency and type of contact among residents, employees, families, vendors, and health care providers will be done in accordance with policies, procedures or guidance from CMS/DOH/CDC.
- Visitation may limited or stopped based on type of pandemic, prevalence within the facility, and/or at the direction of CMS/DOH/CDC except for those deemed medically necessary (i.e. end of life).

Dining and meals:

- Close dining rooms to communal dining where possible. Deliver meals to resident rooms or utilize alternative areas for dining such as the sunroom or activities room. If closing shared dining areas is absolutely not possible due to resident safety with meals, stagger space between tables, so diners remain 6 feet apart with no more residents than 10 per dining space.

Supplies and PPE:

- Provide adequate supplies for staff and residents to practice healthy hygiene
 - Stock bathrooms and other sinks consistently with soap and drying materials.
 - Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your facility) at key points within the facility, including registration desks, entrances/exits and eating areas. If alcohol-based hand sanitizer is not available in every resident room, staff will carry the sanitizer in their pocket for use as required.
- Anticipate and plan for shortages as supply chains are affected; pre-order essentials to maintain adequate reserves. Partners during routine operations will be affected similarly. Facility operations may need to adjust to challenges felt in associated programs, organizations and agencies.
- Please refer to policies: #2306 – Initiation of Isolation Precautions and #2310 – Standard Precautions and Isolation.
 - Lutheran will select and provide appropriate PPE in accordance with OSHA PPE standards. Policies are developed re: when to use PPE, what PPE is necessary and training will be provided on how to properly don and doff PPE to prevent self-contamination, and how to properly dispose or disinfect and maintain PPE. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. PPE is recommended when caring for a resident with known or suspected Pandemic. The Director of Purchasing utilizes all resources including OEM (Office of Emergency Management) in accordance with DOH guidelines to address supply shortages including PPE. The Director of Nursing will identify priorities and allocate care supplies and resources and will work with various disciplines to ensure adequate quantities (Director of Dietary, Pharmacist, Director of Purchasing,

Administrator, etc.).

- Requests for PPE and supplies will be made as follows:
 - Use existing vendor agreements and procurement plans to place orders for quantities needed by type and size of PPE.
 - Notify County Office of Emergency Management (OEM) when all existing agreements are exhausted and supply needs exceed those available from the above sources.
 - Coordinate with County OEM to identify and utilize other existing county resources.
 - Notify the respective Department's Regional Office of ongoing need.
 - If all local resources have been exhausted, submit a request to County OEM, who will communicate needs to the NYS OEM. Requests must include:
 - ✓ Type and Quantity of PPE by size
 - ✓ Point of Contact at the requesting facility
 - ✓ Delivery location
 - ✓ Date request is needed to be filled by record of pending order.
- The facility will maintain a two month supply of PPE sufficient to protect health care personnel, consistent with federal CDC guidance.

Cleaning and disinfecting:

Routine cleaning of surfaces using an EPA-approved, medical grade disinfectant for cleaning and disinfection methods can help to prevent the spread of the Pandemic.

- Clean and disinfect high-touch surfaces regularly. Frequently touched surfaces and objects can vary by location. Examples include doorknobs, light switches, handrails, kitchen appliances, counters, drawer pulls, tables, sinks, faucet and toilet handles, drinking fountains, elevator buttons, push plates, phones, keys and remote controls.

- Clean by removing any visible dirt and grime before using disinfectants. Disinfectants remove most germs and are most effective on clean surfaces or objects. Coronaviruses are relatively easy to kill with most disinfectants. When using cleaning and disinfecting products, always read and follow the manufacturer's directions (e.g., application method, contact time).

- For clothing, towels, linens and other items that go in the laundry: Wash at the warmest possible setting with your usual detergent and then dry completely.

Who Should Be Evaluated As a Suspected Case:

- Currently, people returning from sites where there is ongoing person-to-person transmission of the Pandemic, or who have been in close contact with individuals known to be infected with the Pandemic, are at greatest risk. Those people with multiple comorbidities would also be considered at greater risk.
- The Facility should immediately implement symptom screening for all.
 - In accordance with previous CMS guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about the Pandemic symptoms, travel, and they must also have their temperature checked. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately. This also includes a re-screen when the above has left the building and returned.
 - Facilities should limit access points and ensure that all accessible entrances have a screening station.
 - In accordance with previous CDC guidance, every resident should be assessed

- for symptoms and have their temperature checked and have a pulse oximetry completed every day.
- Residents should remain in the building and all non-medically necessary travel outside of the building should be avoided.

