

ADMINISTRATIVE MANUAL OF POLICIES AND PROCEDURES

DEPARTMENT: INTERDISCIPLINARY

EFFECTIVE DATE: 8/2020

NEW:

APPROVED BY: REVISED:08/30/2022

SUBJECT: <u>Infectious Disease Pandemic</u> POLICY: PROCEDURE:

BACKROUND: Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of infectious disease emergencies vary by multiple factors, including type of biological agent, scale of exposure, mode of transportation and intentionality.

POLICY: Clinton County Nursing Home (CCNH) will follow guidelines and recommendations for managing an infectious disease pandemic.

CCNH will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of infectious disease. CCNH will implement actions according to CDC, NYSDOH and World Health Organization recommendations including identification, isolation and informing Health Department, residents and resident representatives of any infectious disease identified as a pandemic.

Surveillance:

PREPARED BY:

- 1. Infection Preventionist conducts active surveillance for infectious diseases and reports activity in the facility.
- 2. The Infection Preventionist maintains communication and collaborates with local and state health authorities.
- 3. CCNH will utilize a surveillance line list to track infectious diseases.
- 4. The interdisciplinary team will discuss/review any infectious diseases and review he surveillance Line List routinely during a pandemic.
- 5. Any concerns relating to infectious diseases will also be discussed with the Medical Director and the Clinton County Health Department and/or the NYS Department of Health.

Outbreak Precautions

- 1. The facility will designate an isolation area (room217) to cohort residents. Roommates of any resident that has been exposed to potential infectious disease during a pandemic will remain in their room in isolation for the recommended amount of time.
- 2. Staffing assignments, will be made to the extent possible, to maintain separate assignments to make every effort possible to reduce the number of staff caring infected cohort. Staff caring for infected cohorts, will bundle care and plan the order of care to minimize the need to go back and forth between cohorts, especially from infected cohort to others. Personal Protective Equipment (PPE) should always be changed before leaving the infected cohort.
- 3. Infection control precautions will be implemented according to the recommendations for the specific infectious disease. In addition identified infectious prevention precautions

that are identified (droplet, contact, etc.) standard precautions will be used with all residents regardless of symptoms.

- 4. Recommended precautions will remain in effect for the recommended period of time for the identified infectious disease. Precautions may be continued for longer periods based on clinical judgment.
- 5. Any resident that presents with the infectious disease symptoms, will be provided appropriate PPE to don if tolerated and be moved using the shower stretcher to the designated isolation area (room 217) as soon as possible being careful not to expose other residents and staff during the transfer. The isolation room door will remain closed and signs indicating appropriate precautions (i.e. contact, droplet precautions) will be posted. Only dedicated personnel should enter the room utilizing appropriate PPE.
- 6. Promptly notify infection prevention personnel, the Clinton County Health Department and the New York State Department of Health (DOH). Consultation with providers will determine whether a resident should remain in isolation/quarantined.
- 7. The Clinton County Health Department and the NYS Department of Health should be notified immediately regarding any residents with clinical presentations relating to a infectious disease pandemic.
- 8. Ensure rapid triage and isolation of residents with symptoms identified as part of an infectious disease pandemic:
 - Implement triage procedures for symptomatic residents
 - Ensure use of PPT and place in isolation (room 217).
- 9. Provide supplies such as 60%-95% alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, and facemasks at entrances, common areas, nurses' desk, etc.
- 10. Residents who require hospitalization should be transferred as soon as is feasible. CCNH will cohort residents with suspected infectious disease.
- 11.Only designated staff will provide care to residents with suspected infectious disease identified as pandemic in order to minimize the number of staff who enter the room.
- 12. Staff entering the room soon after a resident vacates the room should use appropriate precautions until the room is terminally cleaned.
- 13. Use dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs). If equipment will be used for more than one resident, clean and disinfect such equipment before use on another resident.
- 14. Staff should perform hand hygiene using ABHS before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene can also be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS. Ensure that hand hygiene supplies are readily available in every care location.

