



ANNUAL PANDEMIC EMERGENCY PLAN

Draft Pending Board Approval - 7.1.20

Table of Contents

Introduction.....	4
I. Purpose and Applicability.....	4
II. Definitions.....	4-5
III. Administration Procedures.....	5-6
1.0 Command Center.....	5
1.1 Command Center and Sourced Outbreak Calls.....	5
2.0 Disaster Plan Call Tree.....	5
3.0 Disaster Preparedness Protocol.....	5
4.0 Adherence to Occupational Safety Health Administration (OSHA) and CASA PROMESA RHCf Infection Control Standards.....	5
5.0 Support to All Disciplines.....	5
6.0 Information Technology and Laptop Distribution.....	5
7.0 Daily Debriefing.....	5
IV. Personal Protective Equipment (PPE).....	5-6
1.0 Personal Protective Equipment Supply.....	5
2.0 Identified Personal Protective Equipment Shortages.....	5
3.0 Extended Personal Protective Equipment Use.....	5
4.0 Infection-Free Environment.....	6
1.0 Hand Hygiene Safeguards.....	6
1.1 Frequency of Hand Sanitizing Protocol.....	6
1.2 Sanitizing Protocols Upon Entering/Exiting Building.....	6
5.0 Daily Surveillance Program.....	6
1.0 Symptomatic Employees and Absenteeism.....	6
1.1 Human Resources Department and Work Access.....	6
1.2 Increased Burden of Care and Temporary Staffing.....	6
1.3 Department of Health Questionnaire.....	6-7
V. Clinical and Nursing Services Procedures.....	7-9
1.0 Pre-Admission.....	6
2.0 Resident Care.....	7
1.0 Personal Protective Equipment for Residents.....	7
1.1 Admission Clearance.....	7
1.2 Isolation of Infected Residents.....	7
1.3 Syndromic Monitoring.....	7
1.4 Residential Unit Quarantines.....	7-8
1.5 Day Passes for Residents.....	8
2.0 Immunization.....	8
3.0 Post-Mortem Care.....	8
4.0 Clinical and Nurse Staffing.....	8
1.0 Staff to Resident Ratio.....	8
1.1 Use of Overtime.....	8
1.2 Nursing Leadership.....	8
1.2a Nursing Supervisor Coverage.....	8
1.2b Nursing Supervisor as Incident Commander.....	8
1.2c Per Diem Nursing Supervisor Coverage.....	8
1.2d Information Technology and Laptop Distribution.....	8
2.0 Temporary Nurses Stations.....	8-9

3.0 Daily Morning Report and Care Plan Meetings.....	9
4.0 Staff Room And Board.....	9
5.0 Pharmaceutical and Oxygen Supplies.....	9
6.0 Additional Linen.....	9
7.0 Visitor Screenings.....	9
8.0 Contact and Droplet /Airborne Precautions.....	9
1.0 Separation of Symptomatic Individuals.....	9
1.1 Personal Protective Equipment and Hand Hygiene.....	9
9.0 Biohazardous Spill Protocols.....	9
VI. Dietary Procedures.....	9-11
1.0 Nutritional Services Practices.....	9-10
2.0 Food Safety.....	10
1.0 Personal Protective Equipment and Hand Hygiene.....	10
1.1 Ongoing Sanitary Protocols.....	10
1.2 Receiving and Dock Area.....	10
1.3 Trash Protocols.....	10
3.0 Symptomatic Kitchen Staff.....	10
4.0 Nutritional Guidelines - Food Reduction.....	11
5.0 Food Storage.....	11
1.0 Dry and Canned Goods.....	11
1.1 Perishable and Frozen Goods.....	11
1.2 Nutritional Supplements.....	11
1.3 Food Temperature Degradation Rules.....	11
6.0 Nutritional Environment Care Rules.....	11-12
VII. Facilities And Housekeeping Policies.....	12-14
1.0 Guidelines for Cleaning Agents and Disinfectants.....	12
1.0 Hospital-Grade Cleaning Agents.....	12
1.1 Chemical Use Training.....	12
1.2 Chemical Labeling.....	12
2.0 Housekeeping Protocol and Procedures.....	12-13
3.0 Mopheads.....	13
4.0 Red Medical Waste Bins.....	13
5.0 Cleaning Carts.....	13-14
6.0 Toilet Cleaning Equipment.....	14
7.0 Housekeeping Storage Areas.....	14
8.0 Pest Management.....	14
VIII. Pharmacy Policies.....	14
IX. Recreational Therapy Policies.....	14
X. Rehabilitation Department Policies.....	14-15
XI. Security Policies.....	15
1.0 Proper Signage.....	15
2.0 PPE Provisions.....	15
XII. Social Services Policies.....	15
XIII. Visitation Plan.....	15-16
APPENDICIES.....	17-24
Appendix A - Hand Hygiene Practices.....	17
Appendix B - Infection Control Triage.....	18