Testing Procedure:

- If warranted, testing will be completed for staff and residents to identify those affected by the Pandemic.
- The CDC, CMS, NYS Governors Executive Order, and/or DOH may further expand guidance on who to test and under what circumstances.
Any addendums to the above guidance/Governor’s Executive Order will be followed.
- Any nursing home resident will be tested in accordance with the above guidance whenever he/she is known to have been exposed to the Pandemic, or has symptoms consistent with the Pandemic.
- Any staff member who shows symptoms consistent with the Pandemic must be tested.
- Facility-wide testing in the event of an “outbreak,” which is defined as a single confirmed case among staff or a single confirmed “nursing home-onset” case among residents. A resident admitted with the Pandemic is not a “nursing home-onset” case.
- Routine testing of all staff, volunteers, and those who provide services under an arrangement with a nursing home, including CNA trainees, at a minimum frequency based on guidance from CMS/CDC. **New York State facilities must continue to comply with New York’s more stringent staff testing requirements.**
- Residents or representatives for those without capacity have the right to decline testing. When a refusal happens at Lutheran, the person-centered approach with an explanation of the importance of the test will be taken. Should the resident be symptomatic, they will be placed on isolation/transmission based precautions until they meet the symptom based criteria for discontinuation in accordance with the NYS DOH has been met. If an asymptomatic resident refuses testing, they too will be placed on vigilant surveillance which includes social distancing with resident remaining in their room, hand hygiene, wearing of a face covering until the procedures for outbreak testing have been completed.
- Reporting of all test results will be done in accordance with CMS/CDC/DOH requirements.
- An order from a health care professional or pharmacist, in accordance with state law, to perform a test on an individual.
- Staff and residents that have recovered from the Pandemic will be re-tested in accordance with CDC recommendations.
- Any resident who dies in the nursing home may need to be tested for the Pandemic. This will be done in accordance with CDC recommendations with appropriate reporting to the DOH.. Deaths must be reported immediately after receiving results. However, these post-mortem tests are not required if the individual’s next of kin objects to the testing. If any facility lacks the ability to perform the Pandemic testing, can request that DOH perform these tests.
- Documentation of testing in the resident’s medical record or staff personnel file, including data elements specified in the guidance.
- of testing should include:
 - Symptomatic residents/staff – date and time of identification of signs or symptoms, when testing was conducted, when results were obtained, and the actions the facility took based on results.
 - Upon identification of a new Pandemic case in the facility (outbreak) document the date the case was identified, the date that all residents and staff are tested, the dates that staff and residents who tested negative are retested, and results of all tests.

- Document residents and staff that refuse testing or are unable to be tested and how the facility addressed those cases.
- When necessary, document the facility contacted state and local health departments to assist in testing efforts such as obtaining testing supplies or processing test results.

Isolation of Residents:

- At present and under an abundance of caution, Facility will follow the CDC recommendation that healthcare facilities use **Standard Precautions, and Transmission Based Precautions which includes Contact Precautions, Droplet Precautions, and Airborne Precautions.**
- Frequent and thorough hand hygiene should be practiced at all times.
- Residents that test Positive for the Pandemic will be placed in A115 and/or A116 both of which are semi-private rooms that may have a total of 2 residents per room. Same sex positive Pandemic residents can be cohorted in a room depending on need. Clinical care will be provided to positive Pandemic residents by exclusive staff who will not care for negative residents. If the facility is unable to provide this level of care they will transfer the resident to an appropriate facility that has the appropriate capabilities.
- Sharing of a bathroom should be discontinued with residents outside the cohort.
- Closing of doors and putting up yellow hallway barriers will be done to prevent other residents from entering the area.
- Admission of residents from a general hospital to a nursing home may have the restriction that they cannot be discharged without first performing a diagnostic test for the Pandemic and obtaining a negative result. NYS DOH guidance will provide guidance as to the admission process. Residents who are unknown such as new admissions (negative at discharge but exposure may have occurred during transport from discharging facility) are cohorted on the long end of Unit B1 for surveillance and will be tested again on day #5 after admission. If the Pandemic test is negative, they may be removed from surveillance. Residents who are negative remain in their own rooms.
 - Also, see policies #2310-Standard Precautions & Isolation, #2306-Initiation of Isolation Precautions, and #2208 – Infection Control Surveillance and Recording.
- Discontinuation of Isolation for residents with the Pandemic will be implemented in accordance with the most current DOH guidance when the specified conditions are met.

Reducing The Risk Of Introducing the Pandemic Illness in the Facility:

Visitation: See section on visitation.

