

ROSARY HILL HOME PANDEMIC EMERGENCY PLAN
Infection Prevention and Control Policy and Procedure
COVID-19 PANDEMIC

It is the policy of Rosary Hill Home that advanced preparation and planning is undertaken to prepare for any emergency and that updates are made as new guidance from the town of Mt. Pleasant, the state and the New York State Department of Health, in an effort to mitigate the effects of the emergency. We make every effort possible to minimize exposure to any pathogen or virus and to treat and provide the best quality of care to our patients. This pandemic plan is part of Rosary Hill Home's emergency and disaster-planning manual which is available on request for anyone to see. Those with chronic medical conditions such as cancer may demonstrate more severe illness than others at this time. Also, our patients are more immune compromised from chemotherapy and radiation and long illnesses.

Sister Mary Edwin Sheil

Nursing Home Administrator

Rosary Hill Home

September 15, 2020

On 06/22/2020 a Focused Infection Control COVID-19 Survey by a New York State Department of Health Survey team was completed to determine if our facility was in compliance with Federal and State requirements related to maintaining an infection prevention and control program to prevent the development and transmission of COVID-19. All Federal and State program requirements were in substantial compliance and we had no deficiencies.

POLICY:

- As we do annually, Rosary Hill Home will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of the novel Coronavirus (2019-nCoV).
- The Infection Prevention Manual and the Pandemic Emergency Plan will be updated at least annually and approved by the INFECTION PREVENTIONIST committee and presented to the Quality Assurance and Performance Improvement (QAPI) committee.
- The facility will implement actions according to Centers for Disease Control and Prevention (CDC), New York State Department of Health (NYSDOH) recommendations including identification, isolation and informing Health Department of any suspected cases of COVID-19.
- The facility will screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering our healthcare facility.

PROCEDURE:

Our staff are our most important resource. No matter what department they work in they are caring, sympathetic and loving. They all have the best interest of the patients and their families in mind.

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- I. On hiring all staff are In-serviced on Infection Prevention, tested for competency and in-serviced at least yearly.
 - a. All staff will know the location of the Infection Prevention Manual at the Nurses' station.
 - b. Reminder notes will be posted when a patient is on Precautions
 - c. Staff may be spontaneously tested by any of the RN staff in regards to their hand washing, the number one prevention in infection.
- II. Identifying and assessing for 2019 Novel Coronavirus:
 - 1) Identify if in the past 14 days since first onset of symptoms for patients, staff and visitors:
Travel to an affected state or country OR close contact with a person known to have COVID-19 illness
 - 2) Fever (subjective or measured) OR symptoms of lower respiratory illness (e.g. cough or shortness of breath)
- III. If both exposure and illness are present, airborne isolation is required
 - a. Place facemask on person
 - b. Isolate the person in a room on the quarantine unit with the door closed if not dying
 - c. Wear appropriate personal protective equipment (PPE) -including gloves, gown, mask and eye protection.
 - d. Implement Transmission based precaution signage to include Contact and Droplet unless facility is capable of Airborne isolation. Limit entry to patient room.
 - e. Contact and Inform Local Health Department of suspected infection and follow recommendations.
 - f. We will not initiate 911 to transfer to an acute care hospital because all of our patients have a Do Not Resuscitate (DNR).
 - g. Inform and reassure patient and patient representative that hospital evaluation is not appropriate.
 - h. Following patient transfer to another room, keep room door closed for 4 -6 hours and then initiate terminal room cleaning with Environmental Protection Agency (EPA) approved disinfectant that includes labeling that includes coverage for emerging viruses.
 - i. The facility will follow all New York State Department of Health (NYSDOH) updates and guidance regarding the Novel Coronavirus (2019-nCoV).
- IV. There will be monthly studies done by the INFECTION PREVENTIONIST for the Infections in our patient's.
 - a. Due to our small census, usually less than 30 patients, we will discuss these infections at any time during the day and not only at the morning meeting.

