

**ST. JOSEPH'S HOME
POLICY AND PROCEDURE**

Title: Pandemic Policy			P & P Safety Manual	
Approved by: Administrator			Attachments:	
Original Issue Date: 8/2020	Revision Date:	Reviewed Date: 1/12/2023	Replaces P & P:	Effective Date: 1/18/2023

St. Joseph's Home will re-evaluate this Pandemic Plan at least annually and with any changes in guidance from the DOH, CDC or Governor Office. This Pandemic Plan will be available to residents, staff, families and governmental agencies upon request and will be maintained and updated as needed on the facility website.

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality.

The facility follows effective strategies for preventing infectious diseases. These strategies are mandated by the DOH and the St. Lawrence Public Health Dept. Each county Local Health Department-(LHD) has prevention agenda priorities compiled from community health assessments.

Chapter 114 of the Laws of 2020 (full text):

Section 2803 of the public health law is amended by adding a new subdivision 12 to read as follows:

12. (a) each residential health care facility shall, no later than Ninety days after the effective date of this subdivision and annually thereafter, or more frequently as may be directed by the commissioner, prepare and make available to the public on the facility's website, and immediately upon request, in a form acceptable to the commissioner, a pandemic emergency plan which shall include but not be limited to:

(i) a communication plan:

(a) to update authorized family members and guardians of infected residents at least once per day and upon a change in a resident's condition and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at

the facility, by electronic or such other means as may be selected by each authorized family member or guardian; and

(b) that includes a method to provide all residents with daily access,

At no cost, to remote videoconference or equivalent communication methods with family members and guardians; and

(ii) protection plans against infection for staff, residents and families, including:

(a) a plan for hospitalized residents to be readmitted to such residential health care facility after treatment, in accordance with all applicable laws and regulations; and

(b) a plan for such residential health care facility to maintain or contract to have at least a two-month supply of personal protective equipment; and

(iii) a plan for preserving a resident's place in a residential healthcare facility if such resident is hospitalized, in accordance with all applicable laws and regulations.

(b) the residential health care facility shall prepare and comply with the pandemic emergency plan. Failure to do so shall be a violation of this subdivision and may be subject to civil penalties pursuant to section twelve and twelve-b of this chapter.

The commissioner shall review each residential healthcare facility for compliance with its plan and the applicable regulations in accordance with paragraphs (a) and (b) of subdivision one of this section.

(c) within thirty days after the residential health care facility's receipt of written notice of noncompliance such residential healthcare facility shall submit a plan of correction in such form and manner as specified by the commissioner for achieving compliance with its plan and with the applicable regulations. The commissioner shall ensure each such residential healthcare facility complies with its plan of correction and the applicable regulations.

(d) the commissioner shall promulgate any rules and regulations necessary to implement the provisions of this subdivision.

§ 2. This act shall take effect immediately.

Communication Plan:

St. Joseph's Home has a system established to provide general updates per guidance for any cases either staff or residents of a communicable disease which places residents at risk. This communication plan will share the guidance and restrictions that have been established related to a pandemic emergency. On admission and reviewed at least annually the facility will update resident face

sheets to show email communication or the need to call related to no email. All email correspondence will be sent as a blind copy in order to provide as much privacy as possible. No Health protected information will be shared.

Communications with residents will be completed with in person communications completed by the assigned personnel.

Communications with the staff will be completed through staff meetings, or information on the facility education boards.

Communications with residents who are infected or sick, will be established upon diagnosis and these communications will be either daily, weekly per the family wishes. These communications will be coordinated through the DON.

Communications with residents and their families will be coordinated through the activity department as needed and requested and will be provided at no cost to the resident or family. IPADS, phones and large screen tv remote access will be utilized.

Communications with physicians will be coordinated through the Nursing Management Team: Tele-visits, or in person visits will be made available as indicated in following the guidance by the DOH, CDC or Mandates by the Governor.

Protection plans against infection for staff, residents and families, including:

(a) a plan for hospitalized residents to be readmitted to such residential health care facility after treatment, in accordance with all applicable laws and regulations: St. Joseph's Home will evaluate all hospitalized residents for their care needs and admit per regulation to an appropriate available bed if the care needs can be met safely in the facility.

