

Table of Contents

<u>Pandemic Virus Emergency Plan</u>	<u>2</u>
<u>Infection Control Policy</u>	<u>8</u>
<u>Recreation During Pandemic</u>	<u>13</u>
<u>Terminal Isolation Cleaning</u>	<u>14</u>
<u>Resident Belongings</u>	<u>16</u>
<u>Communication</u>	<u>17</u>
<u>PPE</u>	<u>19</u>
<u>Hazard Vulnerability Assessment</u>	<u>20</u>
<u>Employee Testing</u>	<u>22</u>
<u>Surveillance and Tracking</u>	<u>23</u>
<u>Social Distancing</u>	<u>24</u>
<u>Protocol for Pandemic Admissions</u>	<u>25</u>
<u>Return to Normal</u>	<u>27</u>
<u>Medical Waste Disposal</u>	<u>28</u>
<u>Visitation</u>	<u>29</u>

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: ADMINISTRATION

SUBJECT: PANDEMIC VIRUS EMERGENCY PLAN

The Administrator and Medical Director will be responsible for monitoring public health advisories and updating Administration and Infection Control Committee when a pandemic virus has been reported in the United States and is nearing our geographic area. The Pandemic-Like Virus Emergency Plan includes but is not limited to; COVID virus, Influenza virus or other Bioterrorism viruses.

Evaluation, diagnosis and monitoring of pandemic virus-like illness in residents and staff shall conform to existing policies in the Infection Control Manual.

As soon as a pandemic outbreak has been detected in the region, nursing homes or other residential facilities aggressive measures to prevent introduction of the virus shall be implemented.

Infection control practices for a pandemic virus are the same as for other human influenza viruses and primarily involve the application of standard and droplet precautions during resident care. During a pandemic virus outbreak, conditions that could affect infection control may include shortages of antiviral drugs, decreased efficacy of the vaccine, increased virulence of the virus strains, shortages of single resident rooms and shortages of personal protective equipment. These issues may necessitate changes in the standard recommended infection control practices for a pandemic virus. CDC will provide updated infection control guidance as circumstances dictate.

Prevention or delay of pandemic virus entry into the facility

Control of Visitors

- ◆ Post visual alerts in appropriate language at the entrance of the facility restricting entry by persons who have been exposed to or have symptoms of the pandemic virus strain.
- ◆ Enforce visitor restrictions by assigning personnel to verbally and visually screen visitors for respiratory symptoms at points of entry to the facility.
- ◆ Completely restrict visitation as needed or directed by the CDC or NYSDOH.

Control of Personnel

- ◆ Implement a system to screen all personnel for virus-like symptoms before they come on duty.
- ◆ Symptomatic personnel should be sent home until they are physically able to return to duty or based on recommendation by the DOH for the virus.

Monitoring residents for pandemic virus symptoms and instituting appropriate control measures

Despite aggressive efforts to prevent the introduction of a pandemic virus, persons in the early stages of the virus could introduce it to the facility. Residents returning from a hospital stay, outpatient visit, or family visit could also introduce the virus. Early detection of the presence of the virus in a facility is critical for ensuring timely implementation of infection control measures.

Monitoring residents for pandemic virus symptoms and instituting appropriate control measures (continued)

- ◆ Early in the progress of a pandemic virus in the region, increase resident surveillance for virus-like symptoms. Notify state or local health department official if a case(s) is suspected.
- ◆ If symptoms of pandemic virus are apparent implement droplet precautions for the resident and roommate, pending confirmation of virus infection.
- ◆ Resident and roommate should not be separated or moved out of their rooms unless medically necessary. Once a resident has been diagnosed with a pandemic virus, roommate should be treated as exposed cohort.
- ◆ Cohort residents and staff on unit with known or suspected cases of pandemic virus.
- ◆ Limit movement within the facility, i.e., close affected unit, cancel recreational activities and other services, i.e., in-house beauty parlor/barber shop, consider resident meals in rooms.

PERSONAL PROTECTIVE EQUIPMENT

A. PPE for droplet precautions

- ◆ PPE is used to prevent direct contact with the pandemic virus. PPE that may be used to provide care includes surgical or procedure masks, gloves and gowns, face shields or goggles as recommended for droplet precautions.
- ◆ Facility will maintain a 60-day supply of PPE.

Masks (surgical or procedure)

- ◆ Masks should be changed when they become moist or soiled.
- ◆ Masks should not be left dangling around the neck.
- ◆ Upon touching or discarding a used mask, hand hygiene must be performed.

Gloves

- ◆ Gloves should be worn for contact with blood and bodily fluids. Perform appropriate hand hygiene after glove use.

Goggles or face shield

- ◆ Wearing goggles or a face shield is required to maintain droplet precautions with residents with pandemic virus.

Gowns

- ◆ Isolation gowns are required to maintain droplet precautions with residents with pandemic virus.
- ◆ A disposable gown made of synthetic fiber or a washable cloth gown may be used.

- ◆ Washable gowns are laundered daily and returned to the appropriate unit with a back-up supply available.
- ◆ Ensure that gowns are of the appropriate size to fully cover the area to be protected.

Gowns (continued)

- ◆ Alternatively, other coverings, i.e., resident gowns, aprons, and ponchos could be used.
- ◆ Gowns should be worn once and then placed in a waste or laundry receptacle as appropriate, and hand hygiene performed.

B. PPE for special circumstances

PPE for aerosol-generating procedures

- ◆ During procedures that may generate increased small-particle aerosols of respiratory secretions, i.e., nebulizer treatment, suctioning, healthcare personnel should wear gloves, gown, face/eye protection and a N95 mask, or other appropriate particulate respirator.