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- b. A routine study will be done according to our INFECTION SUMMARY REPORT FORM BY PATIENT DAYS
 - c. This will be presented to the Doctor (MD) on the Infection Prevention Committee and the Quality Assurance Performance Improvement Committee for discussion and intervention if necessary.
 - d. We have devised an infection control plan for our staff, patients and relatives to prevent the spread of any infectious process.
- V. Staff will be tested according to NYS regulations and recommendations for any infectious agent.
- a. Staff is testing weekly now for COVID -19 through URGENT CARE OF THORNWOOD.
 - b. This agreement will continue as long as the NYSDOH requires testing and will be reviewed annually
 - c. Staff Access to Communicable Disease Reporting Tools
 - d. The facility has access to Health Commerce System (HCS), and all roles are assigned and updated as needed for reporting to NYSDOH.
 - e. The following Staff Members have access to these electronic system surveys: Administrator, Director of Nursing, Infection Preventionist, and Assistant Director of Nursing. Should a change in staffing occur, the replacement staff member will be provided with log in access and Training for these programs.
 - f. All details of any pandemic process will be recorded as required by the NYSDOH.
- VI. Develop/Review/Revise annually and as needed, Internal Policies and Procedures for Stocking Needed Supplies
- a. The Superior/Director, Administrator, Director of Nursing and the Purchasing Agent, will review the Policies (60 days as required by NYSDOH) for stocking needed supplies.
 - b. We have our own in-house Pharmacy which fills all patients' meds for 30 days and keeps a comparable supply of controlled substances.
 - c. The facility uses only EPA approved environmental cleaning agents based on pandemic usage.
 - d. The facility has established par Levels for PPE (60 days as required by NYSDOH).
 - e. Patients and families will be educated about the pandemic and our response.
- V. Review/Revise Administrative Controls with regards to Visitation and Staff Wellness
- a. All staff members are screened on entrance to the facility to include symptom check and thermal screening.
 - b. A daily check will be made of our patient's and their next of kin to make sure we have the needed accurate information necessary for an emergency. We talk to most of our

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families daily and they are free to call and talk to an of us daily or moreoften if necessary.

- c. We almost always have at least 1 undocumented person who often has no contact person. We bury these patients after death.
- d. Families and responsible parties will be notified of any visiting restriction related to an Infection Pandemic and visitation restriction will be enforced/lifted as allowed by NYSDOH.
- e. More than 50% of our staff lives here at the home. A contingency staffing plan is in place based on Patients' needs and essential facility operations.

VI. Develop/Review/Revise Environmental Controls related to Contaminated Waste

- a. Areas for contaminated waste are clearly identified as per NYSDOH guidelines
- b. The facility environmental coordinator (Engineering Department) shall follow all Department of Environmental Conservation (DEC) and Department of Health (DOH) rules for the handling of contaminated waste. The onsite storage of waste shall be labeled and in accordance with all regulations. The handling policies are available in the Environmental Services Manual. Any staff involved in handling of contaminated product shall be trained in procedures prior to performing tasks and shall be given proper PPE.
- c. The facility will amend the Policy and Procedure on Biohazardous waste as needed related to any new infective agents.
- d. We have a procedure for decontamination after each patient has died and the Engineering Director does a monthly check on each room.

VII. Emergency Supplies

- a. The facility currently has a 10-14 days' supply of food and water available. This is monitored on a quarterly basis to ensure that it is intact and safely stored.
- b. The facility has access to a minimum of 2 weeks supply of needed cleaning/sanitizing agents in accordance with storage and National Fire Protection Association (NFPA)/Local guidance. The supply will be checked each quarter and weekly as needed during a Pandemic.

VIII. Patients are Cohorted based on their Infectious Status on either St. Anne's side for the women or Sacred Heart side for the men

- a. Patients are isolated/cohorted based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control guidance.
- b. The facility Administration maintains communication with Local Epidemiologist, NYS DOH, and CDC to ensure that all new guidelines and updates are being adhered to with respect to Infection Prevention.

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- c. The Cohort will be divided into three groups: Unknown, Negative, and Positive as it relates to the infectious agent.
 - d. The patient will have a comprehensive care plan developed indicating their Cohort Group and specific interventions needed.
 - e. Signage will be adapted to the problem and will be posted appropriately for all to see.
- IX. Review/Revise a Plan to Ensure Social Distancing Measures
- a. 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 guidance.
 - b. A doctor's order must be made for any patient to attend Activities.
 - c. Uses of Apps such as *WhatsApp* and *FaceTime* along with other communication waves will be done as often as possible if the family also has the necessary equipment.
 - d. The facility will ensure staff break rooms and locker rooms allow for social distancing of staff.
 - e. Vendors rarely come into the patient area but all will be screened when they come into the building as required by the NYSDOH.
 - f. All staff will be re-educated on these updates as needed
- X. Develop/Review/Revise a Plan to Recover/Return to Normal Operations
- a. 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.
 - b. The facility will maintain communication with the local NYSDOH and follow guidelines for returning to normal operations. The decision for outside consultants will be made on a case by case basis taking into account medical necessity and infection levels in the community. During the recovery period patients and staff will continue to be monitored daily in order to identify any symptoms that could be related to the infectious agent.