(b) a plan for such residential health care facility to maintain or contract to have at least a two-month supply of personal protective equipment. St. Joseph's Home maintains a 60 day supply of PPE and it is housed in an office space or designated area.

(c) a plan for preserving a resident's place in a residential healthcare facility if such resident is hospitalized, in accordance with all applicable laws and regulations. St. Joseph's Home will evaluate all residents who have been discharged to the hospital and did not maintain a bed hold. St. Joseph's Home will evaluate all care needs and admit per regulation to an appropriate available bed if the care needs can be met safely in the facility.

Communicable Disease Reporting:

Importance of Reporting

- NYSDOH is charged with the responsibility of protecting public health and ensuring the safety of health care facilities.
- Reporting is required to detect intra-facility outbreaks, geographic trends, and identify emerging infectious diseases.
- The collection of outbreak data enables the NYSDOH to inform health care facilities of potential risks and preventive actions.
- Reporting facilities can obtain consultation, laboratory support and on-site assistance in outbreak investigations, as needed.

What must be reported?

NYSDOH Regulated Article 28 nursing homes:

- Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.¹
- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be reported to NYSDOH. This can be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, facilities may fax an [Infection Control Nosocomial Report Form \(DOH 4018\)](#) on the DOH public website.
 - Facilities are expected to conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Healthcare associated infection outbreaks may also be reported to the St. Lawrence County Health Department

A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) must be reported to the local health department where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it must also be reported to the NYSDOH. This can be done electronically via the NORA, or, by faxing an [Infection Control Nosocomial Report Form \(DOH 4018\)](#).

¹ A list of diseases and information on properly reporting them can be found below.

- Reports must be made to the St. Lawrence Health Department and needs to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.
- Categories and examples of reportable healthcare-associated infections include:
 - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
 - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
 - Foodborne outbreaks.
 - Infections associated with contaminated medications, replacement fluids, or commercial products.
 - Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
 - A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
 - Clusters of tuberculin skin test conversions.
 - A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
 - Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
 - Closure of a unit or service due to infections.
- Additional information for making a communicable disease report:
 - Facilities should contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here:
https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.

- Call your local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.
- For facilities in New York City:
 - Call 1 (866) NYC-DOH1 (1-866-692-3641) for additional information.
 - Use the [downloadable Universal Reporting Form \(PD-16\)](#); those belonging to NYC MED can [complete and submit the form online](#).

2.0. PEP Communication Requirements

As per the requirements of the PEP, a facility must develop external notification procedures directed toward authorized family members and guardians of residents. This is stated above.

To adequately address this requirement, the facility will need to develop a record of all authorized family members and guardians, which should include secondary (back-up) authorized contacts, as applicable. This is done through face sheets and books are readily available.

St. Joseph's Home provides a daily update to authorized family members and guardians and upon a change in a resident's condition; and update all residents and authorized families and guardians at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19).

Such updates are provided electronically or by such other means as may be selected by each authorized family member or guardian.

3.0 PEP Infection Control Requirements

PPE is maintained for at least a 60 day period as established in previous burn rates: These numbers will be evaluated at least quarterly to assure an adequate supply is maintained.

Supplies to be maintained include, but are not limited to:

- N95 respirators;
- Face shield;
- Eye protection;
- Gowns/isolation gowns;
- gloves;
- masks; and
- sanitizers and disinfectants ([EPA Guidance for Cleaning and Disinfecting](#)):

St. Joseph's Home will incorporate lessons learned from previous pandemic responses into planning efforts to assist with the development of policies and procedures related to such elements as the management of supplies and PPE, as well as implementation of infection control protocols to assist with proper use and conservation of PPE with policy review at least annually.

St. Joseph's Home plan for cohorting, includes

- Use of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, such as at the end of a hallway as we are able, or
- Use of non traditional areas which could be set up in our activity room
- Management of all areas will be established and avoidance of cross sharing will be maintained
- Areas will be marked with signs to assure that all staff maintain the Proper identification of the area for residents with COVID-19, including demarcating reminders for healthcare personnel; and
- St. Joseph's Home will assure that people who are not infectious do not enter these areas through surveillance or closing of area doors.

Facility standards.

Staff serving as Infection control Preventionist is Mary Morley NM Administrator/ DON also completed the coursework.

These staff conduct active daily surveillance through unit rounds, evaluation of communications and evaluation of progress notes.

