

**VERRAZANO NURSING HOME INC.**  
**PANDEMIC EMERGENCY PLAN**

**Pandemic Emergency / Infectious Disease**

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 settings 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/Designees 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 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 with Signature Review Sheet*

**3. Conduct Routine/Ongoing, Infection 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.

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- At shift change report, the 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 changes in resident condition to supervisory staff for follow-up.
- Staff will identify the rate of infectious disease 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 pre-arranged 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 Policy and Procedure for 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, and Infection Preventionist. 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 Preventionist, Safety Officer and any 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.



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- 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 Environmental Cleaning Agents*

*Refer to Policy and Procedure on Personal Protective Equipment Par Level, Storage*

*Refer to Vendor list and Contracts in Emergency Management Plan*

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

- All sick calls will be monitored by the Nursing Department to identify any staff pattern or cluster of symptoms associated with infectious agent. The Department will keep a line list of sick calls and report any issues to IP/DON. All staff members are screened on entrance to the facility to include symptom questions and temperature screening.
- Visitors will be informed of any visitation 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 Procedures: Visitation Guidelines during Pandemic*

*Refer to Policy and Procedure : Staff Screening and Monitoring during a Pandemic*

*Refer to contingency 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 Administrator/Housekeeping 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 Biohazard wastes as needed related to any new infective agent.

*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 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.

*Refer to the following*

*Policy and Procedure for Subsistence Food and Water EMP*

*Facility logs: Water and Food: Food Service Director*

*Stock Medications: Director of Nursing*

*Sanitizing/Cleaning agents: Director of Housekeeping*

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

- Residents are isolated/cohorted based on the infection status in accordance with applicable NYSDOH and Centers for Disease Control guidance.
- The facility Administration maintains communication with Local Epidemiologist, NYSDOH, 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 related 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 groups 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 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 care givers assigned to each Cohort group and to minimize the number of different care givers assigned.

*Refer to Policy and Procedure Cohorting Residents during a Pandemic*

*Refer to 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 and Procedure 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 guideline. Recreational 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: Recreational 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



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made on a case by case basis taking into account medical necessity and infection levels in the community. During the recovery period resident 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/Representatives and Weekly Update page 8**

*Refer to Policy and Procedure Communication with Residents and Families During Pandemic*  
*Refer to Staff Contact list*

#### **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 emergency infectious agents
- The Infection Control Practitioner will be responsible to ensure that there are clearly posted signs for cough etiquette, handwashing 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 governmental agencies and contact numbers in EMP*

*Refer to the CDC website for Signage download*

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**2. Reporting Requirements (R)**

- The facility will ensure it meets all reporting requirements for suspected or confirmed communicable disease as mandated under the New York State Sanitary Code (10NYCRR 2.10 Part 2), as well as by 10NYCRR 415.19 (see Annex K of the CEMP toolkit for reporting requirement(s)).
- 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 disease on the NHSN as directed by CMS.

*Refer to Annex K CEMP for reportable disease*

**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 resident 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 staff.
- Facility will ensure all persons entering the building are screened and authorized.
- Hand sanitizer will be available on entrance to facility and according to NYSDOH and CDC guidance
- Daily Housekeeping staff will ensure adequate hand sanitizer and refill as needed.

*Refer to Policy and Procedure Cohorting guidelines during a Pandemic*

**5. Separate Staffing**

- The facility will implement procedures to ensure that as much as 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 Policy and Procedure*

*Refer to Policy and Procedure for Terminal Room Cleaning*



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**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 Policy and Procedures on Communication during a Pandemic.*

**8. Policy and Procedure for Minimizing Exposure Risk**

- 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 Policy and Procedure on telehealth*

*Refer to Policy and Procedure on Visitation during a Pandemic*

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

- Subject to any superceding 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*

**10. Limiting and Restricting 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*

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**Additional Response Tasks for Pandemic Events**

**1. Ensure Staff are using PPE properly**

- The facility has implemented a Respiratory Protection Plan.
- Appropriate signage shall be posted at the entry point 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/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 shift 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 Rounds*

*Refer to Policy and Procedure for PPE*

**2. Post a copy of the Facility's PPE ( 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 the Administrators Office.

*Refer to Attestation that PEP will readily available*

**3. The Facility will update Family Members and Guardians/Representatives ( R )**

- The facility will communicate with Residents, Representatives/Guardians 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 experiences a change in condition.
- Representatives will be notified daily on the status of the pandemic at the facility including the number of pandemic infections.
- The daily Call-em-All will be updated daily 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.

*Refer to Policy and Procedure on Communication with Residents and families during Pandemic*

*Refer to CMS guidelines regarding change of condition*

**4. The Facility will update Families and Representatives/Guardians Daily ( R )**

See section 3 above



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**5. Implement Mechanism for Video Conferencing (R)**

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

*Refer to Policy and Procedure on Communicating with Residents and families during Pandemic*  
*Refer to Policy and Procedure o 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 healthcare 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 superceding 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 Shields/Eye Protection
  - Isolation gowns
  - Gloves
  - Masks
  - Sanitizer and Disinfectants(meeting EPA guidance current at the time of the Pandemic

*Refer to Policy and Procedure on Emergency Supply of PPE*

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

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**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, and which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.

**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 testing to identify and 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 NYSDOH guidelines during the recovery phase.

*Refer to Policy and Procedure: Staff Testing during a Pandemic*



Verrazano Nursing Home

Listing of Attachments for Pandemic Emergency Plan

ATTACHMENT	Page (s)
<b>Attestation</b>	<b>1</b>
<b>P&amp;P Infection Prevention Staff Training</b>	<b>2,3,4</b>
<b>Annual Facility Assessment and Attestation</b>	<b>5,6,7,8,9,10</b>
<b>Infection Prevention and Control Plan</b>	<b>11,12</b>
<b>Resident Testing during a Pandemic</b>	<b>13, 14</b>
<b>Staff Testing during a Pandemic</b>	<b>15, 16</b>
<b>Vendor List</b>	<b>17</b>
<b>Visitation during a Pandemic</b>	<b>18, 19, 20</b>
<b>Screening of Employees during a Pandemic</b>	<b>21</b>
<b>Emergency Staffing during a Pandemic</b>	<b>22, 23</b>
<b>Disposal of Regulated Waste</b>	<b>24, 25, 26</b>
<b>Emergency Food Supply</b>	<b>27</b>
<b>Food Service Disaster Planning</b>	<b>28, 29, 30</b>
<b>Stock Medications</b>	<b>31</b>
<b>Terminal Cleaning Rooms/Beds</b>	<b>32, 33</b>
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<b>Cohorting</b>	<b>35,36,37,38,39</b>
<b>Communal Dining, Group Activities during a Pandemic</b>	<b>40, 41, 42</b>
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**VERRAZANO NURSING HOME**  
**PANDEMIC EMERGENCY PLAN (PEP) ATTESTATION FORM**

- X   The facility has prepared and has uploaded the Pandemic Emergency Plan to the facility website on 9/14/20
- X   The facility has reviewed all policies and procedures that are noted in the Pandemic Emergency Plan and are available for review by Residents or Resident Representatives.
- X   The facility has placed a copy of the Pandemic Emergency Plan at the Main Entrance by the Reception Desk for review at the request of Residents or Resident Representatives.

The Pandemic Emergency Plan has been reviewed and added to the Facility Assessment on 9/11/20.

Reviewed: Elizabeth Forster Elizabeth Forster Administrator

Reviewed: Louis Sasso Louis Sasso Medical Director

Reviewed: Lorraine Holguin, RN DNS Lorraine Holguin Director of Nursing

DEPARTMENT: INFECTION CONTROL

SUBJECT: INFECTION PREVENTION STAFF TRAINING

**POLICY:** The facility Infection Preventionist (IP) in conjunction with Inservice Personnel must provide education and training on Infection Prevention and Management upon hiring of new staff (orientation) as well as ongoing education on an annual basis and on as needed basis should the facility experience and outbreak of an infectious disease. Education is also done on an as needed basis for individually identified problems/ specific concerns.

**PURPOSE:** To educate and train the employees on infection prevention, including recognizing an infection, cleaning protocols in order to reduce transmission, importance of proper hand hygiene, observation and treatment of infections, proper use of PPE and competencies based on departmental procedures in order to provide a safe and sanitary environment.

### **GENERAL INFORMATION:**

The Nursing Home Infection Preventionist(s) have completed training in order to support the staff training and monitoring as part of their responsibility for infection prevention and control at Verrazano Nursing Home.

Several specialized Infection Prevention training courses are available for the Infection Preventionist to complete in order to have the knowledge to support the staff training and monitoring as part of the IP's responsibility for Infection Prevention and Control Program. Any one of the training courses meets the education requirements for the IP.

This specialized nursing home training covers:

- Core activities of effective Infection Prevention and Control (IPC) program
- Recommended IPC practices to reduce:
  - Pathogen transmission
  - Healthcare-associated infections
  - Antibiotic resistance

The approved courses are:

- AHCA sponsored training - Infection Preventionist Specialized Training (IPCO)
- CMS sponsored training - Infection Prevention Training (LTCF's)
- APIC sponsored training - Training in Infection Prevention in Long Term Care Settings.

**New hire education, annual education and as needed education is based on the general infection principles listed on the next page.**

## **I. General Infection Prevention Principles**

### **a. Asepsis**

- i. Principles of asepsis are designed to protect the patient from microorganisms from the equipment/environment/caregiver.
  1. Clean technique – refers to practices that reduce the numbers of micro-organisms to prevent or reduce transmission.
  2. Sterile technique – refers to practices designed to render and maintain areas and equipment maximally free from microorganisms.
- ii. Separation of clean and dirty procedures is paramount to preventing the spread of infection.