C. Caring for residents with pandemic virus

Healthcare personnel should be particularly vigilant to avoid:

- ◆ Touching their eyes, nose or mouth with contaminated hands (gloved or ungloved). Careful placement of PPE before resident contact will help avoid the need to make PPE adjustments and risk self-contamination during use. Careful removal of PPE is also important.
- ◆ Contaminating environmental surfaces that are not directly related to resident care, i.e., doorknobs, light switches, etc.

Hand hygiene

Hand hygiene has frequently been cited as the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of standard precautions. The term “hand hygiene” includes both handwashing with either plain or antimicrobial soap and water and the use of alcohol-based products (gels, rinses, foams) containing an emollient that does not require the use of water:

- ◆ If hands are visibly soiled or contaminated with respiratory secretions, wash hands with soap, either non-antimicrobial or antimicrobial, and water.
- ◆ In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbiocidal activity, reduced drying of skin and convenience.
- ◆ Always perform hand hygiene between resident contact and after removing PPE.

Disposal of solid waste

Standard precautions are recommended for disposal of medical and non-medical solid waste that might be contaminated with a pandemic virus:

- ◆ Contain and dispose of contaminated medical waste in accordance with facility procedure and/or state and local regulations for the handling and disposal of medical waste, including used needles and other sharps, and non-medical waste.
- ◆ Discard as routine waste used resident-care supplies that are not likely to be contaminated, i.e., paper wrappers.

- ◆ Wear disposable gloves when handling waste. Perform appropriate hand hygiene for glove use.

Linen and laundry

Standard precautions are recommended for linen and laundry that might be contaminated with respiratory secretions from residents with a pandemic virus.

Place soiled linen directly into a laundry bag in the resident's room. Contain linen in a manner that prevents the linen bag from opening or bursting during transport and while in the soiled linen holding area:

- ◆ Wear gloves and gown when directly handling soiled linen and laundry, i.e., bedding, towels, personal clothing, as per standard precautions. Do not shake or otherwise handle soiled linen and laundry in a manner that might create an opportunity for disease transmission or containment of the environment.
- ◆ Perform appropriate hand hygiene for glove use.
- ◆ Wash and dry linen according to routine standards and procedures.

Dishes and eating utensils

Standard precautions are recommended for handling dishes and eating utensils used by a resident with known or possible pandemic influenza:

- ◆ Wash reusable dishes and utensils in a dishwasher with normal recommended water temperature.
- ◆ Use disposable trays, plates, utensils, cups, etc., as needed. Disposable dishes and utensils should be discarded with other general waste.
- ◆ Wear gloves when handling resident trays, dishes and utensils.
- ◆ Perform appropriate hand hygiene for glove use.

Resident care equipment

Follow standard practices for handling and reprocessing used resident-care equipment, including medical devices:

- ◆ Wear gloves when cleaning used resident-care equipment.
- ◆ Wipe heavily soiled equipment with an EPA approved hospital disinfectant before removing it from the resident's room. Follow current recommendations for cleaning and disinfection or sterilization of reusable resident-care equipment.

Resident care equipment (continued)

- ◆ Wipe external surfaces of portable equipment for performing x-rays and other procedures in the resident's room with an EPA-approved hospital disinfectant upon removal from the resident's room.
- ◆ Perform appropriate hand hygiene for glove use.

Environmental cleaning and disinfection

Cleaning and disinfection of environmental surfaces are important components of routine infection control in healthcare facilities. Environmental cleaning and disinfection for pandemic virus follow the same principles used in healthcare settings:

Environmental cleaning and disinfection (continued)

- ◆ Wear gloves in accordance with facility policies for environmental cleaning and wear a surgical or procedure mask and gown in accordance with droplet precautions
- ◆ Keep areas around the resident free of unnecessary supplies and equipment to facilitate daily cleaning.
- ◆ Use any EPA-registered hospital detergent/disinfectant. Follow the manufacturer's recommendations for use dilution/concentration, contact time and care in handling.
- ◆ Follow facility procedures for regular cleaning or resident occupied rooms. Give special attention to frequently touch surfaces, i.e., bedrails, bedside and over-the-bed table, TV remotes, call buttons, telephones, lavatory surfaces, doorknobs, etc., in addition to floors and other horizontal surfaces.
- ◆ Clean and disinfect spills of blood and body fluids in accordance with current recommendations for Isolation Precautions.

Cleaning and disinfection after resident discharge, transfer, or expiration

- ◆ Follow standard facility procedures for terminal cleaning of an isolation room.
- ◆ Clean and disinfect all surfaces that were in contact with the resident or might have become contaminated during resident care.

Postmortem care

- ◆ Follow standard facility practice for care of the deceased. Practices should include standard precautions for contact with blood and body fluids.
- ◆ Resident eyeglasses, hearing aids and those belongings requested by family members for funeral services will be given to designated representative upon request at expiration. All other belonging will be packed up and stored until such time that family is able to pick belongings up after appropriate isolation period.

Laboratory specimens and practices

- ◆ Follow standard facility and laboratory practices for the collection, handling and processing of laboratory specimens.

Respiratory Hygiene/Cough Etiquette

To contain secretions, all persons with signs and symptoms of a respiratory infection, regardless of presumed cause, should be instructed to:

- ◆ Cover the nose/mouth when coughing or sneezing.
- ◆ Use tissues to contain respiratory secretions.
- ◆ Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.

Communicable Disease Reporting

- ◆ Reporting will occur at outbreak or increased incidence of disease due to any infectious agent, i.e., staph, VRE, pseudomonas, C-Diff, Acinetobacter, Klebsiella, occurring in residents or persons working in the facility.
- ◆ Infra-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, i.e., Legionella, Measles, Invasive Group A Beta Hemolytic Strep, etc.
- ◆ Clusters of tuberculin skin test conversions.
- ◆ Single cases of TB.
- ◆ Closure of a unit of service due to infection.