Appendix C - New York State Codes, Rules, and Regulations: Section 490.8	
-Food Service.....	19-21
Appendix D - Pandemic Emergency Supply Index.....	22
Appendix E - Waste Disposal During A Pandemic Emergency.....	23

INTRODUCTION:

CASA PROMESA Residential Health Care Facility (RHCF), and its affiliates, provide a protective and healthy environment for its residents and employees, most especially during Pandemic Emergencies. This comprehensive overview shall serve as a guide to promote successful infection prevention, reduction, and environmental control. Updates will be made to this plan as new information is obtained.

I. Purpose:

To be in accordance with New York State legislation A.10394-A (Lentol)/S.8289-B (Salazar) whereby annual submission of a Pandemic Emergency Plan, to the Commissioner of Health, is mandatory. All facility personnel will be trained and will follow these standards and guidelines when the facility encounters a pandemic scenario.

II. Definitions:

Airborne - Carried or moved through the air. "...Airborne transmission of infectious agents refers to the transmission of disease caused by dissemination of droplet nuclei that remain infectious when suspended in air over long distance and time". ("Airborne Precautions. National Center for Biotechnology Information, et al. Sep 20. 09 Sep 20. www.ncbi.nlm.nih.gov).

Biohazard - Contaminated or infective waste such as blood and body fluids. ("Biohazard." Medical Dictionary for the Health Professions and Nursing. 2012. Farlex 7 Jul. 2020 <https://medical-dictionary.thefreedictionary.com/biohazard>)

Care Plan - Care Plans are regimens that focus on an individual's physical, psychological, spiritual, and social needs. Our Interdisciplinary Team provides supportive, therapeutic, and healing interventions for the comfort of our residents/clients.

Contact - A person recently exposed to a contagious disease, usually through close association with an infected individual. ("Contact." Farlex Partner Medical Dictionary. 2012. Farlex 7 Jul. 2020 <https://medical-dictionary.thefreedictionary.com/contact>)

Contraband - Items that are not allowed in our facility, as they may compromise the safety and wellbeing of residents and staff.

Droplet - A diminutive drop, such as a particle of moisture discharged from the mouth during coughing, sneezing, or speaking; these may transmit infections to others by their airborne passage. ("Droplets." Medical Dictionary for the Health Professions and Nursing. 2012. Farlex 7 Jul. 2020 <https://medical-dictionary.thefreedictionary.com/Droplets>)

Isolation - the separation of infected persons from other persons, in which such places as under such conditions as will prevent the direct/indirect conveyance of the infectious agent from infected persons who are susceptible or who may spread the agent to others.

Interdisciplinary Team (IDT) - The following health care professionals contribute to the creation of the Interdisciplinary Care Plan. This team includes (but is not limited to) the Minimum Data Set Coordinator, the Nurse

Managers, the Dietician, the Physical Therapist, Occupational Therapist, the Social Worker, the Case Manager, Pastoral Care, the Recreational Therapist, and Physicians (I.e.: Psychiatry, Dental, Wound Specialist, Podiatry).

Pandemic – “...outbreak of infectious disease that occurs over a wide geographical area and that is of high prevalence, generally affecting a significant proportion of the world’s population over the course of several months.”. (“Pandemic” Rogers, Kara. Encyclopaedia Britannica, 2020. 7 Jul. 2020 <https://www.britannica.com/science/pandemic>)

Sanitization - The practice of using hospital-grade chemicals to reduce the presence of microorganisms that cause infections.