15. Staff who develop infectious disease symptoms while on duty should not interact with any residents and report to the RN Supervisor. Symptomatic staff may not return to work until the recommended isolation/quarantine identified by CDC and/or NYS DOH.

Visitor Access

- 1. Restriction of non-essential visitation and movement within the facility will be considered at the discretion of the facility. For a pandemic, the facility will be closed to visitors, except for imminent end-of-life situations and compassionate care visits.
- 2. It is required to post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g. lobby, lounges, employee/service entrance door) to provide residents and staff with instructions about hand hygiene, respiratory hygiene, screening process and cough etiquette. Instructions should include how to use facemasks or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
- 3. All visitors are instructed to follow proper respiratory hygiene and cough etiquette.
- 4. Visits may be scheduled and controlled to allow for screening visitors for symptoms of infectious disease related to the pandemic before entering the facility.
- 5. Visitors are instructed on hand hygiene and use of personal protective equipment (PPE) while in the resident's room and shall remain in the resident's room at all times.

PROCEDURE:

Identifying symptoms of the infectious disease related to the pandemic:

- 1. If a resident presents with symptoms they should be isolated immediately and staff are to use appropriate infection control precautions. The following should be implemented:
 - A. Wear appropriate personal protective equipment (PPE) -including gloves, gown, mask and eye protection as recommended by the CDC and NYSDOH for the pandemic.
 - B. Apply appropriate PPE on the symptomatic resident if tolerated.
 - C. If the resident is not ambulatory, transfer resident to a shower stretcher to move the resident to room217 (designated isolation area). Ensure the isolation room door is closed and appropriate infection control precautions signage is on the door. Limit entry to the designation room.
 - D. Contact the Clinton County Health Department 518-565-4840 to notify them of the suspected infection and follow their recommendations.
 - E. Should it be determined that the facility cannot meet the needs of the resident, arrange for transfer to CVPH Medical Center. Inform the transporting personnel (Ambulance, WeCare) that resident may have an infectious disease that requires infection precautions.

- F. Alert University of Vermont (CVPH Medical Center) that resident requires infection precautions related to the pandemic.
- G. Inform and reassure resident and resident representative that hospital evaluation is required.
- H. Notify NYS Department of Health, as well as residents and resident representatives that we have identified a resident as having infectious disease related to the pandemic. Do not disclose personally protected information about the resident (do not violate HIPAA).
- I. Following the resident transfer, keep isolation room door closed for 4 -6 hours and then initiate terminal room cleaning with EPA approved disinfectant that includes labeling that includes coverage for emerging viruses.
- J. The facility will follow all NYSDOH and CDC updates and guidance regarding the infectious disease pandemic.

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SUBJECT: STANDARD OPERATING GUIDELINES (SOG) Infectious Disease

PURRPOSE: To establish a Standard Operating Guideline (SOG) for an infectious disease pandemic.

SCOPE: This Standard Operating Guideline will apply to all staff.

PROCEDURE:

A. MITIGATION

- Existing emergency plans will be reviewed on a regular basis, but no less than annually.
- Conduct drills/exercises to test the facilities response to a pandemic that includes personnel as well as local, regional, state and private sector partners.

B. PREPAREDNESS

- Designate an area in the building where it will be possible to safely house any residents presenting symptoms of the infectious disease.
- Prompt detection and effective triage and isolation of potentially infectious residents is essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors (when visitation is allowed) at the facility.
- As soon as possible, complete training for clinical staff regarding infection control procedures. Validate that staff understand and will adhere to infection control requirements.
- Identify staff that will care for symptomatic residents (skilled in infection control).
- CCNH will maintain a 60 day supply of infection control personal protective equipment and supplies. Ensure that PPE is secured within the facility. Supervisors should have access to PPE for needs after business hours.