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**DEPARTMENT: INFECTION CONTROL**

**SUBJECT: INFECTION PREVENTION STAFF TRAINING**

**b. Handwashing and Hand Hygiene**

- i. Washing with soap and water
- ii. Use of alcohol hand-rubs

**c. Employee Health**

- i. Work restrictions for communicable diseases
- ii. Reporting of exposures to infectious diseases
- iii. Vaccines (Influenza/ Pneumococcal/ Hepatitis B)
- iv. Flu mask rule
- v. Tuberculin skin tests / QFT

**d. Resident Infections**

- i. Prevention of infections
- ii. Recognition and reporting
  - 1. Definitions of infection
  - 2. Infection communication form
  - 3. Verbal reports to charge nurse/IP
  - 4. Documentation of signs and symptoms of infection

**II. Standard Precautions and other barrier precautions**

**a. Reasons for Standard Precautions**

- i. Employee protection against blood borne diseases
- ii. OSHA regulations
- iii. CDC recommendations

**b. Standard Precautions Guidelines**

- i. Standard precautions/transmissions-based precautions protect employees from acquiring transmissible diseases from the patients.

**c. Components of Standard Precautions**

**i. Barriers for protection**

- 1. Gowns
- 2. Gloves
- 3. Masks
- 4. Eye Protection

**ii. Safer sharps devices**

- iii. Biomedical waste handling and disposal
- iv. Disposal of other wastes

**v. Linen handling**

**d. Transmission-Based Precautions / Room Placement / Signage**

- i. Contact
- ii. Droplet
- iii. Airborne

## VERRAZANO NURSING HOME INC.

DEPARTMENT: INFECTION CONTROL

SUBJECT: INFECTION PREVENTION STAFF TRAINING

- e. Respiratory Etiquette
- f. Equipment and Cleaning
  - i. Types of equipment and when to clean
  - ii. Cleaning products
  - iii. Dedicated equipment
  - iv. Non-dedicated equipment

**I. Compliance Monitoring**

- a. Observation practices
- b. Competency – both observation and written
- c. QAPI study on outcomes

**VERRAZANO NURSING HOME, INC.**  
**EMERGENCY PREPAREDNESS**  
**ANNUAL FACILITY ASSESSMENT**

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**POLICY:** It is our policy to conduct and document a facility wide assessment to determine the resources necessary to care for our residents competently during both day to day operations and emergencies to ensure that quality care and quality of life are maintained. To this end, the following:

**REGULATORY REFERENCE:**

**F490**

483.70(e) Facility assessment

The facility must conduct and document a facility-wide assessment to determine that resources are available necessary to care for its residents competently during both day to day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

The facilities assessment must address or include:

1. The facility's resident population, including, but not limited to,
  - a) Both the number of residents and the facility's resident capacity;
  - b) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
  - c) The staff competencies that are necessary to provide the level and types of care needed for the resident population;
  - d) The physical environment, equipment, services and other physical plant considerations that are necessary to care for this population;
  - e) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.
2. The facility's resources, including but not limited to,
  - a) All buildings and/or other physical structures and vehicles;
  - b) Equipment (medical and non-medical);
  - c) Services provided, such as for example: physical therapy;
  - d) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
  - e) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
  - f) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
3. A facility-based and community-based risk assessment, utilizing an all-hazards approach.



**PROCEDURES:**

4. The Administrator and/or designee is responsible for ensuring that the facility assessment is completed no less than annually, and whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.
5. All department heads will assist in completing the facility assessment relative to each department's personnel, service, and equipment.
6. Based on the outcome of the facility assessment, each discipline will evaluate staff hiring, education, and training practices, and service and equipment needs to ensure that the resources necessary to meeting the needs of the community are available and utilized appropriately.
7. The results of the facility assessment will be reviewed by the Quality Assurance Performance Improvement Committee(QAPI). The Committee will incorporate the identified needs relative to personnel, services, and equipment into the QAPI agenda and ensure that an ongoing quality monitoring system is maintained.

**SECTION I: RESIDENT CHARACTERISTICS: to be reviewed annually**

	<b>2020</b>
<b>FACILITY CAPACITY</b>	<b>120</b>
<b>CURRENT CENSUS</b>	<b>84</b>

**RESIDENT DEMOGRAPHIC**

Race/Ethnicity

- 0   American Indian or Alaska Native  
  0   Asian  
 14  Black or African American  
 18  Hispanic or Latino  
  0   Native Hawaiian or other Pacific Island  
 52  White

**PERCENTAGE OF RESIDENTS WITH CARE NEEDS FOR Resident Diagnosis:**

- 1  Conditions Related to MR/DD Status (A1550)
- 0   Down Syndrome  
  0   Autism  
  0   Epilepsy  
  0   Other organic condition related to MR/DD  
  0   MR/DD Without Organic Condition  
  1  MR/DD with no organic condition
- 17  Sensory Deficits
- 2  Hearing  
 14  Vision  
  1  Speech

**PERCENTAGE OF RESIDENTS WITH CARE NEEDS FOR Resident Diagnosis:**  
(continued):

7

84 Brief Interview for Mental Status (BIMS)

39 greater than 8

10 less than 8

35 Staff assessment

84 Resident Mood Interview (PHQ-9)

0 reporting s/s of depression

84 reporting no s/s of depression

18 Behavioral Symptoms

0 Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing other sexually)

0 Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at other).

18 Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds.)

**RESIDENTS WITH CARE NEEDS FOR: to be reviewed annually:**

Activities of Daily Living

	INDEPENDENT	ASSISTANCE	DEPENDENT
BED MOBILITY	18	54	12
TRANSFER	8	63	13
WALK IN ROOM	8	63	13
WALK IN CORRIDOR	8	63	13
LOCOMOTION ON UNIT	8	63	13
LOCOMOTION OFF UNIT	8	63	03
DRESSING	0	63	13
EATING	0	66	18
TOILET USE	1	62	13
PERSONAL HYGIENE	0	66	18

Medications Received

32 Antipsychotic

18 Antianxiety

28 Antidepressant

4 Hypnotic

11 Anticoagulant (warfarin, heparin, or low-molecular weight heparin)

4 Antibiotic

16 Diuretic

**RESIDENTS WITH CARE NEEDS FOR: to be reviewed annually (continued):**

8

- \_23\_ Pain Management
  - \_0\_ Percent of Residents who self-report Moderate to Severe Pain (Short Stay)
  - \_0\_ Percent of Residents who self-report Moderate to Severe Pain (Long Stay)
- \_4\_ Pressure Ulcer Risk
  - \_0\_ Percent of Residents with Pressure Ulcers that are New or Worsened (Short Stay)
  - \_0\_ Percent of High-Risk Resident with Pressure Ulcers (Long Stay)

**RESIDENTS WITH CARE NEEDS to be reviewed annually:**

**Treatments**

- \_0\_ Cancer Treatment
- \_1\_ Chemotherapy
- \_0\_ Radiation
- \_0\_ Respiratory Treatments
- \_10\_ Oxygen Therapy
- \_1\_ Suctioning
- \_1\_ Tracheostomy Care
- \_0\_ Ventilator or respiratory
- \_1\_ BiPAP/CPAP
- \_4\_ IV medications
- \_0\_ Transfusions
- \_2\_ Dialysis
- \_0\_ Hospice Care
- \_0\_ Respite Care
- \_1\_ Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)

**Therapies**

- \_2\_ Speech-Language Pathology and Audiology Services
- \_6\_ Occupational Therapy
- \_9\_ Physical Therapy
- \_0\_ Respiratory Therapy
- \_20\_ Psychology Therapy
- \_0\_ Recreational Therapy

**Restorative Nursing Programs**

- \_22\_ Range of Motion (Passive)
- \_29\_ Range of Motion (Active)
- \_10\_ Splint or brace assistance
- \_0\_ Bed mobility
- \_8\_ Transfer
- \_34\_ Walking
- \_0\_ Dressing and/or grooming
- \_0\_ Eating and/or swallowing
- \_0\_ Amputation/prostheses care
- \_0\_ Communication



## SECTION II: RESOURCES AND EQUIPMENT to be reviewed annually:

9

8. All building and/or other physical structures have been assessed to ensure the needs of the facility and its population are met. Based on this review, the following needs have been identified: **NONE**
9. All equipment (medical and non-medical) have been assessed to ensure the needs of the facility and its population are met. Based on this review, the following needs have been identified: **NONE**
10. Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies have been assessed to ensure the needs of the facility and its population are met. Based on this review, the following needs have been identified: **NONE**
11. All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care have been assessed to ensure the need of the facility and its population are met. Based on this review, the following need have been identified:  
  
**NONE**
12. Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies have been assessed to ensure the needs of the facility and its population are met. Based on this review, the following needs have been identified: **ALL HAVE BEEN UPDATED**
13. Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations have been assessed to ensure the needs of the facility and its population are met. Based on this review, the following needs have been identified: **NONE**
14. The facility-based and community-based risk assessment, utilizing an all-hazards approach: Refer to attached Hazard and Vulnerability Assessment Tool.

ATTESTATION OF ANNUAL REVIEW

10

I, Elizabeth Forster, Administrator at Verrazano Nursing Home have completed the Annual Revision/Review of the Facility Assessment as required on 9-15-20

Elizabeth Forster  
Signature

9-15-20  
Date

VERRAZANO NURSING HOME, INC.  
POLICY AND PROCEDURE  
INFECTION PREVENTION AND CONTROL PLAN

11

**The Infection Prevention and Control Plan is to develop ongoing monitoring of the Infection Control concerns in the skilled nursing facility as outlined below:**

1. Standard and Transmission Based Precautions:

Standard and transmission-based precautions are utilized to prevent the spread of infection depending upon the infectious agent or organism involved and are the least resistive possible for the resident being evaluated on a case by case bases.

2. Environmental Surveillance:

Environmental rounds allow the Infection Preventionist / Designee to evaluate breaks in technique that may contribute to the transmission of infection.

3. Clinical Surveillance:

Clinical Surveillance allows for the collection of data on nosocomial infections. Clinical Surveillance is done by the Infection Preventionist/ Designee and is accomplished by:

- a. review of lab reports of diagnostic studies that may indicate infection
- b. review of nursing reports
- c. unit rounds to make direct observations of infection practices
- d. notification of infection from Nursing Supervisor / Charge Nurse

To facilitate detection of infection by the staff and the Infection Preventionist, the IP prepares criteria for common infections in the long-term care setting, as well as criteria for reporting possible infections to the IP by the nursing staff.