3/11/2020
Updated 8/2020

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: ADMINISTRATION
SUBJECT: INFECTION PREVENTION AND
CONTROL PROGRAM

PURPOSE:

In order to establish and maintain a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection for our residents and healthcare employees, visitors and others, the following Infection Control Program will be adhered to. The program was established with the approval of the Medical Director, Administrator, Director of Nursing Services, Infection Preventionist, Assistant Director of Nursing Services and all staff.

POLICY:

It is the policy of White Oaks Rehabilitation and Nursing Center to investigate, control and prevent the spread of infection. The Administrative Nursing staff of White Oaks will decide what procedures, such as isolation, should be applied to an individual resident. White Oaks maintains surveillance records, including nosocomial infections among residents and personnel. Targeted studies will be conducted on infections that are high risk and high volume at the facility. White Oaks optimizes the use of resources through a preventive program. This includes education on immunizations and other infection control practices throughout the facility for both healthcare workers and residents. The Infection Preventionist maintains all employee health files. The Infection Preventionist will do the oversight of the Infection Control Program. Oversight includes, planning, organizing, implementing, operating, monitoring and maintaining all the elements of the program and ensuring that the facility's interdisciplinary team is involved in infection prevention and control.

TEAM MEMBERS:

1. Medical Director
2. Administrator
3. Director of Nursing Services
4. Infection Preventionist
5. Assistant Directors of Nursing Services
6. Inservice Director
7. Nursing Supervisors
8. Nurses
9. Certified Nursing Assistants
10. Nutritional Services Director
11. Maintenance Supervisor

12. Housekeeping
 13. Department Heads
 14. Central Supply
-

STATEMENT:

- Infection Control is an important consideration in every decision and plan at the Facility. Infection Control must be the responsibility of all personnel and requires cooperation between all departments. It is the responsibility of facility administration to oversee and provide resources for the Infection Control Program.
- All staff members are responsible for the safety, health and well being of all residents. This responsibility may be met by working together continuously to promote safe infection control practices, observing all rules, regulations, procedural guidelines and continually striving to improve the quality of resident care.
- Departmental policies and procedures for infection control will be reviewed and/or revised as an ongoing process. All policies, procedures and guidelines will reflect the current practices recommended by the CDC.
- Inservice education will be provided for all employees house wide with emphasis on proper use of personal protective equipment (PPE) for all staff at risk of accidental exposure to blood and/or body fluids. The importance of immunizations in preventing illness is stressed to the staff on an ongoing basis. This training is given on orientation and again no less than annually or more often as needed.

COMPONENTS OF THE PROGRAM:

- **Infection Preventionist:** serves as the coordinator of the Infection Prevention and Control Program. Responsibilities include collecting, analyzing, and providing infection data and trends. Consults and provides education and training along with the Inservice Coordinator to all staff members across all departments. Practices that are implemented are evidence-based infection control practices. Program oversight is done by the Infection Preventionist.
- **Policies and Procedures:** and practices are the foundation of the Infection Control Program. The policies and procedures are consistent with evidence-based infection control practices and cover all areas of the facility. These policies are reviewed and revised on an ongoing basis.
- **Outcome Surveillance:** collecting, documenting and analyzing data to make sure the data is compared to standard written definitions or criteria of infections. The Infection Preventionist reviews the data, which includes; diagnostic tests, antibiotic orders, cultures, labs, medical record documentation, etc. All newly admitted and in-house residents are tracked. Each month the residents are tracked to see all new infections and to carry over existing infections that still are not resolved. Trends are assessed and residents on isolation precautions are reviewed to make sure that the set up and carry through is within the appropriate guidelines. All findings are reported to the Quality Assurance Performance Improvement (QAPI) Committee

- **Documentation:** Each unit uses an infection control line list every month, to track all infections. The Infection Preventionist reviews each unit flow sheet on a monthly basis and more often if needed.
- **Outbreak Investigation:** A key component of surveillance is the ability to identify outbreak situations. Early detection is the best way to limit the number of residents who will become infected. If there is a threat of a cluster of same infections, on one unit, then it is reviewed sooner with the team. If there is 5 or more residents with the same infection, the unit is closed. When a unit is closed this means that the residents are not allowed to be mixed into activities and meals with the other units residents. All activities and meals will be done on the unit. The unit reopens when there are no new cases for 24 hours.
- **Monitoring:** The Infection Control Programs effectiveness, the condition of the resident with an infection, the resolution of an infection and outbreaks are all an integral part of the surveillance. All facility practices, i.e., dressing changes, isolation precautions, etc. to ensure consistent implementation of established infection prevention and control policies and procedures based on current standards of practice.
- **Data Analysis:** Determining the origin of infections help to identify the number of residents who have developed an infection within the nursing home. Comparing data from previous infections along with staff practices help to evaluate whether components of the program need to be changed.
- **Communicable Disease Reporting:** It is the responsibility of the Infection Preventionist to comply with state and local health departments concerning reporting communicable diseases.
- **Education:** Ongoing changes in federal and state regulations require continuous staff education. New employees are taught to understand their role in preventing infection, as well as how they can avoid transmitting infections to residents. Education includes, handwashing, standard precautions, immunizations, review of policies and procedures, aseptic practices, and the facility's isolation procedures.
- **Employee Health:** White Oaks Rehabilitation and Nursing Center has an active employee health program and it accomplishes 2 things. First, it teaches employees how to prevent the spread of infection to the residents and it teaches them how to prevent them from contracting an infection while at work. New employees are screened at hire for infectious diseases. Immunizations are reviewed to see if they are up to date along with a completed physical by a physician.
- **Safe Water Precautions:** Safe water is also critical in preventing the spread of infections. The facility receives their water from Jericho Water who in turn checks the water for safety and sanitary conditions and meets the nationally recognized standards set by the FDA.