Vendors: All vendors who have a formal agreement with LHRC will be notified and put on alert to ensure that all necessary services, supplies, or medication as ordered by the medical providers can be procured as needed. These may be subject to change based on recommendations/requirements by CMS/DOH/CDC.

Surveillance: Active monitoring and surveillance are important to early detection and recognition of potential outbreaks of all infectious illnesses in long-term care settings. Facility will monitor residents for signs and symptoms of the Pandemic, and potential exposure to the Pandemic as described by the CDC. Necessary PPE is available immediately outside of the resident room and in other areas where appropriate. See Policy #2208. Appropriate PPE such as facemasks may be provided to the residents.

Residents retain the right to choose whether they wear them, or for those with clinical conditions that wearing the mask may affect their health, this will be determined by the healthcare provider. It is also understood that those residents with cognitive impairment may not be compliant with wearing the masks.

Employees:

- Because healthcare personnel reside in the community and work in facilities, they have the potential to introduce infections into the LTC populations. Staff should continually monitor themselves for Pandemic like symptoms. If they develop symptoms at home, they should not come to work and contact their healthcare provider. Any staff who develops symptoms at the facility should leave immediately and contact their health care provider. When contacting their healthcare provider, this may include testing for Pandemic. Those with mild symptoms are encouraged to call, rather than going in person, for medical advice.
- During the Pandemic, all necessary personnel in the nursing home are required to have a health screen prior to entering the nursing home (including after they've left the building for any reason) and must wear a mask when they are within 6 feet of a resident. The most current guidance provided by the CDC/DOH will be followed for management and return to work of personnel with confirmed or suspected Pandemic.
- Employee's ability to work will be made based on type of pandemic and symptoms they present and will be subject to the requirements/recommendations from CMS/DOH/CDC.
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Transfers to the Hospital for Residents with Suspected or confirmed diagnosis of the Pandemic:

- Open/transparent communication with the local hospital (UPMC – Chautauqua) via teleconference, and ongoing dialogue will continue as needed and is agreeable by both parties. A nurse to nurse and/or nurse to EMS provider will be done fully disclosing the residents condition and suspected or confirmed diagnosis of the Pandemic for transfers to any hospital.
- A resident's place in the nursing home will be preserved in accordance with all applicable laws and regulations.

Admitting New Residents with Pandemic Illness:

- The NYS DOH will make the decision as to whether a resident with a positive case of the Pandemic may be admitted to the facility. Ideally, the Facility will accept prior Pandemic positive residents as long as they have had a NEGATIVE test just prior to discharge from the hospital, and as long as their condition is stable and the facility has adequate equipment, skill set and competencies to care for the residents.

The nursing home Administrator or Director of Nursing will approve all admissions and if Lutheran is unable to meet the clinical needs of a potential admission, or they are unable to provide an appropriate room/bed, they will decline the admission. If an existing resident's condition changes where more clinical support is needed, the resident will be transferred to another facility that is equipped to handle that level of care. When necessary the NYS DOH will be contacted if availability of an appropriate bed is unable to be found.

Admitting New Residents unknown Pandemic Illness:

- While ideally all new admission must have a negative Pandemic test just prior to admission, all admissions will be placed on surveillance which includes remaining in their room for the duration, eating in their room, and having therapy in their room (unless it is necessary to use the

gym – in this case the resident will wear a mask, or hold a tissue to their face, to and from the department). These residents will be admitted to Unit B1 rooms 121-137 (all private rooms). On day #5 after admission, they will be re-tested for the Pandemic and if results are negative they will be removed from surveillance unless they become symptomatic. At this point, they will be moved on the B1 unit to the opposite end of the hallway separated by the nurse's station or to another unit. See Policy #2208-Infection Control Surveillance and Recording.

Reporting Requirements:

Reporting data (resident information and/or PPE) will be done in accordance with DOH/CDC recommendations by authorized personnel through the HERDS system or as directed. The facility will have at minimum two people that are able to submit the information. Reporting includes:

- The Infection Preventionist, Director of Nursing, or designee will be responsible to notify the Department of Health regarding any outbreak, and obtain guidance as to how to proceed with processes, necessary controls, and testing to contain the pandemic. They are also responsible to ensure that care is delivered in accordance with those recommendations. This is also subject to recommendations/requirements by CMS/DOH/CDC.
- Suspected or confirmed communicable diseases
- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees to the NYSDOH via NORA report. The facility will be expected to conduct surveillance this is adequate to identify background rates and detect significant increases.
- A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) must be reported to the Local Health Department (LHD) where the resident resides within 24 hours. Some diseases may warrant prompt action and should be reported immediately by phone. If the suspected or confirmed cases was acquired at the nursing home, it must also be reported to the NYSDOH.
- Categories for reportable healthcare associated infections include:
 - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, VRE, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
 - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
 - Foodborne outbreaks
 - Infections associated with contaminated medications, replacement fluids, or commercial products.
 - Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
 - A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
 - Clusters of tuberculin skin test conversions.
 - A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.

- Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
- Closure of a unit or service due to infections.
- Additional information for making a communicable disease report:
 - Facility should contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance.
 - Call local health department or NYSDOH's Bureau of Communicable Disease Control at (518)473-4439 or, after hours, at 1 (866) 881-2809.

Managing Resident Deaths:

Processing the removal of decedents and their personal belongings will be done in accordance with the most recent directives by the Department of Health. In addition, CMS/CDC/DOH testing procedure will be followed when a resident dies in a nursing home and there is the possibility it may be related to the Pandemic.

Beauty Shop Services: Lutheran employs its own Licensed Beauticians. As employees, they may still provide services with the exception of those that are quarantined. Any services that can be provided in the resident room will be done, otherwise one resident at a time may be in the beauty shop with disinfection completed in between residents.

Medical Provider Care:

This facility has a full time physician who provides care 5 days per week, 8+ hours per day, and takes call during the off hours. When she is not available her employer Team Health, or the Medical Director assumes call responsibilities. In the event that the physician is unable to be in the facility for Pandemic related issues, a telehealth (Zoom) visit will occur. This technology has been implemented and tested for use, should it become necessary.

Mental Health Response

The facility will have alternate arrangements available (Televisits) for those residents who regularly receive mental health services. If services are suspended, if a client or resident must be isolated because of a Pandemic like infection or confirmed Pandemic illness, alternative arrangements such as video conferencing should be made. If an emergent need arises an in person visit may be necessary if video conferencing will not suffice.

Staffing:

The facility will anticipate and plan for staffing challenges. Expect that staff may be ill and furloughed until no longer a risk to others. Expect additional staffing shortages due to changes in child care needs when day care programs and schools are closed. The emergency staffing plan identified for each department is located in the facility assessment, additionally a request can be made to HR to assist in labor pool if insufficient staff becomes an issue. Lutheran will notify the Department of Health of any critical shortages. Human Resources will expedite the onboarding process so new hires are able to assume their roles as soon as possible. Redeployment of staff where able may occur depending on job title and credentials.

Communication:

- Lutheran's CEO/President sends out a letter via US Mail to residents/representatives with an update on what is happening within the organization as needed, as well as opportunities for communication with their loved one. Within the mailing, current cumulative Pandemic status with residents and/or staff are included. There is an educational component to this as well to help our families stay safe in the community.
- Authorized family members and guardians of infected residents will be provided communication at least once per day and upon a change in a resident's condition in a means as may be selected by each authorized family member or guardian.
- All residents/representatives /guardians will be provided an update weekly on the number of infections and deaths at the facility, by electronic or such other means as may be selected by each authorized family member or guardian.
- The facility's EMR maintains a record of all authorized family members or guardians, which should include secondary (back up) authorized contacts, as applicable.
- The CEO/President also sends out an email/video to staff with current updates, words of encouragement and progress in dealing with the stressful situation of a Pandemic as needed.
- Lutheran's social media page will provide all who view it a glimpse of life at Lutheran. With permissions, residents are pictured providing families the ability to see their loved ones.
- Lutheran's website will be used to share communication (all CEO letters will be posted here), and post current cumulative Pandemic illness status with resident and/or staff. It will also include current updates on newly positive staff and/or residents. The Facility Pandemic Emergency Plan is also posted on the Lutheran website and is readily available on the facility Intranet and hard copy within the nursing home.
- A call in number has been established and shared with families/representatives, with recorded updates on the Pandemic among staff or residents including when a new case has occurred. It will be updated whenever there is a status change.
- Weekly phone calls with resident status updates will be completed by Medical Providers / Social Work/ Nursing Departments, where families have the opportunity to ask questions and have answers provided.
- FaceTime, Skype, and Zoom visits will be completed, and families may schedule these through the Unit Secretaries on each unit. The Community Life Department provides support with this.
- A landline phone is installed in the hallway across from the Sheldon Courtyard to allow residents to have Window Calls with their families. This phone can be placed in "speaker mode" if needed, to allow residents to hear their family when they call from their personal cell phone. These can be scheduled with the Unit Secretaries and they will assist with the visits as well.
- Family members will be invited to attend care plan meetings via phone.
- Guidance for communication will be followed as per the NYS Department of Health.