4. Employee Health:

The Medical Director along with the Director of Nursing monitors employee health status. The employee health program consists of:

- e. Mandatory pre-employee physical exam, to include two- step PPD screening, QFT TB screening or chest x-ray if employee is known to be a positive reactor.
- f. Yearly health status review to include a repeat PPD or TB screen if employee is a known negative reactor.
- g. Medical clearance for return to work on any employee who has missed more than five working days (a physician's note is needed for an absence of three or more working days).



POLICY AND PROCEDURE

INFECTION PREVENTION AND CONTROL PLAN

5. Vaccination Program:

The facility has a program whereby each new resident's vaccine status is evaluated for influenza vaccine and pneumococcal vaccine. If the resident is not previously vaccinated, the influenza and pneumococcal vaccines are offered to all residents and are documented in the medical record.

The facility has a program to offer influenza vaccine, and pneumococcal vaccine to all employees on an annual basis.

6. Tuberculosis Surveillance Program:

Newly admitted residents participated in baseline TB screen either by Quantiferon TB Gold lab test or 2 step PPD. Residents with positive or indeterminate QFT lab test or positive PPD conversions are medical evaluated by the physician to rule out active TB and / or need for additional treatment. If cases of tuberculosis are identified, the facility has appropriate protocols for resident transfer to hospital for care and treatment.

Employees are screened for tuberculosis annually as noted above as part of employee health program.

7. Staff Development / Inservice:

All new employees are informed of the established guidelines set forth to prevent the transmission of infection in relation to their specific job function, and the techniques necessary to perform their duties and preserve the safe and sanitary condition of the facility. Programs are developed to educate the employees when new procedures are implemented, when old procedures are revised and when a learning need is identified.

8.8

8. Communicable Disease Reporting:

Disease-specific infections and nosocomial infection outbreaks are reported to the local and state health departments via the HCS NORA Reporting mechanism.

9. MDRO/ CDI/F Diff Surveillance:

Lab reports are reviewed by the IP or identification and prevalence of multi-drug resist Organisms and Clostridium difficile toxin to determine need for transmission -based precautions and enhanced clean to prevent the spread of infection.

10. Antibiotic Surveillance:

Antibiotic surveillance is done to compare antibiotics use and results of lab cultures and sensitivities to determine appropriateness of antibiotic in use to treated identified infections.

Imp. 9/73

Rev. 9/86, 8/94, 9/95, 7/99, 6/06, 10/10, 11/16, 10/17, 10/18, 10/19, 8/20

# VERRAZANO NURSING HOME, INC.

DEPARTMENT: ADMINISTRATION

SUBJECT: RESIDENT TESTING DURING A PANDEMIC

13

## POLICY:

It is the policy of Verrazano Nursing Home to monitor all residents before and during a declared emergency for signs and symptoms of illness. Monitoring may include laboratory work, x-ray, CT Scan, and if available, specific testing related to the Pandemic.

In 2020 during the COVID-19 Pandemic, testing supplies for residents and staff was not readily available from the facility laboratory services, from the local hospitals or from the local health department.

Once testing supplies became available, residents with signs or symptoms of the COVID-19 Pandemic were tested and cohorted based on the outcome of the testing.

Initially we had unknown (residents not symptomatic and not tested), positive and negative residents. The facility immediately moved positive residents to the Positive COVID-19 unit(s) and the unknown and negative residents remained cohorted together until testing supplies became available and then there were two categories – negative and positive and the residents were cohorted accordingly.

## PROCEDURE

### RESPONSIBILITY

### ACTION

- |                        |  |
|------------------------|--|
| NURSING ADMINISTRATION | 1. Will not approve residents for admission without a COVID-19 negative test for the Medical Record that was done within the prior 7 days of admission.  |
| NURSING                | 2. Tests resident, upon admission, within 24 hours to ensure that hospital record and testing is accurate for resident placement. This was later changed to testing a new admission, with negative swab from hospital to testing with 7 days of admission (depending on date of hospital test)                                     |
|                        | 3. All new admissions are placed in a 14-day observation private room ( a semi private room with a vacancy and private bathroom may be used as well) and will be moved to a non-observation unit once the 14 days and a second negative is received as per recommendation of the New York City and New York State Epidemiologists. |

## VERRAZANO NURSING HOME, INC.

DEPARTMENT: ADMINISTRATION

SUBJECT: RESIDENT TESTING DURING A PANDEMIC

14

New guidance: In accordance with 10 NYCRR 415.33 (2), whenever a person expires while in a nursing home, and where in the professional judgment of the nursing home clinician there is a clinical suspicion that COVID-19 or influenza was a cause of death, but no such tests were performed in the 14 days before death, the nursing home shall administer both a COVID-19 and influenza test within 48 hours after death. The nursing home shall report a death to the Department immediately after and only upon receipt of test results for COVID-19 and influenza.

Notwithstanding the foregoing, no test shall be administered if the next of kin objects to such testing. If no influenza test is reasonably available from any commercial supplier, the death may be reported upon receipt of only the COVID-19 test.



**DEPARTMENT: ADMINISTRATION**

**SUBJECT: STAFF TESTING DURING A PANDEMIC**

**Policy:** Verrazano Nursing Home, in the event of a pandemic, will follow all rules and regulations, Executive Orders and directives from the CDC and CMS regarding staff testing.

An example is that during the COVID-19 Pandemic, Under Executive Order 202.60 the facility will play a key role in protecting employees' health and safety. Therefore the E.O. extended month to month would be continued until further notice is received from the Governor or from the Commissioner of Health.

The facility will likely experience employee absences and the employee must have a negative COVID test to return to full duty.

This pandemic planning is based upon traditional infection control. It is important to note this policy is intended for planning purposes and is not specific to a particular viral strain. Additional guidance may be needed as an actual pandemic unfolds and more is known about the characteristics of the severity of the virus, disease transmissibility, clinical manifestation, drug susceptibility, and risks to different age groups and subpopulations.

**Purpose:** A pandemic is a global disease outbreak. A pandemic occurs when a new virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then easily spreads person-to-person worldwide. Planning for a pandemic is essential to minimize the impact. Verrazano Nursing Home provides critical services and has the responsibility to plan for continued operation in a pandemic.

**RESPONSIBILITY**

**ACTION**

All Department Heads

1. Must review employee roster and update for any employee no longer employed or who has not provided hours of service within the last month.
2. Advise Administration via email and Payroll Change Notice (PCN) for employees to be removed from the departmental roster and the last day worked.
3. Notify Administration of any employee that they may want to remain on the departmental roster until further notification.

DEPARTMENT: ADMINISTRATION

SUBJECT: STAFF TESTING DURING A PANDEMIC  
Continued:

RESPONSIBILITY

ACTION

Administration/Payroll

4. Updates and removes any employee no longer employed using the last day paid as the final termination date.

5. Contact employees whom managers wish to remain on their roster to see if they are intending to return to work at Verrazano.

All Employees

6. Receive testing information from their Department Head, including days and times of testing, place of testing and outside resources if employee wishes to not utilize facility testing site.

7. Must bring proof of testing and results of testing to their Department Head or Human Resources within the designated time frame.

Staff Education

8. Will educate staff on an ongoing basis of testing, location of testing and how to report illness if they are experiencing any sign or symptom of the pandemic named virus.

EMERGENCY MANAGEMENT  
VENDOR LIST

Northwell Health Laboratory

Tristate Surgical Supplies

Allstate Surgical Supplies

MBS Enteral Supplies

O2 Safe Oxygen Company

Wanderguard Corporation

Advanced Distributors

S. Bertram Inc

Franc Bakery

Golden Flow

Alle Processing Corp

Yorkville Coffee Company

Hersheys Ice Cream

Omnicare Pharmacy

CVS

All One Source

Triple A

VERRAZANO NURSING HOME INC.

DEPARTMENT: Administration

Subject:

Visitation Rights of

Residents/Visitation Hours – Pandemic

18

**PURPOSE:** To permit reasonable access to a resident by any entity or individual that provides health, social, legal or other services to the resident. This includes that the residents have immediate access by any representative of the Secretary, by any representative of the state, by an ombudsman, an individual resident physician, family, friends, pastoral or other visitors at the resident request.

Resident may request to withdraw consent for visitors at any time. This includes immediate family or other relatives of the resident.

**Emergency Preparedness Statement:**

*During an emergency declared by the State or City Officials, visitation may be restricted or suspended. The facility will follow all guidelines and will notify all Resident Representatives/Legal Representatives of any changes to the visitation policy noted below. The facility Management may permit under certain circumstances visitation for Compassionate Care, Hospice Care. The resident representative/legal representative will be notified of all change in condition which may also be a time advisable as determined by the Medical Director or other medical professional for the resident representative/legal representative to visit.*

*During a Pandemic all permitted visitors must wear all required PPE, face mask, gown, gloves and face shield which will be provided by the facility. Resident Representatives/Legal Representatives are encouraged to bring in documentation of testing or vaccination.*

*Note: The following policy and procedure was suspended during COVID-19 Pandemic.*

**PROCEDURE**

**RESPONSIBILITY**

**ACTION**

- |                       |   |
|-----------------------|---|
| Admissions Department | <ol style="list-style-type: none"><li>1. Advise resident and/or resident representative that the resident may have visitors on a 24-hour basis.</li><li>2. Visitors may not interfere and must respect that care must be able to be provided to the resident or the resident roommate(s) with privacy</li><li>3. Reasonable restrictions and reasonable access, must be based solely on clinical and safety concerns. These concerns must be documented so that there is indication that there are no inappropriate restrictions on visitation.</li></ol> |
|-----------------------|---|

Continued:

VERRAZANO NURSING HOME INC.

DEPARTMENT: Administration

Subject: Visitation Rights of  
Residents/Visitation Hours – Pandemic

19

- Other Visitor                      4.       Facility requests that arrangements, if possible be made in advance to visit off hours, 10:00 p.m. to 7:00 a.m. to ensure entry into facility so that the facility can remain secure for all residents.