PREVENTING AND CONTROLLING THE SPREAD OF INFECTION:

There are 2 tiers of precautions used, “**Standard Precautions**” and “**Transmission-Based Precautions**”.

Standard Precautions: based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious

agents. Standard precautions are intended to be applied to the care of all residents in the facility. This is the primary strategy for preventing healthcare-associated transmission of infectious agents among residents and healthcare personnel.
(see standard precautions policy and procedure)

Transmission-Based Precautions: used for residents who are known to be or suspected of being infected or colonized with infectious agents. We make individualized decisions regarding resident placement, the presence of risk factors that increase the likelihood of transmission and the potential for adverse psychological impact on the infected or colonized resident. There are 3 basic transmission-based precautions; airborne, contact, and droplet.
(see separate policies)

IMPLEMENTATION OF TRANSMISSION-BASED PRECAUTIONS:

Transmission based precautions are used for residents who are known to be or suspected of being infected or colonized with infectious agents, including pathogens that require additional control measure to prevent transmission. All decisions that are made are based on individualized situations and conditions related to placement (shared or private), balancing infection risks with the need for more than one occupant in a room, the presence of risk factors that increase the likelihood of transmission, and the potential for adverse psychological impact on the infected or colonized resident.

When there is a transmission-based precaution there is communication to all health care personnel and visitors to comply with the requirements. Signage will be placed on the resident's door to please speak to the nurse prior to entering the room so there can be education on what the infectious agent is and how to protect themselves.

Standard precautions are always used for every resident, but an additional precaution might be necessary depending on the infectious agent. Airborne, contact and droplet precautions (see separate policies for detail) are types of isolation and these guide the staff on what PPE to use to protect the resident, other residents and the staff. PPE is readily available to employees, but handwashing remains a key preventive measure, regardless of the type of transmission-based precaution used.

HANDLING LINENS TO PREVENT AND CONTROL INFECTION TRANSMISSION

All contaminated linen is handled with appropriate measures to prevent cross-transmission. White Oaks handles all the linen as potentially contaminated, so no additional separating or special labeling of the linen is necessary. Double bagging of linen is only recommended if the outside of the bag is visibly contaminated or is observed to be wet through to the outside of the bag. For routine handling of contaminated laundry, minimum agitation is recommended, to avoid the contamination of air, surfaces, and persons. Staff bags the linen in the resident's room and ties it up prior to bringing it to the soiled utility room for disposal into the proper container. The laundry and linen is not sorted through in the resident care areas.

The laundry has handwashing sinks and has appropriate PPE while they sort through the laundry. All the laundry equipment is used and maintained according to the manufacturer's instructions. Damp laundry is never left in the dryer or washer overnight. Detergent and water physically remove many microorganisms in laundry through dilution during the wash cycle. The hot water cycle is 160 degrees. White Oaks washes in house, towels, gowns, blankets and personal laundry. The sheets, pillowcases and draw sheets are sent out to a professional laundry.

Standard mattresses and pillows can become contaminated if their integrity is compromised. All those items are discarded.

All mattresses and pillows are cleansed and disinfected between residents with an EPA approved germicidal detergent.

RECOGNIZING AND CONTAINING OUTBREAKS

Once an outbreak has been identified (according to the DOH regulations),

- One case of an infection that is highly communicable
- Trends that are 10% higher than the historical rate of infection
- Occurrence of three or more cases of the same infection over a specified length of time on the same unit.

Once an outbreak has been identified, White Oaks closes the unit that is infectious, and we follow the protocol for outbreaks. (see separate policy)

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: RECREATION

SUBJECT: RECREATION DURING PANDEMIC VIRUS

PROCEDURE:

- ◆ The recreation staff will identify resident's specific activity needs and preferences during the interview process upon admission to the facility. Residents who cannot be interviewed to elicit a coherent response secondary to cognitive impairment will have individual preferences/needs be ascertained through family interview.
- ◆ Materials for independent activities are provided upon request by the Recreation staff such as word searches, books, paper, pens, etc. These items will not be utilized by other than the resident they were provided to.
- ◆ Bingo can be played if residents use their own bed tables and paper "bingo cards" will be provided and residents mark them with pencils that they will keep with them. Bingo will be played if residents do not have symptoms and are 6-8 feet apart. Bingo will be played down the hallway with 3-4 people at a time, or in the Unit Dining Room if social distancing is maintained as per the DOH guidance issued 9/15/2020.
- ◆ Word Games can be played where the RT staff uses a dry erase board and holds it in the hallway and asks for answers. Trivia can also be played using the same procedure.
- ◆ Movies, music, exercise and discussions are put on in the dining room where residents are socially distanced 6-8 foot apart.
- ◆ Staff schedules will be changed according to the needs of the residents and facility.
- ◆ RT staff will assist with any necessary duties such as serving trays for meals, and assisting with meals, and any other necessary duties needed at the time. If needed, staff may assist with feeding. Staff has been in-serviced on tips for feeding residents with speech therapist.
- ◆ Recreation staff facilitates communication with residents and their loved ones/designated representatives through lobby visits, patio visits and facetime visits. Recreation will update the communication list identifying the contact needs of residents.
- ◆ Resident Council visits are coordinated by the Recreation Director and Social Work and are held in the MDR with residents, invited guest staff and the Ombudsperson(s) via facetime, once per month to maintain communication with residents. Resident Council will be informed of any changes in activities with input as needed.