Infection control Preventionist or designee maintains communication and collaborates with local and state health authorities

Clinical presentation of any potential infections are evaluated and communicated.

When the facility is in a situation of an infection or a pandemic the following guidelines will be followed:

- 1- Daily screening of all staff entering the facility if found to have a fever of 100 or greater or symptoms will be sent home and told to contact provider. If staff report symptoms or come to work and are sent home with symptoms start a file on them in the Administrator office
- 2- Visitors will be allowed and appropriate PPE will be provided. If visitors will not follow the use of PPE, the Administrative on call person will be notified who will communicate with the family and make visitation decisions.
- 3- Evaluation of unnecessary staff and changes to schedules as indicated by the Administrator
- 4- Staff will be cross trained in Paid Feeding Assistant, Temporary Nurse Aide and front desk monitoring and screening of staff, with an all hands-on deck protocol. Education board upon entrance to the facility updated daily with new guidance, policies and protocols
- 5- The facility will obtain necessary supplies including medications, personal care supplies, laundry supplies, infection control supplies, food to the best of our ability to obtain in order to continue to maintain current flow of workload
- 6- The facility will evaluate outside vendors and regulate the delivery of necessary items.
- 7- All resident laundry will be done in house
- 8- The facility will monitor, and limit items brought to the facility if necessary to assure areas can be appropriately cleaned.

- 9- Non-conventional areas will be created in the Activity room if necessary.
- 10- Testing for any infections will be completed by MD order, DOH Guidance or Nursing Evaluation and follow up will be made with St. Lawrence County Public Health and NYS Epidemiology if indicated.
- 11- Phone number lists for necessary people will be created and maintained throughout the situation
- 12- Protocol established for vendors, supply ordering, current projects and programs
- 13- PPE will be mandated per DOH guidelines depending on illness and all updates will be communicated on the facility communication board.
- 14- Plan for Activities will be created according to guidance and the changes will be communicated to residents, families and staff.
- 15- Resident screening will be done daily and they will be monitored for symptoms according to the outbreak illness.
- 16- All communications for staff will be on the facility education boards. Boards near the entrance to the facility may be used during certain times.
- 17- Nontraditional staff will be utilized according to regulatory guidance and in accordance with their competency to do what they are assigned to do.

- 18- Information on an outbreak will be provided to the residents who can understand , and may be verbal, written or on a device

- 19- The following people will be considered essential to the facility in addition to all staff on payroll
 - a. Dr. Dunn
 - b. Health Direct Pharmacy: will call from outside/ Consultant pharmacist off site, drop off cassette exchange
 - c. NCC for fire and security and phone system
 - d. Renzi food delivery: left on loading dock
 - e. Bread delivery: left on loading dock
 - f. Mohawk supplies: left on loading dock
 - g. Mail UPS/Fedex left outside
 - h. Claxton Hepburn lab and Therapy as needed
 - i. K and A Xray
 - j. Spectrum for internet issues and resident phone issues
 - k. Flooring to assure rooms ready for resident care needs
 - l. Funeral Directors
- 20- Evaluation of the movement of residents out of their rooms will be evaluated depending on the type of illness and the guidance. If social isolation is required communication will occur and a plan will be established. This plan will include all aspects including care of the dementia residents.
- 21- Posters will be used to provide education to staff and residents
- 22- If visitation is limited signs will be placed on entrance doors
- 23- All MD appts will be evaluated and decisions regarding canceling them unless deemed medically indicated will be established by the DON and MD
- 24- Administrator evaluating necessary supplies (routine orders put in weekly)
- 25- PPE conservation posted if there is a shortage
- 26- Stock hand sanitizer in dispenser throughout the facility will be at least 60% alcohol content
- 27- Regular stocking of hand hygiene products will be completed by Hskp staff
- 28- Daily disinfecting of all surfaces will be done by Hspk staff
- 29- Touchless thermometers utilized for screenings

- 29- Masks will be provided to all staff for use out of the facility if deemed necessary
- 30 -Portable SPO2 monitors will be used for screenings
- 31- Staff will be fit tested for N 95 masks upon hire and at least annually
- 32- Staff will be tested per guidance for any potential infections
- 33- Residents will be tested per guidance for any potential infections
- 34- All new admissions will be tested according to guidance for any potential infections
- 35- Code status of residents will be evaluated and guidelines for this will be evaluated as necessary for infection issues.
- 36- If staffing becomes a concern: the portal will be used : CovidStaffingPortal@exec.ny.gov or call 518-474-2012.
- 37-Use guidelines from the policy in Safety manual: Labor emergency/ Contingency plan for staffing