- Contact Office of Emergency Management (OEM) and NYS DOH to request PPE supplies should the regular resources (vendors and suppliers) not be able to meet our needs.
- Have a plan for supplemental staff should we have staff who become sick or are quarantined. (refer to contingency staffing plan in the Comprehensive Emergency Management Plan.)
- Establish a procedure to update families.
- Implement staffing policies to minimize the number of staff who enter the room.

C. INDIVIDUAL/EMPLOYEE/STAFF SCREENING

- All individuals entering the facility will be screened for symptoms related to the pandemic.
- Employees will be required to complete a screening and acknowledge that they will immediately report any signs and symptoms related to the pandemic to their supervisor, Administrator and that they received CDC handouts related to infection preventing and donning/doffing PPE.
 - ❖ An employee presenting symptoms while onduty will:
 - Avoid contact with any residents and report to an RN supervisor for evaluation;
 - If instructed to leave the facility immediately, the employee will self-isolate at home, and contact his/her physician;
 - Inform the facility infection preventionist and include information on individuals, equipment, and locations the person came in contact with;
 - Contact and follow the local health department recommendations for next steps;

D. CLINICAL PRESENTATION

Will be identified through the CDC, CMS and/or the NYS DOH

E. OUTBREAK RESPONSE

- Appropriate infection control precautions related to the pandemic will be implemented during care of symptomatic residents, in addition to standard precautions used with all residents regardless of symptoms.
- Infection control precautions will be continued for as long as recommended by the CDC, CMS and/or the NYS DOH.
 Precautions may be continued for longer periods based on clinical judgment.
- The Clinton County Health Department and the NYS
 Department of health should be notified immediately to
 notify them of resident's who are suspected to the
 infectious disease related to the pandemic.
- Staff who develop symptoms are to report to an RN
 Supervisor. Staff should not come into contact with any
 resident or other staff until the RN determines if they need to
 leave the facility. Symptomatic staff may not return to work
 until the recommend time has lapsed for the identified
 infectious disease related to the pandemic.
- Symptomatic residents should be isolated in the identified isolation room with the door closed. Only essential personnel should enter the room.
- Designate staff to minimize the number of individuals who enter the room.
- Staff entering the room soon after a resident vacates the room should use identified PPE related to the infectious disease.
- Staff should perform hand hygiene using ABHS before and after all resident contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene in healthcare settings also can be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS.

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SUBJECT: Resident/Resident Representative Communication Plan Policy:

It is the policy of Clinton County Nursing Home (CCNH) to ensure families and staff are made aware of infectious disease relating to a pandemic if it is identified at the nursing home.

Communication: Contact information

- Resident contact information will be maintained it PointClickCare
- Staff contact information will be maintained in the Comprehensive Emergency Management Plan books

If a resident or staff member is symptomatic or tests positive for and infectious disease:

- If a resident or staff member is positive for the identified infectious disease, contact the Director of Nursing and the Administrator as soon as possible.
- The Director of Nursing and/or the Infection Preventionist or designee will immediately notify the following:
 - o Clinton County Health Department
 - o New York State Department of Health
- The Director of Nursing or the Infection Preventionist or their designee will contact the resident representative of the resident to alert them of their positive infectious disease. The Director of Nursing or the Infection Preventionist or their designee will provide updates to the resident representative of the residents that are infected with the infectious disease relating to the pandemic at least once per day and upon change in the residents condition.
- If a staff member tests positive, the Director of Nursing or the Infection Preventionist or their designee will notify them and alert them to any quarantine required by the pandemic.
- The Unit Managers or their designee will notify all residents and resident representatives
 of the positive case (either resident or staff) and will assure privacy is not violated
 (HIPAA). Thereafter, information will be distributed to residents weekly, either by
 announcement, posting on bulletin board or in person.
- Resident Representatives will be updated weekly via email once per week statistics on the number of residents and/or staff infections and if there are any associated deaths.