Updated 9/15/2020

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: INFECTION CONTROL
SUBJECT: TERMINAL/ISOLATION CLEANING ON THE
PANDEMIC VIRUS + UNIT

PURPOSE:

To maintain a clean environment for residents and staff, to ensure that adequate precautions are taken for the prevention of infection transmitted by airborne, droplet and contact routes of transmission and minimize the risk of potentially infectious microorganisms. This policy was established with the approval of the Medical Director, Administrator, Director of Nursing Services, Infection Preventist, Inservice Director and Housekeeping Supervisor.

POLICY:

It is the policy of White Oaks Rehabilitation & Nursing Center to ensure that resident rooms, patient care areas and equipment on the Pandemic Virus unit are cleaned to prevent the virus from infecting the next user. Each resident room is terminally cleaned once a resident vacates his/her room and as needed, using a germicidal solution. Resident rooms will be terminally cleaned after resident comes off contact isolation precautions, when residents are room changed out of the current room and upon discharge from the facility.

PROCEDURE:

1. Hand washing procedure will be observed before and after cleaning.
2. Housekeeping will don protective personal equipment as needed for pandemic virus rooms, including but not limited to gloves, mask & isolation or washable hospital gown before entering a pandemic virus room.
3. Privacy curtains will be removed, bagged and send to Laundry to be washed and dried. Window curtains need not to be removed unless visibly soiled.
4. Ceilings and walls will be wiped down with germicidal solution cleaner.
5. All pandemic virus room linens will be double red bagged to indicate isolation precaution cleaning. Linens will be sent out to Suffolk Laundry.
6. All pandemic virus room trash will be double red bagged and placed in the biological waste shed for pick up by the carting company.
7. After linens are removed, bed will be washed thoroughly cleaning all surfaces, i.e., mattress top, bottom and sides, headboard, footboard, frame, wheels and side rails with germicidal solution. Mattress will be flipped and cleaned on the underside.
8. Beginning at the far end of the room, all surfaces will be cleaned including but not limited to: window sills, radiator cover, lamps, overbed table (including base and wheels) night stand and dresser (including handles), television and remote control, telephone, radio or other electronic devices, chairs, pictures, overhead lights, call bells, light switches, door knobs and any knick-knacks within the room, using a germicidal solution, then rinsed and dried before next patient use.
9. Bathroom support bars, light fixtures, sink and sink fixtures, bathroom shelves, walls and doorknobs will be cleaned with a germicidal solution, leaving the toilet for last.

PROCEDURE (continued)

1. The toilet bowl will be cleaned with a germicidal solution, under the rim and seat first, leaving the toilet seat top and bottom for last. It will then be rinsed completely and toweled dry.
2. All removable equipment such as IV poles, will be taken from patient rooms and brought to the Power Wash Room, sprayed down with germicidal solution, rinsed and dried thoroughly. After movable equipment has been disinfected, it will be bag and placed in the Central Supply room to be available for next patient use.
3. The **CAUTION WET FLOOR** sign will be placed at the entrance room. Mop will be well squeezed before damp mopping the floor. The floor will be mopped starting at the far end of the room including under the radiator, bed, bedside table and any other furniture. Housekeeper will ensure the floor is completely dry before removing the **CAUTION WET FLOOR** sign.
4. All dust/dirt will be picked up inside the room. At no time will dirt and/or dust be taken out into the corridor.
5. Housekeeper will ensure adequate supplies are on hand, i.e., toilet paper, hand soap and paper towels, and replenish in room as necessary.
6. Employee will report any soiled or torn cubicle curtains, drapes, bedding to the Housekeeping Supervisor or designee.
7. Any item/area requiring repair will be logged in the maintenance repair log, located at the Nursing Station and report the needed repair to the unit nurse.
8. Gloves will be removed before leaving the room, ensuring that wearer does not touch the outside of the glove with bare hands. Hand washing procedure will be observed before donning a new set of gloves.
9. Room will be left neat and clean before exiting.

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: NURSING/SW/HOUSEKEEPING
SUBJECT: DISCHARGE OF RESIDENT BELONGINGS
DURING PANDEMIC VIRUS

POLICY:

It is the policy of White Oaks Rehabilitation and Nursing Center to ensure Infection Control measures are met during the packing and storing of resident belongings upon expiration of the resident.

PROCEDURE

1. At the time of expiration during a pandemic virus, resident eyeglasses, hearing aids and those personal belongings requested by family members for funeral services will be given to designated representative upon request. All other belonging will be packed up and stored in the facility for a period of seven (7) days.
2. Pictures and personal items will be packed separately from resident's clothing. Items will be stored in a box/bag labeled with the resident's name and stored until pick up.

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: ADMINISTRATION
SUBJECT: COMMUNICATION/NOTIFICATION DURING
PANDEMIC VIRUS

POLICY:

It is the policy of White Oaks Rehabilitation and Nursing Center to implement effective, frequent and accurate communication with family members, designated representatives and residents during a pandemic virus outbreak.

PROCEDURE:

RESIDENTS:

1. Administration or designee will utilize resident council meetings and individual resident meetings to keep the residents informed about the pandemic virus and the facility's response.

FAMILY MEMBERS/DESIGNATED REPRESENTATIVES:

1. Nursing will call all designated representatives with a change in condition and continue to communicate with families/representatives concerning the health status of residents.
2. Social Work will continue to facilitate care plan meetings via telephone and field family questions/concerns telephonically.
3. Recreation will facilitate communication between families and residents via facetime, phone calls and emails.
 - a. Recreation will keep an ongoing current list of communication between the resident and his/her designated representative by phone calls, scheduled lobby window or patio visits (as available), or video conferencing, i.e. facetime visits.
 - b. Residents have access to room phones, personal phones, unit phones, facility computers and I-Pads daily upon request by the resident or family.
4. Administration will continue to take family/designated representative calls as well as utilize the email chain to inform on any updates occurring within the facility during the week. In addition, Administration will update resident's designated representatives each week on the number of facility resident and employee virus + infections and/or deaths sustained that week using the email chain and the facility's information line, as determined by the designated representative.
5. All disciplines will continue to field family questions/concerns telephonically throughout the pandemic and as needed.
6. The "Buddy List" will be utilized for updating the designated representative of any pandemic virus + resident(s) on resident status daily.
7. Recreation will update the residents on the number of facility infections and deaths using the Recreation Dry Bulletin Board located on each nursing units daily, as well as updating the facility's information line on Fridays.