Outbreak Precautions

- 1- Precautions will be implemented according to the guidance regarding infections. Standard precautions will be used for all residents regardless of symptoms
- 2- Precautions will be maintained per guidance from DOH. Signs on the doors of rooms will be utilized to tell people of the type of precaution during a pandemic.
- 3- Any residents who present with symptoms of the illness that is occurring will be moved to a private room with the door closed, or a room that is set up for suspected cases. The DON, NM and/ or the Administrator will be notified. Public Health and NYS Epidemiology will be notified by one of these people. Determination of testing needs will be determined by the MD, and the Infection control professionals. A log will be maintained of people who have been exposed to someone under investigation or confirmed with the infection.
- 4- St. Joseph's Home does not have an airborne isolation room, so we would keep the resident in a private room , or one of the nonconventional room, or cohort with another resident suspected, and would not transfer the resident to the hospital if:
 - a. Their MOLST directives delineated the lack of desire for this
 - b. They did not require a higher level of care if their MOLST directives showed their desire for hospitalization if indicated
 - c. The facility is able to adhere to the precautions necessary
- 5- New Admissions will be screened for symptoms and history of being in contact with a suspect case of confirmed case. Directives for new admission testing will be followed as provided by the NYS Epidemiology. New admissions quarantined x 14 days with screenings if indicated related to the type of infection.
- 6- Hand sanitizer will be provided at entrances, exits, on nursing units, medication carts which will contain 60% or more alcohol content
- 7- Residents requiring hospital transfer should be transferred as soon as it is feasible. The report should include the current symptoms and what has been done prior to admission
- 8- Minimize the number of staff who enter the room of someone who is infected and use necessary PPE according to guidance.
- 9- Use dedicated resident care equipment. If equipment will be used for more than one suspect of infected resident, it must be disinfected between use, with an approved disinfectant.
- 10- Hand hygiene is essential and can be accomplished using hand sanitizer or soap and water (washing for 20 seconds or more, cleaning all surfaces of hands, fingers.)
- 11- Staff who develop infection symptoms are to report to the their supervisor immediately (guidelines for return of a health care worker should be followed)

12- If it is a respiratory infection face masks may be used for residents if unable to be confined if necessary

Visitor access : During a Pandemic

1 Visitation will be managed through DOH guidance and Compassionate care visits per care plans.

2 The facility will not allow access to non-employees without a staff person letting them in. If end of life or extenuating circumstance visitation is required, the Administrator or designee will make arrangements for this. If this is necessary appropriate PPE will be utilized. Screenings of the visitors will be completed which will include temperature and evaluation of symptoms and contact they may have had with suspected or confirmed case.

Procedure for Identifying and assessing for an infection : Add all suspect and confirmed to a line list for tracking and monitoring .Follow the guidelines as established by the DOH for identification of people at risk for transmission of the illness. Some of this evaluation may include:

- 1 Identify in the past 14 days, travel, symptoms, or close contact with someone infected
- 2 Assess for fever, or other symptoms
3. If exposed or illness present The following should be implemented
 - Place facemask on person
 - Isolate the person in a private room or in a room designated for this
 - PPE should be used in the room at all times, including an N95 mask
 - Contact the MD and Health Department
 - Initiate 911 and hospital transfer to acute setting based on symptoms and according to their MOLST directives. Alert the 911 and receiving hospital
 - Notify the family of the current situation
 - Once room is vacated, leave room door closed for 4-6 hours if able and then initiate terminal cleaning with approved disinfectant
 - A sign of necessary isolation will be posted on the door

Family and HCP communication and notification:

- 1- An email communication chain will be set up after initial notification of families of no visitation
- 2- Communication will continue between residents and families per their choice and the residents through face time and instant message video.
- 3- Families may be added to the email list as they desire, as no health care protected information is shared
- 4- If any concerns are seen with the communications, the Administrator or designee will deal with the issues and communicate necessary changes
- 5- Communication will be transparent. (consider virtual meetings with families as needed)

Obtaining necessary supplies

With the onset of any infection the facility will re-evaluate what their 60 day supply numbers should be an order necessary equipment and supplies. If unable to get supplies the facility should reach out to the St. Lawrence County Emergency Management system .