**NOTE:**

*During off hours supervised access to a visitor is limited and the facility may restrict off hours unsupervised and/or supervised visitation if there is a concern of abuse, exploitation, coercion, theft and/or disruptive.*

**POLICY INFORMATION:**

**COVID-19 PANDEMIC – VISITATION SUSPENSION**

On March 6, 2020, an initial memorandum was received restricting visitation to nursing homes and followed by a March 13, 2020 a Health Advisory by the NYSDOH was received by the facility suspending visitation:

*“In order to prevent the introduction of COVID-19 into NH’s – effectively immediately on that date visitation was suspended. It was further noted that except when medically necessary (i.e. visitor is essential to the care of the patient or is providing support in imminent end-of-life situations) or for family members of residents in imminent end-of-life situations, and those providing Hospice Care. The duration and the number of visits should be minimized. Visitors should wear a facemask while in the facility and should be allowed only in the resident’s room. Facilities must provide other methods to meet the social and emotional needs of the residents, such as video calls. Facility shall post signage notifying the public of suspension of visitation and proactively notify resident family members.”*

483.10(f) – Phase 1

PANDEMIC EMERGENCY PLAN/Visitation Rights of Resident - Pandemic

Revised 11/2016, 3/6/2020, 3/13/2020, 8/2020

Adopted from P&P CMS ROP Phase 1 and attached to Pandemic Emergency Plan 9/13/2020



**Visitors Expectations Fact Sheet**

- Visitors are screened for signs and symptoms of COVID-19 prior to resident access and visitation will be refused if the individual(s) exhibits any COVID-19 symptoms or do not pass the screening questions.
- Screening shall consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory.
- Documentation must include the following for each visitor to the nursing home: first and last name of the visitor; physical (street) address of the visitor; daytime and evening telephone number; date and time of visit; and email address, if available.
- Limited visitation, including, but not limited to, family members, loved ones, representatives from the long-term care ombudsman program (LTCOP).
- No more than 10 percent (10%) of the residents shall have visitors at any one time and only two visitors will be allowed per resident at any one time.
- At this time, visitation is strictly prohibited in resident rooms or care areas with the exception of parents and immediate family members visiting a pediatric resident (up to age 21) on a dedicated pediatric unit/wing when such room is only occupied by the child receiving a visit.
- Visitation should be limited to outdoor areas, weather permitting. Under certain limited circumstances, as defined by the facility, visitation can be inside, in a well-ventilated space with no more than 10 individuals who are appropriately socially distanced and wearing a facemask or face covering while in the presence of others.
- Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.
- Visitors must wear a face mask or face covering which covers both the nose and mouth at all times when on the premises of the NH/ACF's.
- Visitors must maintain social distancing, except when assisting with wheelchair mobility.
- Facilities will provide alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, to residents, visitors and representatives of the long-term care ombudsman prior to visiting the residents. Rub hands together using friction.
- Visitation hours are by appointment only. A copy of the NH's/ACF's formal visitation plan is posted on the website and broadcasted via CALL EM ALL phone service..
- The staff is required to monitor the visitation process. If any visitor fails to adhere to the protocol, he/she/they will be prohibited from visiting for the duration of the COVID-19 state declared public health emergency.

VERRAZANO NURSING HOME  
POLICY & PROCEDURE  
SCREENING OF EMPLOYEES DURING A PANDEMIC

**POLICY:**

It is the policy of the Verrazano Nursing Home to screen all employees during a pandemic to ensure that the staff have not been exposed to an organism identified in the pandemic. To this end the following procedure:

**PROCEDURE:**

1. The notification of a Pandemic may be done by the Medical Director, Infection Preventionist, Director of Nursing or Administrator/designee.
2. All staff will be screened PRIOR TO passing the reception desk for:
  - A. Temperature must be taken and logged
  - B. Symptoms of infection of the organism in the declared Pandemic such as cough, respiratory issues, sore throat, runny nose or any GI issues
3. If an employee has a fever  $\geq 100.0$ , or any of the symptoms above, they must be sent home and told to seek medical attention from their private doctor.
4. All staff will sign confirmation that they are free of any and all symptoms above
5. All staff will be issued the required PPE (personal protective equipment).
6. Masks must be applied prior to leaving the reception area.
7. If any other PPE is deemed necessary, the staff will be instructed as to what is needed, when to use it and where to obtain it.
8. All staff will be inserviced on the proper donning and doffing of PPE.

DEPARTMENT: INFECTION CONTROL SUBJECT: EMERGENCY STAFFING NEEDS  
DURING PANDEMIC

### Statement

Verrazano Nursing Home Inc., (VNH) will increase recruiting strategies and efforts during emergency staffing needs. During the COVID pandemic this policy reflects VNH attempts at obtaining additional staff.

### Interpretation and Implementation

As part of emergency preparedness planning, the facility recognizes the need for additional staffing resources.

Critical staffing shortages during an emergency may be the result of staff injury or illness; the need for regular staff to stay at home to care for family members; transportation difficulties; post-traumatic stress etc.

In order to prepare for potential staffing shortages, VNH will utilize Federal, State and Local recruiting/staffing resources, licensed and unlicensed personnel and volunteers (as per mandates) and assure staff are recruited and trained for emergency assistance.

### Recruiting Resources

- \* New York State Health Professional Portal – pending as of 5/1/2020
- \* NYC DOHMH: Medical Surge Staffing Support
- \* 1199 SEIU Employment Center:
  - o 1199 Resources:
  - (212) 643-9340

### Staffing Agencies

- Work with Administrator on fee schedules as needed to staffing agencies to attract and provide candidates.

### Establishing Volunteer Resources

- This facility does not engage non-credentialed or untrained volunteers for direct resident care.

As part of emergency preparedness and planning, the human resources manager, or designee, coordinates volunteer resources via New York State Health Professional Portal:  
<https://nysitsm2.service-now.com/healthvolunteer>

**DEPARTMENT:        INFECTION CONTROL        SUBJECT:        EMERGENCY STAFFING NEEDS  
DURING PANDEMIC**

During emergencies, staff may be accessed or recruited through credentialing agencies and organizations such as:

- o Public Health Services (PHS) staff;
  - o National Disaster Medical System (NDMS) teams;
  - o Department of Defense (DOD) Nurse Corps;
  - o Medical Reserve Corps (MRC); and/or
  - o Personnel identified in federally designated "health professional shortage areas" (HPSA).
- In a highly emergent situation where the use of staff or volunteers may be needed for non-resident care related tasks (sentry duty, clean-up and other supportive duties), the facility only utilizes volunteers that are known parties to the facility or organization.

#### **Arrangements with other Facilities**

- 1 . As part of the emergency preparedness planning process, the facility may establish relationships with other facilities that provide similar care in order to assess the possibility of cross-training staff from each facility. The purpose of this would be to ensure that qualified, licensed and experienced personnel could fulfill emergency staffing needs.
- 2 . If staff from other facilities are cross-trained and selected as potential emergency staff, they will be oriented and trained on the emergency preparedness plan and their specific roles in emergency response.

**POLICY AND PROCEDURE**

**Department: Housekeeping Services Subject: Disposal of Regulated Medical Waste**

**POLICY:** The facility will ensure that Regulated (Hazardous/Infectious) Medical Waste materials are properly stored, handled, transported and disposed of in a safe and proper manner and in compliance with New York State Codes, Rules and Regulations regarding Regulated Medical Waste. The Department of Housekeeping Services shall be responsible for ensuring the safe removal and transport of the waste from all areas in the facility to the temporary storage area. The Regulated Waste is then picked up and disposed of by a licensed outside contractor authorized to do so and in accordance with the Department of Environmental Conservation regulations and Part 70 of 10NYCRR.

**PURPOSE:** To prevent the spread of pathogens from the infectious waste materials and to limit exposure to residents, employees, visitors and the general public.

**PROCEDURE:**

**RESPONSIBILITY:**

**ACTION:**

Housekeeping Services  
Designated Person:

1. Provides necessary equipment such as red storage step-on bins, red plastic bags for lining and will prominently label bins: "Infectious Waste". Must wear gloves/personal protective equipment and follow standard precautions throughout the collection process.
2. Maintains a designated area inside the "Soiled Utility Room" on each nursing unit, to keep the red storage step-on bin properly lined with red plastic bags for holding and/or disposal of regulated medical waste.

Housekeeping Director:

3. Checks that doors to the Soiled Utility Room on each unit are prominently marked with the universal warning signage and wording "Biohazard". Ensures doors to the Soiled Utility rooms are always locked .

Housekeeping Staff:

4. Collects regulated or infectious medical waste generated from resident rooms/intake areas at the end of each shift. In a safe manner disposes of regulated or infectious medical waste in the outdoor locked infectious waste shed

(continued)



**POLICY AND PROCEDURE**

**Department: Housekeeping Services Subject: Disposal of Regulated Medical Waste**

**Sharps Containers:**

Staff/Attendee:

5. Ensures proper handling and disposal of sharps syringes and razors into a red, leakproof, puncture-resistant and closable sharps container. Under no circumstances shall container be filled beyond the fill line indicated.
6. Places filled sharps container into the soiled utility room For removal by housekeeping.

Housekeeping Services:

7. Collects closed sharps container for disposal with regulated (hazardous/infectious) medical waste.
8. Makes sure container holding regulated medical waste is secured, leak proof and properly closed during transport.
9. Transports regulated medical waste to outdoor locked shed of the facility where it is temporarily stored in special containers (cartons) until vendor picks up and removes from the facility.
10. Cartons in shed are properly sealed when full, according to specifications, which are posted in the storage area.
  - a. Twist top of liner (red bags)
  - b. Double (fold) over
  - c. Tape closed (or use twist tie)
  - d. Close flaps of carton and seal with tape

Maintenance Director/  
Designee:

11. Makes arrangements with the Regulated Medical Waste Vendor for pick-up and disposal of facility's Regulated (Hazardous/Infectious) Waste on a schedule based on the facility's normal amount of waste.
12. Maintains a record of quantity of regulated medical waste and the disposition of such waste. (Records are stored in the Administrators Office)
13. Awaits receipt of manifest from the licensed contracted disposal service company indicating disposition of waste. If copy of manifest has not been received within 35 days of pick up, the contracted company shall be contacted to determine the status of the shipment. If copy of manifest has not been received within 45 days of pick up, the New York State Department of Environmental Conservation shall be notified in writing.