ADDITIONAL SERVICES OFFERED DURING QUARENTINE:

- Mail, packages and flowers are delivered daily following current DOH and CDC guidelines.

3/11/2020
Updated 8/2020

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: ADMINISTRATION
SUBJECT: SUPPLY/PPE PROCUREMENT PROTOCOL
DURING PANDEMIC VIRUS

POLICY:

It is the policy of White Oaks Rehabilitation and Nursing Center to ensure adequate supplies for staff to provide care for residents while safeguarding residents and staff, to the fullest extent possible. In addition to daily supply needs, a 60-day supply will be maintained in designated storage areas based not on the facility's capacity, but the current census, as well as the allocation and availability of supplies from vendors.

PROCEDURE:

During the pandemic virus, an increase in critical supplies is to be expected, including but not limited to: N95 masks, surgical masks, face shields, isolation gowns, gloves, hand sanitizer and disinfectants.

Because of the high demand for these items during a global pandemic emergency, there may be times when certain supplies are not available or are hard to come by. When they are unavailable entirely or running low, the facility will follow CDC and DOH recommendations on how to safeguard residents and staff.

Administration will assume responsibility during the pandemic to secure necessary pandemic related supplies to the fullest extent possible. Avenues to secure supplies include, but are not limited to: ordering from regular vendors, "outside" vendors (those the facility does not normally order from), Amazon, Office of Emergency Management (OEM), or accepting supplies as available from volunteer organizations (donations).

During high usage times, daily reviews of supplies will be made by the Administrator and DNS to ensure availability and will be procured as necessary, otherwise PPE supplies will be reviewed quarterly

Administrative staff completes and submits a daily HERDS survey to inform the NYSDOH of current supply numbers and procurement of the 60-day emergency PPE supply.

WHITE OAKS REHABILITATION & NURSING CENTER POLICY AND PROCEDURE MANUAL

SECTION: ADMINISTRATION

SUBJECT: HAZARD AND VULNERABILITY ANALYSIS

PURPOSE:

To evaluate potential for event and response among the following categories using the hazard specific scale, assuming each event will occur at the worst possible time, i.e., during peak patient loads.

INSTRUCTIONS:

1. Issues which will be evaluated for **probability** include, but are not limited to:
 - a. Known risk
 - b. Historical data
 - c. Manufacturer/vendor statistics
2. Issues which will be evaluated for **response** include, but are not limited to:
 - a. Time to marshal an on-scene response
 - b. Scope of response capability
 - c. Historical evaluation of response success
3. Issues which will be evaluated for **human impact** include, but are not limited to:
 - a. Potential for staff death or injury
 - b. Potential for patient death or injury
4. Issues which will be evaluated for **property impact** include, but are not limited to:
 - a. Cost to replace
 - b. Cost to set up temporary replacement
 - c. Cost to repair
 - d. Time to recover
5. Issues which will be evaluated for **business impact** include, but are not limited to:
 - a. Business interruption
 - b. Employees unable to report to work
 - c. Visitors unable to reach facility
 - d. Company in violation of contractual agreements
 - e. Imposition of fines and penalties, or legal costs
 - f. Interruption of product distribution
 - g. Reputation and public image
 - h. Financial impact/burden
6. Issues which will be evaluated for **preparedness** include, but are not limited to:
 - a. Status of current plans
 - b. Frequency of drills
 - c. Training status
 - d. Insurance
 - e. Availability of alternate sources for critical supplies/services
7. Issues which will be evaluated for **internal resources** include, but are not limited to:
 - a. Types of supplies on hand and if they will meet the need
 - b. Volume of supplies on hand and if they will meet the need

- c. Staff availability
 - d. Availability of back-up systems
 - e. Internal resources ability to withstand disasters
8. Issues which will be evaluated for **external resources** include, but are not limited to:
- a. Types of agreements with community agencies
 - b. Drills with community agencies
 - c. Coordination with local and state agencies
 - d. Coordination with proximal health care facilities
 - e. Coordination with treatment specific facilities
 - f. Community resources

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: ADMINISTRATION

SUBJECT: PANDEMIC VIRUS EMPLOYEE TESTING

POLICY:

In accordance with New York Executive Order 202.30, pandemic virus testing of all personnel in nursing homes is required. White Oaks Rehabilitation and Nursing Center has contracted with a third-party vendor for the pandemic virus testing of all personnel:

- ◆ All staff and consultants who are currently working in the facility must be tested
- ◆ Nursing home staff members who refuse to be tested for pandemic virus shall be considered to have outdated or incomplete health assessments and shall be prohibited from working in the nursing home until such time as testing is performed.