Media and Public Health Notification: All information shared with the media or public health will be completed by the Administrator or designee

Cleaning of Room or area with residents who are suspected or diagnosed with an infection :

Evaluation of cleaning requirements for infection management will occur
Necessary cleaning products will be purchased if the facility products are not effective against the infection.

When cleaning a room of someone with an infections staff will clean the areas closest to the resident and move away, as the areas closest to the resident are the most contaminated

Clean the bed

Start back at the door and use a clean cloth with disinfectant to clean the room in a clockwise pattern, changing cloth as needed to assure proper sanitation, to avoid cross contamination, clean all items in the room

Clean the bathroom and always finish with the toilet

If the resident has a commode, move it to the bathroom and clean it last

Testing Protocols : Evaluation of necessary testing will be completed and follow up with the DOH will occur. The facility will establish a plan for testing according to the guidance and maintain records as indicated.

Waivers: St. Joseph's Home will right any necessary waivers and submit them.
The waiver will include any items that are of concern for the facility to be able to comply with regulations.

Staffing Concerns: The facility will establish necessary staffing needs and will seek out guidance from the DOH.

If Temporary C N A 's are approved the facility will establish a plan

Policy for COVID 19

POLICY: In an effort to assist in addressing staffing shortages due to the COVID-19 pandemic and in accordance with Centers for Medicare and Medicaid Services (CMS) blanket waiver and the federal requirement at §483.35(c), St. Joseph's Home will temporarily employ individuals during the COVID-19 pandemic who have completed alternative training paths as long as they are competent to provide relevant nursing and nursing related services.

BACKGROUND:

CMS DEFINITION §483.35 “Competency” is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

Many factors must be considered when determining whether or not St. Joseph’s Home staff have the specific competencies and skill sets necessary to care for residents’ needs, as identified through the facility assessment, resident-specific assessments, and described in their plan of care.

All nursing staff must also meet the specific competency requirements as part of their license and certification requirements defined under State law or regulations.

Demonstration of Competency - Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff’s ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.

Examples for evaluating competencies may include but are not limited to:

- Lecture with return demonstration for physical activities;
- A pre- and post-test for documentation issues;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform.

PROCEDURE:

1. All non-licensed temporary employees providing direct care to residents pursuant to a plan of care, including those who have access to living quarters are subject to CHRC and the CHRC P&P will be followed accordingly. If fingerprinting establishments are in operation, employee will be sent for fingerprinting after appropriate documents are completed. If fingerprinting establishments are not in operation, fingerprinting will be postponed for employee, however this will NOT delay start of temporary employment.
2. A provisional daily supervisory record will be initiated by the DON or designee The form will identify the temporary employee by name and the designated employee providing supervision during the temporary employee’s provisional status. In the event that the Temporary Nurse Aide is observed displaying behaviors that are or could be potentially unsafe/abusive, they will be immediately removed from assignment. Administrator/Director of Nursing are to be notified and investigation to be immediately initiated.

3. Employee must complete 8-hour online Temporary Nurse Aide training course provided by AHCA/NCAL in addition to mandatory facility orientation for new-hires.

The 8-hour online Temporary Nurse Aide training course can be found at:

<https://educate.ahcancal.org/products/temporary-nurse-aide>

or

www.TempNurseAide.com

4. The Temporary Nurse Aide Skills Competency Checklist must be completed with proficiency in all areas demonstrated prior to work begin work as a Temporary Nurse Aides. FACILITY NAME must ensure that temporary nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

Paid Feeding Assistant for COVID 19

Paid Feeding Assistant: In the midst of this emergency, there is a temporary 1-hour class that can be done to become a temporary paid feeding assistant.

3/2020: St. Joseph's Home received permission via email to utilize a preexisting approved course from an area facility. 4/2020 St. Joseph's Home sent forward a proposed paid feeding course of their own for approval.

All staff who are being utilized will be employees and will have completed the approved 8-hour course.

Staff Guidance : The facility will evaluate all necessary staff guidance that is given during a pandemic and initiate the guidance into policy.