**POLICY AND PROCEDURE**

**Department: Housekeeping Services   Subject: Disposal of Regulated Medical Waste**

- Notification shall include a legible copy of original manifest and a letter explaining the efforts taken to locate the shipment and the results of those efforts.
- NYS Department of Environmental Conservation  
Hazardous Waste  
47-40 21<sup>st</sup> Street  
Long Island City, NY 11101

# VERRAZANO NURSING HOME, INC.

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**DEPARTMENT:** FOOD & NUTRITION  
SERVICES

**SUBJECT:** EMERGENCY FOOD SUPPLY

**Policy:**

In the event of a disaster such as a natural, manmade or pandemic emergency food service will provide meals with no interruption in service to the residents of Verrazano Nursing Home, Inc.

**Procedure:**

Food and Nutrition Services will maintain a minimum of three days emergency food supply and disposable flatware, dishes, etc.

**Responsibility:**

**Action:**

**Director of Nutritional Services:**

Maintains routine, special meal service during the disaster.

- Retains staff on duty
- Contacts employees who are off duty if there is a need for increased staffing.
- Discusses disaster plan with cooks, including the disaster menu.

**Cooks:**

Prepare food as planned in the disaster menu.

**Dietary Aides and staff:**

- Set up racks
- Deliver meals as indicated; create human chain to deliver food in case of elevator failure utilizing all available staff.

**Foods included for emergency service**

- Canned juice- 4oz
- Dried milk- 6-8oz
- Canned fruit- 4oz
- Peanut butter and jelly sandwiches
- Cookies
- Spring water

Note: This represents special diet substitutions

Also, the above will be appropriate for all diets (diabetic and cardiac diets will be liberalized)

Also, thickened fluids will be available for dysphasic residents with snacks of juice, crackers, cookies, applesauce and thickened fluids remaining available in unit pantries for snacks and hydration.

**DEPARTMENT:** FOOD AND NUTRITION  
SERVICES

**SUBJECT:** FOOD SERVICE DISASTER PLANNING

**POLICY:** To ensure that the operation of the Food and Nutrition Services Department shall meet the nutritional needs of the resident population and staff. The facility emergency preparedness plan is reviewed with staff annually and as needed. This policy is also adopted into the Pandemic Emergency Plan.

**PROCEDURE:**

1. Person in charge of Verrazano Nursing Home will notify the department heads of the implementation of the Disaster Plan.
  - Checklist is provided for the following:
    - a) Staff planning.
    - b) Workers who are to be called back.
    - c) A minimum water supply of twenty (20) five gallon bottles.
    - d) Emergency menu for one week.

**STAFFING:**

1. Human Resources will provide employee phone contact list with phone numbers and addresses.
2. Clerical staff will place calls to employees and establish work/shift commitments.
3. Employees will be asked how they will come to work and efforts will be made to provide transportation if needed.
4. Any staff member may be required to perform tasks/functions outside of their job description, which is needed to maintain the operation of the facility within their qualification.
5. Staff may be required to stay on the premises to maintain needed staffing beyond their shift.

**WATER: Storage and supplies are the responsibility of Maintenance Director**

6. Maintenance Director maintains a minimum of 20 five gallon bottles of water on hand. Purchasing supervisor will contact vendor to notify and reserve additional water to be delivered during the emergency.
7. Maintenance Director will deliver water to nursing units as needed and maintain a list of distribution, date, time and unit.

**Note:** Facility has an agreement with Nestle Water that upon request 20-5-gallon water containers will be delivered.

**(Continued)**

**DEPARTMENT:** FOOD AND NUTRITION  
SERVICES

**SUBJECT:** FOOD SERVICE DISASTER PLANNING

**FOOD SUPPLY (Emergency Menu):**

8. Four-day menu is established and is maintained. The items are stored on the disaster shelves and one week of staples are maintained. These items include, but are not limited to dry cereals, canned vegetables, canned fruit, powdered milk, tea bags, canned soups, crackers, cookies, tuna, peanut butter, jelly, sugar and frozen eggs. A four-day supply of bread is maintained. (See attached list)

**MENU:**

9. The cycle menu will continue as long as Food, Water and Utilities are available. The service in the Main Dining Room will continue as usual unless there is danger to the residents (i.e, loss of power, when there is lack of staff supervision due to the nature of the emergency). Residents will be supervised in smaller groups on individual units. Therapeutic diets may be suspended for a limited time with approval by the Medical Director. All trays are identified with tray slips or tray cards

**EMERGENCY ADMISSIONS:**

10. Dietitian will perform intake on all evacuees from hospitals/disaster sites to ensure appropriate nutritional plan of care.

**LOSS OF COMPUTER:**

11. Foods and Nutrition Services will maintain a hard copy of the census indicating name, room number, diet and special needs of all residents in the facility.
12. Tray tickets and tube feeding/supplement labels will be handwritten for distribution.

**LOSS OF POWER:**

13. Foods and Nutrition Services with assistance from assigned staff will form a human chain up the staircases to ensure that the food is delivered to all units in a timely manner. (see Policy and Procedure: Meal Distribution During Loss of Power).

**(Continued)**



DEPARTMENT: FOOD AND NUTRITION  
SERVICES

SUBJECT: FOOD SERVICE DISASTER PLANNING

# FOOD SERVICE EMERGENCY SUPPLY

5cs	Chocolate Chip Cookies
5cs	Oatmeal Cookies
5cs	Sugar Cookies
5cs	Graham Crackers
5cs	Toasty O's Cereal
5cs	Cornflakes
5cs	Rice Krispies
5cs	Chocolate Pudding
5cs	Vanilla Pudding
5cs	Applesauce
5cs	Fruit Cocktail
5cs	Peaches
5cs	Pears
10 loaves	Cheese
10 cases	Canned vegetables
5cs	Peanut Butter
3cs	Jelly (cans)
3cs	Jelly (pc)
15cs	Tuna
15cs	Apple Juice
15cs	Cranberry Juice
2cs	Dry Milk Powder
1cs	Lemon Juice
1cs	Thickener (Bulk)
1cs	Thickener (Cans)
3cs	Nectar Milk
3cs	Honey Milk
20 cs	5 Gallon Water
19cs	9" Paper Plates
10cs	Soup bowls
10cs	Soup bowls Lids
5cs	6oz Coffee Cups
5cs	6oz Coffee Cups Lids
15cs	Teaspoons
15cs	Knives
15cs	Forks
15cs	Soup spoons
45pkg	Paper Trays
20cs	hinged compartment food containers
5 cases	dinner plates
287cs	6 (1-gallon waters)

VERRAZANO NURSING HOME, INC  
POLICY AND PROCEDURE  
STOCK MEDICATIONS

**POLICY:**

It is the Policy of the Verrazano Nursing Home to ensure in-house stock medications are available. To this end, the following procedure:

**PROCEDURE:**

- The Director of Nursing will ensure a 4 week supply of all stock medications are available.
- The Nursing Supervisors/Designee will be responsible for notifying the Director of Nursing of the need for supplies on a weekly basis.
- The Director of Nursing will maintain a list of vendors utilized for various supplies.
- In the event of a Pandemic, the Facility Pharmacy vendor will send a 4-6 week emergency supply.

**DEPARTMENT:** Environmental Services      **SUBJECT:** Terminal Cleaning Rooms/Beds

**POLICY:** In order to be compliant with Infection Control Cleaning Procedures as well as State and Federal Regulations, Terminal Cleaning of Resident Rooms upon discharge is completed thoroughly using facility and vendor product recommendations and directions.

**PROCEDURE:      Completed by Environmental Unit Attendants**

Beds are cranked up to clean the underside and cleaned thoroughly on a regular scheduled basis and upon discharge. Mattresses are washed as often as necessary but cleaned on a regular basis and upon discharge. Mattresses found to be in poor condition must be brought to the supervisor immediate attention for replacement.

When a resident is discharged or transferred, the bed, bedside unit and clothing cabinet are carbolized. A germicide solution is used as the cleaning agent.

1. Using the germicide solution wipe, wipe down all horizontal areas including overbed tables, nightstands, windowsills, over bed lights, television and television stand. Let them air dry.
2. Thoroughly clean all bed frame surfaces including mattress.
3. Clean all nightstands, draws and outer surfaces of furniture.
4. Clothing closets and hangers must be cleaned thoroughly. You must leave at least 10 hangers in the closet.
5. Wash the walls in the resident room. Start at the top of the wall and work your way down.
6. Wipe the entry way, bathroom door, door frame and doorknob. Start at the top and work your way down.
7. Take the fan down and apart to clean thoroughly and dry. Put fan back together and mount at prior location.
8. If there are high back chairs in the room, they must be cleaned thoroughly.
9. Remove privacy curtain and bring to laundry for washing.
10. After an isolation room is cleaned, the Housekeeping staff is instructed to change their gloves and dispose of them. Also, to change their cleaning solution and mop after each isolation room is done.

DEPARTMENT: Environmental Services      SUBJECT: Terminal Cleaning Rooms/Beds

Continued:

**Wet Mopping – Isolation Procedure**

The floor is to be mopped with a germicidal solution. Mop, bucket and other cleaning aids are to be placed in a plastic bag and put in the "SOILED BUCKET" immediately after use with fresh solution which is then discarded.

When a patient that has been on isolation is discharged or transferred to another room, the room is cleaned as follows:

- Walls are washed down with germicidal solution
- Curtains are removed and put on a isolation bag to be washed by the laundry under isolation procedures
- The type of isolation will determine if Attendants must use a sterile gown as a precaution

**DEPARTMENT:** HOUSEKEEPING SERVICES    **SUBJECT:** Disinfection for COVID-19

**Procedure:**    The Housekeeping Service Director is notified by Nursing and the following is to be done for disinfecting a COVID-19 resident's room.

- Contact staff to mandate elevators for patient transport
- Notify staff working on the floor for rooms to be thoroughly sanitized as well as all handrails, kiosk, nursing stations and elevator buttons
- Notify laundry to send up bins and boxes for resident personal belongings to be washed and sanitized
- Once patients are transported, begin sanitizing and disinfection with Quat Neutral Disinfectant by 3M on the inside and outside of the closets, drawer, doors, all doorknobs, mattress, bed railing, bed side tables, call bell pull string for light and television remote control.
- For single rooms. Once disinfection process is done, room must be secured by Plant Operations and a key must be left with Nursing Supervisor
- For double rooms. Resident must be moved to the Dayroom for two (2) hours while disinfection is done. They can enter once the sanitizing process is completed
- Notify staff assigned to offices for hallways on lower lobby to be sanitized as well as handrails and elevator buttons
- Disinfect elevators with Quat Neutral Disinfectant

✓ Verrazano Nursing Home, Inc., utilizes Quat Neutral Disinfectant by 3 M.