PROCEDURE:

1. Testing will be conducted for staff at the facility once per week. Staff are required to bring their ID badge when they come in for the tests.
2. Staff are permitted to test offsite and are responsible for bringing proof of testing to the facility and results when they are obtained. It is the responsibility of each employee who must be tested to be available on the designated test day.
3. Should any employee refuse the test they will be removed from the schedule and will be unable to work until such time that a test is conducted.
4. Employees who test positive for the infection will be removed from the schedule and not be permitted to work at the facility for a period of fourteen (14) days pursuant to the 4-29-2020 guidance issued by the Commissioner of Health for return to work.
5. Employees who test positive for pandemic virus must remain home in isolation. Employees who test positive for pandemic virus but remain asymptomatic are not eligible to return to work for fourteen (14) days from the date of the first positive test.
6. Symptomatic nursing home employees may not return to work until fourteen (14) days after the onset of symptoms, provided at least seventy-two (72) hours have passed since resolution of fever without the use of fever-reducing medications, i.e., Tylenol, and respiratory symptoms are improving.
7. Employees must have a negative test in order to return to work.
8. Pandemic virus testing and results status will be tracked through a third-party vendor who will provide the facility with documented results.

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: ADMINISTRATION/NURSING

SUBJECT: PANDEMIC SURVEILLANCE AND TRACKING
METHOD

POLICY:

It is the policy of White Oaks Rehabilitation and Nursing Center to monitor the development and spread of the coronavirus disease in order to establish patterns of the disease progression.

SURVEILLANCE/TRACKING:

1. The M.D. will be notified of any resident with a temperature of 100.4° or above and/or respiratory symptoms, i.e., shortness of breath, for interventions/orders.
2. Suspected pandemic virus + residents will be monitored Q shift, including temperatures, and contact precautions will be initiated.
3. Resident's roommates will be monitored for signs/symptoms of the virus, including temperatures. Symptoms displayed will be reported to the resident's physician for further orders and interventions.
4. Residents that have displayed no symptoms and remain afebrile will remain in their rooms. Temperatures will be monitored as needed.
5. Pandemic virus - admissions will be housed on the Rehabilitation Unit and quarantined for fourteen (14) days.
6. Per DOH regulations, resident must provide a negative pandemic virus test prior to facility admission.

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: ADMINISTRATION

SUBJECT: SOCIAL DISTANCING DURING A PANDEMIC
VIRUS

PURPOSE: Social Distancing

- ◆ During a pandemic, the facility may need to implement social distancing measures to prevent the spread of the infectious disease to the best of their ability. These measures should work in conjunction with other infection prevention and control measures such as cohorting, use of personal protective equipment (PPE), and restricted resident visitation.
- ◆ Social distancing is defined the separation between individuals to prevent the spread of an infectious disease. The length of the space may depend upon the infectious strain, however in the absence of guidance from local, state and/or federal authorities, Facilities shall interpret the separation to be at least 3 feet apart but as much as 6 ft apart.
- ◆ Reminders will be posted around the facility regarding social distancing.
- ◆ When social distancing becomes necessary, Facility shall do the following:
 - Cancel indoor group recreation activities
 - Cancel communal dining
 - Facility shall serve meals in resident rooms and use dining rooms only for those residents that can not eat in their rooms/doorways
 - Limit staff to their respective units.
- ◆ These efforts will be done to facilities best efforts with both staff and residents.

WHITE OAKS REHABILITATION AND NURSING CENTER POLICY AND PROCEDURE MANUAL

SECTION: NURSING
SUBJECT: PROTOCOL FOR SUSPECTED PANDEMIC
VIRUS + RESIDENTS AND HOSPITAL
AQUIRED PANDEMIC VIRUS + PATIENTS

POLICY:

It is the policy of White Oaks Rehabilitation and Nursing Center to ensure that all residents are maintained in an isolated area once identified as presumed pandemic virus +, or as admitted to the facility from a hospital setting with a confirmed diagnosis of pandemic virus +.

PROCEDURE FOR IN-HOUSE RESIDENTS WITH A SUSPECTED PANDEMIC VIRUS + DIAGNOSIS

1. Any resident residing in the facility that is suspected of being pandemic virus + will be placed on isolation precautions immediately to the extent possible due to behavioral issues, pending diagnostic results. The resident will be transferred to the designated unit if pandemic virus + and procedure for confirmed pandemic virus + diagnosis will be followed.
2. These residents will then be maintained in their room until the pandemic virus + protocol is completed, and they are afebrile.
3. Consistent staffing will be maintained on this unit based on daily staff requirements.
4. Residents will be encouraged to wear a mask when care/therapy is being provided and as tolerated.
5. Disposable trays will be used on the pandemic virus + unit to serve resident meals until isolation has been discontinued.
6. During this period, rehab as ordered, will be provided as evaluated in the resident's room.
7. Residents will utilize their room bathroom only during isolation period.
8. The number of current pandemic virus + cases will determine what part of the unit/floor will be utilized for cohorting.
9. Facility will ensure proper identification of isolation area(s) for resident and staff identification
10. Doors to all isolation units will be kept closed with appropriate signs posted alerting resident and staff to isolation area.

PROCEDURE FOR ADMISSIONS/RE-ADMISSIONS FROM THE HOSPITAL WITH A CONFIRMED PANDEMIC VIRUS + DIAGNOSIS (when DOH mandates such practice)

1. Any resident who is being admitted or re-admitted from a hospital setting that is pandemic virus + will be placed on the designated pandemic virus + unit. Residents may be cohorted with other pandemic virus + residents in the same room when admitted on the same day or within a few days of each other.

2. Residents will be placed on isolation precautions in their rooms for fourteen (14) days from day of admission and they meet the criteria to come off isolation.
3. In the event that cohorted residents are not admitted on the same day and are unable to be placed in private rooms, the fourteen (14) day isolation period will restart with the second pandemic virus + admission.
4. During this period, rehab as ordered, will be provided as evaluated in the resident's room.