<u>In the event that visitation is restricted due to an infectious disease pandemic:</u>

CCNH will ensure there are opportunities for residents to communicate with their loved ones by offering the following:

- FaceTime
- Zoom
- Telephone calls
- Window Visits

Clinton County Nursing Home

Pandemic Memo

For the health and welfare of our residents we are limiting visitation and asking that if you have any symptoms related to the pandemic-

PLEASE REFRAIN FROM ENTERING AT THIS TIME.

We are discouraging visitation after business hours when the receptionist is gone. Please call the facility to determine eligibility for visitation.

ALLINDIVIDUALS WHO ENTER THE NURSING HOME MUST BE SCREENED FOR THE SYPMTOMS RELATIONTO THE PANDEMIC.

Thank you for your understanding and cooperation as we protect our residents.

ATTENTION ALL VISITORS

f you have fever, shortness of breath, cough, nasal congestion, runny nose, sore throat, nausea, vomiting and/or diarrhea.

DO NOT VISIT



Until you are completely recovered.

Infections like flu and novel coronavirus (COVID-19) are especially dangerous to the residents and can be avoided.

13066 (Nursing Homes)



Department of Health

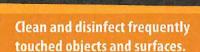


STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

For more information: www.cdc.gov/COVID19



What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

COVID-19 is spreading from person to person in China, and limited spread among close contacts has been detected in some countries outside China, including the United States. At this time, however, this virus is NOT currently spreading in communities in the United States. Right now, the greatest risk of infection is for people in China or people who have traveled to China. Risk of infection is dependent on exposure. Close contacts of people who are infected are at greater risk of exposure, for example health care workers and close contacts of people who are infected with the virus that causes COVID-19. CDC continues to closely monitor the situation.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but now it seems to be spreading from person to person. It's important to note that person-to-person spread can happen on a continuum. Some diseases are highly contagious (like measles), while other diseases are less so. At this time, it's unclear how easily or sustainably the virus that causes COVID-19 is spreading between people. Learn what is known about the spread of newly emerged coronaviruses at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- · cough
- · shortness of breath



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What are severe complications from this virus?

Many patients have pneumonia in both lungs.

How can I help protect myself?

The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

There are simple everyday preventive actions to help prevent the spread of respiratory viruses. These include

- · Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- · Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should seek medical care. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

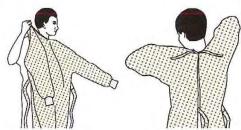
For more information: www.cdc.gov/COVID19

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

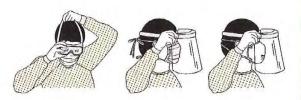
- Secure ties or elastic bands at middle of head and neck
- · Fit flexible band to nose bridge
- · Fit snug to face and below chin
- · Fit-check respirator





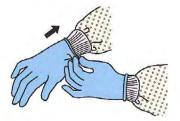
3. GOGGLES OR FACE SHIELD

· Place over face and eyes and adjust to fit



4. GLOVES

· Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- · Keep hands away from face
- · Limit surfaces touched
- · Change gloves when torn or heavily contaminated
- · Perform hand hygiene

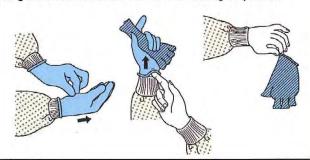


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- · Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- · Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- · Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



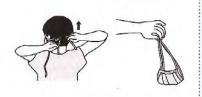
3. GOWN

- · Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- · Pull gown away from neck and shoulders, touching inside of gown only
- · Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



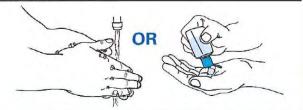
4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container





5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



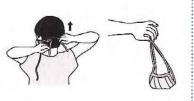
2. GOGGLES OR FACE SHIELD

- · Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



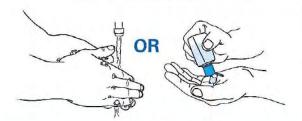
3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- · Discard in a waste container





4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