Verrazano Nursing Home Inc.

DEPARTMENT: INFECTION CONTROL

SUBJECT: COHORTING RESIDENTS TO MINIMIZE  
INDIVIDUALS FROM NON-INFECTED  
INDIVIDUALS WITH INFECTED INDIVIDUALS(as  
feasible)

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POLICY REMARKS: Cohorting Residents to Prevent the Spread of Infection such as "COVID-19" refers to the grouping of individuals with the same condition in the same location (e.g. room, unit, or building).

The term cohorting refers to keeping residents who are infected for example with COVID-19 positive or are suspected to have COVID-19 in the same space (wing, floor, etc.) that is separate from those who are COVID-19 negative or do not have exposure to an infectious virus or disease such as COVID-19, if feasible.

The goal of cohorting is to minimize interaction of infectious individuals from non-infected individuals as much as possible. Every interaction is a risk because it is how the infection or virus spreads.

In order to prepare for cohorting, the policies and procedures on contact precautions and droplet precautions must be reviewed to determine if the rationale for cohorting (to minimize exposure risk) will work based on the virus or infection.

To ensure transparency and comfort, the facility must have clear communication with residents and families explaining the rationale for cohorting (minimizing exposure risk) and need for transfer or a move to another location in the building.

The following recommendations have been reviewed if cohorting residents within a nursing home becomes necessary:

- ✓ Creating separate wings, units or floors that can serve as isolation units. This will likely require moving residents throughout the building which CMS allows per its recent national blanket 1135 waiver.
- ✓ Consolidating and cohorting residents into separate dedicated COVID-19 and non-COVID-19 units or buildings if the opportunity exists among licensed nursing homes.
- ✓ Creating alternate care sites that are not licensed but done through collaboration with FEMA and the state.
  - Facilities with low occupancy and/or no known cases of COVID-19 among residents or staff may be good opportunities for COVID-19 dedicated buildings. In most instances, unit or designated room cohorting would be the most feasible due to the resident population.
  - Any cohorting plans must follow both state and federal regulations.
  - Options for cohorting must be coordinated with the NYSDOH to potentially waive any conflicting state regulations with respect to regulations involving room transfers and notification to be in a timely manner.

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- During CMS blanket emergency 1135 waivers effective March 1, 2020, there was the ability to provide regulatory flexibilities and help skilled nursing homes contain the spread of COVID-19. This includes regulations related to resident activities, physical environment and resident transfer and discharges. At Verrazano, procedures for transfer will be followed to the best of the ability of the Social Work and Administrative team so there is little or no interruption in the resident daily routine.
- Adequate staff (clinical and non-clinical) with training, skills, and competencies for virus' such as COVID-19 care, including an onsite (as well as remote support) physician and nurse practitioner for COVID treatment management will be closely monitored by the Administrator, the Infection Preventionist(s), the Director of Nursing and the Medical Director.

The following recommendation of the American Health Care Association has been adopted by Verrazano Nursing Home:

INFECTED RESIDENT(S) (known or suspected)	NON-INFECTED RESIDENTS
<ul style="list-style-type: none"><li>• Facility has created a cohorting plan</li><li>• Single Room: whenever possible, resident is placed in a private room with their own bathroom and the door to their room is closed.</li><li>• Cohort with other COVID-19 residents: May need to share rooms with other COVID-19 positive or suspected residents</li><li>• If the suspected/known COVID-19 resident was already paired with a roommate – and you don't have single rooms for both, we will not separate as the resident in the room has already been exposed and moving in with other residents may spread the virus. Keep the cubicle curtain partially closed to avoid any further exposure.</li></ul>	<ul style="list-style-type: none"><li>• Keep residents in their rooms as much as possible. If due to resident safety and resident may not remain in their rooms, enforce social distancing and provide a face mask for any resident sitting in the doorway to their room or in the hallway.</li><li>• Frequent checks to ensure resident is wearing face mask and assist in placement as necessary.</li><li>• Enforce social distancing between all residents and staff on the units.</li><li>• When room isolation is not possible, such as residents with advanced dementia and wandering residents, the staff must attempt to set up smaller areas of residents interacting. Face masks must be encouraged by the residents to continue to wear.</li></ul>

**Verrazano Nursing Home Inc.**

DEPARTMENT: INFECTION CONTROL

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**STAFFING**

The facility will continue to offer to the staff based on seniority, additional hours of work with overtime pay as required and then will make contact with known staffing agencies which have a Professional Agreement or contract to assist in placement of the following staff:

- I. Certified Nursing Assistants
- II. Registered Nurses
- III. Licensed Practical Nurses
- IV. Cooks
- V. Blue Collar workers such as Environmental Services and Plant Operations
- VI. Dieticians
- VII. Social Workers
- VIII. Therapeutic Recreation Specialists
- IX. Rehabilitation Therapists (PT, PTA, OT, COTA, Speech)

These Temporary Employees will complete mandatory in-service, provide any licenses and copies of malpractice insurance (if applicable), and will complete competencies for the job in which they are being asked to temporarily fill.

Critical pay rates due to the staffing needs and skills required for this care and/or hazard pay for staff caring for infected residents (i.e. COVID-19) may be required and is suggested as a way of having the same staff care for the population that is under cohorting (i.e. COVID-19).

Staff assignments must be made so that specific staff will serve the cohorted population. This includes nursing, dietary, housekeeping, maintenance, and other support staff. When placing employees in these assigned areas, it is important that they agree to only work at Verrazano during the period of cohorting and not in any other facility in order to avoid bringing the disease to the facility at another level or carrying the illness to the other facility.

The Staffing Coordinator must attempt to:

Adopt consistent assignment for staff caring for these residents.

**SUPPLIES AND EQUIPMENT**

Adequate PPE for example - COVID-19 precautions.

- ✓ Educate staff on strategies for optimizing PPE as soon as possible after a situation is noted.

DEPARTMENT: INFECTION CONTROL

SUBJECT: COHORTING RESIDENTS TO MINIMIZE  
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feasible)

- ✓ Will utilize a PPE burn rate calculator to ensure PPE is available for an ongoing time without interruption
- ✓ Work with your local authorities, such as OEM and associations as well as vendors to help secure any additional PPE that is needed.
- ✓ Adequate supplies and equipment solely dedicated to COVID-19 unit including lifts, oxygen, thermometers, blood pressure cuffs, oxygen saturation machines, IVs, etc.

#### Space

- ✓ As many meal service operations performed on dedicated unit as possible, including use of disposable trays and dishes so food is not carried onto the elevators back to the dish room via elevator to minimize interaction between dedicated unit and rest of facility.
- ✓ Dedicate room on the infected unit (i.e. -COVID-19 unit for supplies, medications including emergency kits).
- ✓ Whenever possible, dedicated entry/exit point to minimize exposure to other parts of the nursing home.
- ✓ Minimize traffic in and out of the infected unit (i.e. COVID-19 unit)
- ✓ Limit visitors only to end of life visitors or other essential services.
- ✓ Accommodations for families who will want to be in the nursing home while their loved one is dying from any infection within the facility such as COVID-19.
- ✓ Schedule video conferencing for residents to be able to speak with their loved ones.
- ✓ If feasible, onsite grief support for residents, families, and staff or via telephone with outside agencies as needed.
- ✓ Availability of list of mortuary services who can respond timely to deaths from a virus such as COVID-19.

#### COVID-19 Financial – Spring 2020

In March of 2020, CMS waived the 3-day rule for all residents who may need skilled care regardless of COVID status (long stay residents, new admissions from the community or emergency room as well as the hospital).

- ✓ Residents in isolation single rooms should be coded as such on the MDS.
- ✓ Daily review of State Notification on Special Medicaid rates must be monitored.
- ✓ CMS has available FAQs on Alignment of Isolation Waivers, MDS, and Payment Policies.

CMS Guidance Related to Cohorting On April 2, CMS released new guidance to help mitigate the spread of COVID-19 in long-term care facilities. The guidance outlines several recommendations, such as following CMS and CDC guidance on infection control, implement symptom screening for all individuals and recommendations on the use and conservation of PPE.

**Verrazano Nursing Home Inc.**

DEPARTMENT: INFECTION CONTROL

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The guidance also contained specific recommendations related to cohorting, which are reflective in this policy.

Verrazano will continue to work with state and local leaders to designate separate units within the facility to separate COVID-19 positive residents.

COVID-19 positive units will adhere to strict infection control practices and testing protocols, as required by regulation.

Verrazano is not a ventilator facility and will admit and treat those individuals who are found to be candidates for a non-ventilator Skilled Nursing Facility as ordered by a physician before transfer from a hospital.

Verrazano will work closely with State agencies including the New York State Department of Health, Local Hospitals (SIUH-North and South and Richmond University Medical Center) all located on Staten Island to help coordinate admission to Verrazano as well as other local off Staten Island hospitals.

Verrazano staff members assigned to work with COVID-19 specific residents will be familiar with signs and symptoms related to COVID-19.

Verrazano will inform residents and their families of limitations of their access to and ability to leave and re-enter the facility, as well as any requirements and procedures for placement in alternative facilities for COVID-19-positive or unknown status.

Addendum: Verrazano will maintain rooms 214 215 and 216 for designated COVID POSITIVE residents. These rooms are 2 bed rooms (private bathroom within) at the end of the hallway. Room 214 is a 4 bed room with its own bathroom

Information utilized for implementation of this policy can be found at:

1. AHCA/NCAL summary and the CMS announcement. Page 3 of 4 April 4, 2020 Considerations for Cohorting Staff and Competencies
2. AHCA/NCAL Steps to Limit COVID-19 Spread and Outbreaks in Long Term Care

DEPARTMENT: NURSING

SUBJECT: COMMUNAL DINING GUIDANCE  
AND GROUP ACTIVITIES AND PROGRAMMING  
DURING A PANDEMIC

**POLICY:** Based on the CMS memo dated March 13, 2020 guidance to “cancel communal Dining and all group activities” in skilled nursing facilities, we have developed the following procedures to be followed during the current Pandemic for COVID-19.