PROCEDURE FOR ADMISSIONS/RE-ADMISSIONS FROM THE HOSPITAL WITH A CONFIRMED COVID - DIAGNOSIS

1. Any resident who is being admitted or re-admitted from a hospital setting with a confirmed diagnosis of pandemic virus free will be placed on the designated unit. Residents may be co-horded with other residents in the same room who were diagnosed pandemic virus free when admitted on the same day or within a few days of each other if a private room is unavailable.
2. Residents will be placed on isolation precautions in their rooms for fourteen (14) days from day of admission and they remain afebrile.
3. During this period, rehab as ordered, will be provided as evaluated in the resident's room.

PLEASE NOTE -

- ◆ Any pandemic virus (-) resident being readmitted to the facility who were previously located on a different unit will be quarantined on the specific S/T unit until their isolation period is completed, then will be transferred back to their own unit/room as availability allows.
- ◆ The facility, to the extent possible, will preserve the resident's place at the facility when resident is in the hospital.
- ◆ Room changes will be made to ensure infection control and safety when cohorting.
- ◆ Administration will determine the cohorting needs and review daily. Administrator will notify the regional NYSDOH Office if the facility is unable to set up an appropriate cohorting area or sustain efforts based on the number of pandemic virus + infections.

4/2/2020
Updated 8/2020

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: ADMINISTRATION
SUBJECT: RECOVERY/RETURN TO NORMAL
FOLLOWING A PANDEMIC VIRUS

PURPOSE:

- ◆ After facing an infectious disease event/pandemic, Facility shall return to normal operations as quickly as possible, within the limits and confines of local, state, and federal regulation.
- ◆ Facility shall follow direction from the State of New York and NYSDOH as to when to return to normal; how to return to normal; and which restrictions may be eliminated.
- ◆ 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 made on a case by case basis considering medical necessity and infection levels in the community.
- ◆ During the recovery period residents and staff will continue to be monitored daily to identify any symptoms that could be related to an infectious outbreak.

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: INFECTION CONTROL
SUBJECT: PANDEMIC VIRUS MEDICAL WASTE
DISPOSAL

POLICY:

It is the policy of White Oaks Rehabilitation and Nursing Center to ensure the appropriate disposal of all solid medical waste generated in the diagnosis and treatment of any pandemic virus + resident. Medical waste (regulated and non-regulated) will be disposed of in accordance with OSHA guidelines for the disposal of medical waste.

RESPONSIBILITY:

All Facility Staff

PROCEDURE:

1. Medical waste includes but is not limited to the following:
 - a. soiled or blood-soaked bandages
 - b. needles-used to give shots or draw blood
 - c. lancets
 - d. discarded surgical instruments-scalpels
 - e. diapers
2. All medical waste must be bagged.
 - a. Non-infectious waste in clear bags
 - b. Infectious waste must be in red bags.
3. All medical waste will be disposed of in the appropriate receptacle.
 - a. Non-infectious waste in designated garbage pails
 - b. Infectious waste in designated red isolation bins
4. Medical waste will be removed from the resident rooms by the Housekeeping and Nursing staff and placed in the appropriate bin in the Soiled Utility Room.
5. Housekeeping will remove the medical waste and place it in the Biological Waste shed for pick up by the Carting Company.

**WHITE OAKS REHABILITATION AND NURSING CENTER
POLICY AND PROCEDURE MANUAL**

SECTION: RECREATION

SUBJECT: VISITATION DURING PANDEMIC VIRUS

PURPOSE:

To give the residents Quality of Life while protecting their health during the transitional time between facility closure to reopening of nursing home visitation.

Visitation for residents, families and resident representatives will be limited or restricted based on guidelines established by the Centers of Disease Control and Prevention (CDC) and/or the New York State Department of Health (NYSDOH). The facility will make every effort to ensure safety and adherence to infection prevention and control strategies in order to minimize any potential spread of infection.

PROCEDURE:

1. The facility Team may consider temporarily modifying visiting hours or procedures to facilitate monitoring in a situation of community transmission of a pandemic-level infectious pathogen.
2. If applicable, based on guidance from the CDC and NYSDOH, the facility will implement limited or restricted visitation guidelines.
3. The facility will notify residents, families and representatives of any changes or restrictions to visitation and the reason for the limitation/restriction via the facility's website, automated messaging system, postal mail, e-mail, and telephone call.
4. Allowances will be made for short visitation under extenuating circumstances (e.g. end of life situations, compassionate care).
5. Visitor(s) must follow all established protocols for visitation to include transmission-based precautions, active screening and use of PPE as indicated. Signage addressing visitation restrictions will be posted at all public entrances to the facility and on the facility's website.
6. Therapeutic Recreation staff will establish days visits take place. Visits will take place Monday through Friday at scheduled times in the Front Lobby.
7. Visits will be scheduled for 15 minutes each. Resident will be in the front lobby with a staff member. Family will be located outside the facility by the front door. Visitation will occur through the window with plexiglass located between resident and family. Area will be sanitized in between use.
8. Resident's family will be notified via email or phone what time they are scheduled for the visit. A list will be generated weekly and maintained by the Therapeutic Recreation Director or his/her designee.
9. Units will be given a list prior to visit so that resident is dressed and able to be brought to the lobby.
10. Resident will be required to wear a mask so long as it is safe when being transported to and from the lobby.
11. Resident will receive no more than one visit per week so that all residents able may be accommodated.

PROCEDURE (continued):

12. Visitors will be encouraged to wear a mask during visit.
13. Visitation will also be via 2nd floor balcony areas with residents located on the balcony and family members below in either the parking lot (2 North visits) or the delivery area (2 South visits)
14. Room numbers have been placed in each resident's room to allow family members easier identification of rooms. First floor residents/families may visit at the window.
15. For end of life visitation, please see *Influenza or Other Infectious Disease, i.e., Coronavirus Outbreaks, Prevention and Control* policy.