This procedure was found to be effective in reducing transmission in prior years during influenza illness and therefore it has been adopted into the facility Pandemic Emergency Plan for any future Pandemics.

**PURPOSE:** The Purpose of this procedure is for the facility to take all reasonable available steps to adhere, given the dire consequences of the spread of COVID-19 among our resident population.

A key reason for the recommendation to cancel communal dining is linked to the concept of social distancing (i.e.- limiting people being in close proximity to each other for periods of time; ideally people should keep about six [6] feet apart).

Social distancing is recommended broadly across the public and recommended by CMS for facilities regarding resident interactions.

Communal dining is a common group activity that places residents in close proximity to each other, causing chances of spreading respiratory viruses.

Recommended approaches at Verrazano Nursing Home:

1. Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance.
2. Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets. Meals for these residents will ideally be provided in their rooms; or the residents should remain at least six (6) feet or more from others if in a common area for meals, and with as few other residents in the common area as feasible during their mealtime. Staff will take appropriate precautions with masks, gloves, eye protection and gowns given the risk for these residents to cough while eating. (Other clothing protectors may be used if gowns are not available.
3. If residents need to be brought to the dayroom for dining, Verrazano staff will do this in intervals to maintain social distancing.
  - a. Staff will separate tables as far apart as possible.

DEPARTMENT: NURSING

SUBJECT: COMMUNAL DINING GUIDANCE  
AND GROUP ACTIVITIES AND PROGRAMMING  
DURING A PANDEMIC

- b. When feasible, we will attempt to increase the number of meal services to allow fewer residents in common areas at one time.
  - c. If a small table is present, have residents sit at the table by themselves to ensure that social distancing between residents can be maintained.
  - d. Some ideas for meal sittings with fewer residents per table, include focusing on maintaining existing social relationships and/or pairing roommates and others that associate with each other outside of mealtimes.
4. Residents who need assistance with feeding should be spaced apart as much as possible, ideally six (6) feet or more or no more than two persons per table for a table of 4. Staff members who are providing assistance, for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.
5. If necessary, based on staffing, we may consider use of other staff to accomplish food service. These staff will be viewed as essential to the well-being of their life.

In general, facility life at Verrazano has had to adjust significantly during the COVID-19 Pandemic. There is a primary focus on:

- 1. necessary medical treatment,
- 2. hygiene,
- 3. hydration, and
- 4. meal service as these will take more time than usual since not as many residents are in the dayroom at the same time.
- 5. keeping our resident's content and happy.

During the COVID-19 pandemic, hand-washing and hygiene before, during and after meals is imperative.

DEPARTMENT: NURSING

SUBJECT: COMMUNAL DINING GUIDANCE  
AND GROUP ACTIVITIES AND PROGRAMMING  
DURING A PANDEMIC

Continued:

**Operating with Limited Resources:**

1. Consider utilizing all staff (as appropriate) to assist with meal service. While some may not be able to assist a Resident who may need special assistance with eating, they can assist in transporting meals to residents.
2. For transporting meals to residents, the food and cart need to be appropriately covered to protect from contamination.
3. Food preparation techniques have been reviewed and utilize some "convenience items" vs "made from scratch" foods dependent on their overall staffing situation.
4. Menus can be adjusted should there be an issue with staffing during an outbreak.
5. Paper products for meal selections and meal service should be handled in a way to minimize contact across staff and resident.

**Operating with Limited Resources:**

6. As with dining, recreational programs will not be communal. Utilizing the 1:1 visitation by the Recreational Workers, Overhead Music and the use of IPAD or other electronic device with the resident for visits with his/her family. Devices are cleaned and sanitized between uses.
7. Social Services also has access to these electronic devices to use with the resident, which is cleaned with sanitizing wipes between uses.



**VERRAZANO NURSING HOME  
POLICY AND PROCEDURE  
NOTIFICATION OF CHANGES AND UPDATES TO RESIDENT AND RESIDENT  
REPRESENTATIVE DURING A PANDEMIC**

**POLICY:**

To ensure compliance with CDC and NYS Department of Health guidelines regarding notification of changes and updates to resident/resident representative during a declared Pandemic.

**PROCEDURE:**

Verrazano Nursing Home will follow NYS Department of Health Guidelines for communicating, within the 24 hour time frame, any affects due to a declared Pandemic, new diagnosis of associated illness or deaths in the facility.

The facility will update resident representatives/guardians daily on the number of infections and deaths at the facility.

**Methods of Communication:**

Individual changes in resident condition is communicated to the resident/resident representative by the resident's primary care physician and/or the nurse.

Residents/Resident Representative will be notified by telephone of resident's positive test results by the primary care physician or nurse. Notifications will be documented in the electronic medical record.

Resident Roommate/Roommate Resident Representative will be notified of the roommate positive test results by the primary physician or nurse and will discuss exposure risks. Notifications will be documented in the electronic medical record.

The facility will communicate with all current resident representatives via electronic email or an automated call known as "Call-em-all". This will be done daily by the Administrator/designee, providing the resident representatives with a daily Pandemic update. The call will include the number of residents on isolation due to the Pandemic.

On an ongoing basis, the Administrator may determine that written correspondence will be sent to the resident/resident representative.

Residents are also communicated to via the facility overhead page system daily and at the monthly Resident Council meeting held on each unit with 6 foot social distancing.

'P&P Resident/Representative Notification during Pandemic  
4/2020, 8/2020

CONTACTED Yes	No	AGENCY	PHONE NUMBER	DATE
		NYSDOH-Regional Office	212-417-4999	518-408-5163
		NYC Police Department-Investigation Liaison Unit	646-610-5000	
		NYC Police Department -Terrorism Hotline	888-692-7233	
		SI Borough Commander-Chief Dellatore	718-667-2220	
		Office of Homeland Security- NYC	212-867-7060	Fed 202-282-8000
		Office of Homeland Security-24 HR HOTLINE	518-292-2280	518-457-0554
		NYC Fire Department- Staten Island	718-999-6666	
		Borough Commander-Chief Howe	718-494-7370	
		NYC Fire Department	718-422-7397	
		NYC Office of Emergency Management (OEM)	718-422-8700	
		Con Edison	800-752-6633	212-780-6767
		Keyspan/National Grid	800-752-6633	718-643-4050
		NYC Department of Environmental Protection-water and sewer	311	
		NYC Department of Sanitation(during normal hours)	311	
		Department of Health and Mental Hygiene	1-646-781-7208	
		Office of the Chief Medical Examiner	212-447-2030	
		Department of Health (nights and weekends)	1-347-256-5400	
		Bureau of Communicable Disease Control	518-473-4439	
		Emergency Medical Services	518-402-0996	
		NYS Area Office and Metropolitan Area Regional Office	212-417-5550	
		Department of Environmental Conservation-NYC office	718-482-4900	
		Department of Environmental Conservation-spills hotline	1-800-457-7362	
		"See something Say Something"	1-866-723-3697	
		Federal Bureau of Investigation-NYC	212-384-1000	
		NYSDOH Bioterrorism Unit (day)	518-474-4175	
		FEMA	221-680-3600	
		NYSDOH Public Health Duty Officer	866-881-2809	

**DEPARTMENT: ADMINISTRATION**

**SUBJECT: TELEHEALTH SERVICES DURING A PANDEMIC**

**POLICY:**

Since the beginning of the COVID-19 Public Health Emergency, there was an unprecedented array of temporary regulatory waivers and new rules to equip the American health care system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic.

It is anticipated that this type of temporary change would be applied across the entire U.S. health care system for the duration of the emergency declaration.

The goals of these prior actions were to:

- 1) expand the health care system workforce by removing barriers for physicians, nurses, and other clinicians to be readily hired from the community or from other states;
- 2) ensure that local hospitals and health systems have the capacity to handle a potential surge of COVID-19 patients; this includes temporary expansion sites (also known as CMS Hospital Without Walls);
- 3) increase access to telehealth under Medicare to ensure patients have access to physicians and other clinicians while keeping patients safe at home;
- 4) expand in-place testing to allow for more testing at home or in community-based settings and establish data reporting vehicles that are critical to addressing the pandemic; and
- 5) put Patients Over Paperwork to give temporary relief from many paperwork, reporting and audit requirements so providers, health care facilities, Medicare Advantage and Part D plans, and States can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.

**PROCEDURE**

**RESPONSIBILITY**

**ACTION**

MEDICAL DIRECTOR

1. Reviews CMS and Commissioner of Health regulations to determine if Telehealth can be utilized in a skilled nursing facility for both urgent and non-urgent visits.
2. Contacts all Primary Care MD's, Consulting MD's, Services Providing Nurse Practitioners such as Optum to obtain information regarding on-site visits, telehealth visits and compliance with the 28-day cycle.

DEPARTMENT: ADMINISTRATION

SUBJECT: TELEHEALTH SERVICES DURING A PANDEMIC

Continued:

PROCEDURE  
RESPONSIBILITY

ACTION

3. Contacts Chief of Medicine at all area hospitals to obtain information regarding transfer of ill patients, patients with urgent need for CT scans or any other urgent testing that may be necessary and can only be performed at the hospital. Discusses updates on facility use of telemedicine if necessary.
4. Reports to Administrator and Director of Nursing all pertinent information.
5. Meets with Medical Staff to:  
review all of the recommendations of the Health Commissioner, Department of Health, CMS (Centers for Medicare and Medicaid Services and the CDC (Centers for Disease Control) and will review all updated Telehealth Regulations.
6. Reminds physicians that they must be in contact with the resident representatives if they are doing Telehealth the same as regular on-site visits if there is notification of change in condition, medication or testing necessary.

NOTES FOR FILE PERTINENT TO COVID-19 PANDEMIC WHICH MAY OR MAY NOT BE PERTINENT DURING OTHER PANDEMICS:

- **Medicare Telehealth** - Physician visits in skilled nursing facilities/nursing facilities: CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.
- CMS provided relief to long-term care facilities related to provision of physician services through the following actions:
  - **Physician Delegation of Tasks in SNFs:** 42 CFR 483.30(e)(4). CMS is waiving the requirement in § 483.30(e)(4) that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally. This

DEPARTMENT: ADMINISTRATION

SUBJECT: TELEHEALTH SERVICES DURING A  
PANDEMIC

waiver gives physicians the ability to delegate any tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who meets the applicable definition in 42 CFR 491.2 or, in the case of a clinical nurse specialist, is licensed as such by the State and is acting within the scope of practice laws as defined by State law. We are temporarily modifying this regulation to specify that any task delegated under this waiver must continue to be under the supervision of the physician. This waiver does not include the provision of § 483.30(e)(4) that prohibits a physician from delegating a task when the delegation is prohibited under State law or by the facility's own policy.

- **Physician Visits:** 42 CFR 483.30(c)(3). CMS is waiving the requirement at § 483.30(c)(3) that all required physician visits (not already exempted in § 483.30(c)(4) and (f)) must be made by the physician personally. We are modifying this provision to permit physicians to delegate any required physician visit to a nurse practitioner (NPs), physician assistant, or clinical nurse specialist who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the State and performing within the state's scope of practice laws.
- **Note to Facilities:** These actions will assist in potential staffing shortages, maximize the use of medical personnel, and protect the health and safety of residents during the PHE. We note that we are not waiving the requirements for the frequency of required physician visits at § 483.30(c)(1). As set out above, we have only modified the requirement to allow for the requirement to be met by an NP, physician assistant, or clinical nurse specialist, and via telehealth or other remote communication options, as appropriate. In addition, we note that we are not waiving our requirements for physician supervision in § 483.30(a)(1), and the requirement at § 483.30(d)(3) for the facility to provide or arrange for the provision of physician services 24 hours a day, in case of an emergency. It is important that the physician be available for consultation regarding a resident's care.

**DATA OBTAINED FROM:**

The Interim Final Rule and waivers can be found at: <https://www.cms.gov/aboutcms/emergency-preparedness-response-operations/current-emergencies/coronaviruswaivers> .

CMS has released guidance to describe standards of practice for infection control and prevention of COVID-19 at <https://www.cms.gov/files/document/qso-20-14-nhrevised.pdf>

CMS has released guidance to providers related to relaxed reporting requirements for quality reporting programs at <https://www.cms.gov/files/document/guidance-memoexceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>

**DEPARTMENT: ADMINISTRATION**

**SUBJECT: LIMITED SERVICES DURING A PANDEMIC**

**POLICY:** Since the beginning of the COVID-19 Public Health Emergency, there was an unprecedented array of temporary regulatory waivers and new rules to equip the American health care system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic.

It is anticipated that this type of temporary change would be applied across the entire U.S. health care system for the duration of the emergency declaration.

The goals of these prior actions were to:

- 1) expand the health care system workforce by removing barriers for physicians, nurses, and other clinicians to be readily hired from the community or from other states;
- 2) ensure that local hospitals and health systems have the capacity to handle a potential surge of COVID-19 patients; this includes temporary expansion sites (also known as CMS Hospital Without Walls);
- 3) increase access to telehealth under Medicare to ensure patients have access to physicians and other clinicians while keeping patients safe at home;
- 4) expand in-place testing to allow for more testing at home or in community based settings and establish data reporting vehicles that are critical to addressing the pandemic; and
- 5) put Patients Over Paperwork to give temporary relief from many paperwork, reporting and audit requirements so providers, health care facilities, Medicare Advantage and Part D plans, and States can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.

**PROCEDURE**

**RESPONSIBILITY**

**ACTION**

ALL DEPARTMENT HEADS

1. Ensure that all available vendors have been contacted regarding supplies, food and all other services without disruption. If a vendor is not able to meet their obligations, back up vendors are to be contacted and Administration is to be notified immediately.

MEDICAL DIRECTOR

2. Contacts all Primary Care MD's, Consulting MD's, Services Providing Nurse Practitioners such as Optum to obtain information regarding on-site visits, telehealth visits (see telehealth policy and procedure) and compliance with the 28 day cycle.

DEPARTMENT: ADMINISTRATION

SUBJECT: LIMITED SERVICES DURING A  
PANDEMIC

Continued:

PROCEDURE

RESPONSIBILITY

ACTION

3. Contacts Chief of Medicine at all area hospitals to obtain information regarding transfer of ill patients, patients with urgent need for CT scans or any other urgent testing that may be necessary and can only be performed at the hospital.
4. Reports to Administrator and Director of Nursing all pertinent information.
5. Meets with Medical Staff to review all of the recommendations of the Health Commissioner, Department of Health, CMS (Centers for Medicare and Medicaid Services and the CDC (Centers for Disease Control).
6. Reminds physicians that they must be in contact with the resident representatives if they are doing Telehealth the same as regular on-site visits if there is notification of change in condition, medication or testing necessary.
7. Collaboratively, with Administration, decides which services can be managed by facility staff i.e., phlebotomy.
8. Decides which in-house services are "essential" such as dental, ophthalmology etc and places the non-essential services on hold.

MENT: ADMINISTRATION/

INFECTION PREVENTIONIST

SUBJECT:

PERSONAL PROTECTIVE

EQUIPMENT: STORAGE

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**POLICY:** Based on the Resident Census, the facility will create Par Levels for all of the PPE (Personal Protective Equipment). The Supplies and Equipment will be stored on-site in locked storage area for access by the Administrative Team in order to maintain the par levels set.

**PROCEDURE:**

**DISTRIBUTION PROCEDURE:**

Upon arrival for work all employees receive the following PPE during a Pandemic:

1. Face Mask
2. N95 or KN95 – whichever is available for employee use
3. Re-usable face shield
4. Isolation gown

**Gloves are on resident and non-resident units**

If employee is not in Patient Care Area, the minimal PPE to be used is a Face Mask.

1. Dietary workers may choose to wear plastic disposable bibs in lieu of an isolation gown if they are working at the dish machine or pot washing sink.
2. Workers may use goggles identified as meeting the necessary qualifications
3. 60 day supply will be stored in the server room on the 3<sup>rd</sup> floor which is maintained at a constant 70 degrees. Room is locked with key in Administrative office and with Maintenance Director.
4. Supplies will be rotated, minimally, on an annual basis and more often if necessary
5. Currently there are an additional 11 laser thermometers stored in the room as well.
6. Emergency supplies may be requested through OEM and DOH due to shortage.



# SERVER ROOM

AS OF September 11, 2020

ITEM	Burn Rate from April 2020	USAGE	60 DAY SUPPLY	ON HAND IN SERVER ROOM	
GOWNS	110	110/DAY	6600	6600	
SURGICAL MASKS	146	160/DAY	9,600	12,400	
GLOVES	535	1800/DAY	108,000	109,000	
N95	4.3	20/DAY	1,200	1710	
SHIELDS GOGGLES	40	3/DAY	190	555 3 helmets	
SANITIZER				24 bottles + 16 gallons + 360 bags	
Calculated based on 8 residents on isolation per day					
Laser Thermometers			11		

VERRAZANO NURSING HOME  
POLICY AND PROCEDURE  
NOTIFICATION OF HOSPITALIZATION

**POLICY:**

It is the policy of the Verrazano Nursing Home to ensure that resident/resident representative is notified both verbally and in writing. To this end, the following procedure:

**PROCEDURE:**

1. Licensed Nurse contacts family when physician determines that resident needs to be discharge to the hospital for evaluation or treatment.
2. Licensed Nurse contacts physician when resident or resident representative is requestion transfer to the hospital.
3. Licensed Nurse documents in the EMR name of family member notified of hospital transfer or discharge to hospital.
4. Licensed Nurse contacts hospital to determine if resident has been admitted or is still under observation.
5. Once admission to the hospital has been verified, Financial Office will contact family to see if they wish to hold bed at the private rate or to accept the nextavailable bed once the resident is determined to be ready for hospital discharge and is able to return to the facility.
6. Financial Office either places the resident on a private pay bed-hold or discharges resident and places their name on hospital discharge list.
7. Financial Office will mail letter noting the discharge and hospital in which the resident was discharged to along with a private pay bed-hold letter to the family if so chosen.
8. Financial Office will maintain a copy of letter in the admission file.
9. During a pandemic, residents discharged from the facility to the hospital will have a place reserved for them when they are ready to return to the faciliyt. During a Pandemic, the facility will have admission rooms where the resident will be placed on quarantine for 14 days for precautionary measures. Once tested for the specific pandemic illness, and found to be negative after the 14 days, will be returned to their prior room.

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VERRAZANO NURSING HOME  
RECOVERY- PANDEMIC PLAN

**POLICY:**

Since a pandemic most likely will not conclude within a set period of time, Unlike other disaster such as, for example, hurricane, tornado, blizzard, the plan in place must prepare the facility for waves of recurrence and resurgence.

While the periods between recurrence and resurgence, it will be difficult to identify or predict recovery. Recovery from a pandemic begins while the pandemic is still in progress and continues during the periods between waves or recurrence and resurgence following the Pandemic.

**PROCEDURE:**

1. The Administrator/Incident commander receives notification(s) throughout the pandemic updating the status of the State and surrounding State communities impacted by the Pandemic,
2. Meets with facility managers on updates regarding vaccine, priority groups for the vaccine and administration to staff and residents as indicated.
3. Department Managers assess resources on hand and need for additional resources should there be a recurrence or resurgence of the Pandemic. They will maintain a list of all resources and pricing available
4. Contacts all vendors and prepares for a 60 day stockpile of supplies.
5. Administrator/Designee continues daily communication with Resident Representatives to update them on the Pandemic impact within the facility
6. Administrator/Designee communicates with Residents via Resident Council of updates as they become available.
7. Social Services reviews all residents on psychiatric or psychological services to ensure there has been no delay in their treatment or consults (via telehealth) and requests orders for referrals for residents not on services who may have been impacted by the Pandemic for screening
8. Infection Preventionist continues surveillance during the facility post pandemic period to monitor for recurrence or resurgence of Pandemic symptoms and illness.
9. Clinical staff will report and change in resident condition to the Nursing Supervisor for further response/review of the Infection Preventionist or Medical Director.
10. Administrator will advise all Department Managers of any updates during the Pandemic and post-pandemic received from the New York State Department of Health, CDC or Office of Emergency Managements in order to prepare for a return to non-pandemic nursing home duties.