Visitation - The appointed time a resident is given to spend time with their family and/or friend.

III. Administration Procedures:

- 1.0 Command Center: The command center will be located in the Activities Room, on the first floor of CASA PROMESA RHCF. Informational meetings and staff trainings will be held at the command center.
 - 1.1 Calls concerning the sourced outbreak will be routed through the Command Center to Administration.
- 2.0 Disaster Plan Call Tree: A disaster plan call tree will be implemented in the event of an outbreak.
- 3.0 Disaster Preparedness Protocol: All preparedness trainings and information from the Facility and New York City Department of Health will be delivered to Executive Leadership.
- 4.0 Occupational Safety and Health Administration (OSHA) and CASA PROMESA RHCF Infection Control Standards: All staff will consistently follow OSHA blood-borne pathogen guidelines as well as standard, contact, and airborne precautions as specified in the organization's infection control policy and procedure. Employees shall clean and wipe down their workstations and phones daily.
- 5.0 Support to All Disciplines:

CASA PROMESA, RHCF will provide support to all disciplines to ensure the needs of the residents and staff are met.
- 6.0 Information Technology and Laptop Distribution: The Information Technology team will supply the Administrative Team with laptops for remote coverage (if applicable).
- 7.0 Daily Debriefing: There will be a daily debriefing with facility leaders at the end of every day to ensure there is transparent communication within the interdisciplinary team.

IV. Personal Protective Equipment (PPE):

- 1.0 Personal Protective Equipment Supply: CASA PROMESA RHCF will maintain or have access to a 90-day supply of Personal Protective Equipment. PPE will be issued to all staff

both by our Security Staff (lobby area) and at each Nurses' station. See Appendix 'D' for Personal Protective Equipment Index.

- 2.0 Identified Personal Protection Equipment Shortages: If needed, CASA PROMESA RHCF will engage with our health care coalition for assistance with identified PPE shortages. <https://www.phe.gov/Preparedness/planning/hpp/Pages/finf-hc-coalition.aspx>
- 3.0 Extended Personal Protective Equipment Use: If needed, please refer to CASA PROMESA RHCF's policy regarding options for extended PPE use, **click here**. Options are based on the Center for Disease Control guidelines, as listed in <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppp-strategy/index.html>
- 4.0 Infection-Free Environment: CASA PROMESA RHCF maintains an infection-free environment by enforcing all sanitary protocols which include social distancing, and hand washing mandates. Daily cleaning of commonly touched environmental surfaces with hospital grade disinfectants will take place in all areas of the facility.
 - 1.0 Hand Hygiene Safeguards - frequent hand hygiene is performed with soap and water and alcohol-based products. Staff will be trained on proper procedure and adequate supply will be ensured.
 - 1.1 Frequency of Hand Sanitizing - All staff and residents must wash hands between activities, mealtimes, clinical visits, and case assistance.
 - 1.2 Sanitizing Protocols Upon Entering/Exiting Building - All entering the nursing home must sanitize footwear with hospital-grade disinfectant and sanitize hands with 70% alcohol (or hands for twenty seconds with soap and water). This standard is also enforced upon exiting the nursing home.
- 5.0 Daily Surveillance Program: Employees who are symptomatic will be assessed daily by the Medical Director. They will be sent to Employee Health Services and if appropriate will be strongly encouraged to immediately seek medical assistance.
 - 1.0 Symptomatic Employees and Absenteeism - Employees are strongly advised to avoid work if symptomatic. Absenteeism policy will be addressed by Administration in coordination with the Human Resources Department.
 - 1.1 Human Resources Department and Work Access - The Human Resources Department will reinstate access to assigned work areas and workstation(s) for employees that are medically cleared to return to work.
 - 1.2 Increased Burden of Care and Temporary Staffing - Temporary staff will be brought in if a shortage occurs due to illness or increased burden of care.
 - 1.3 Department of Health Questionnaire - Upon entry to the facility, individuals will be asked to complete a Department of Health wellness questionnaire. This screening addresses recent travel to areas with viral or/and bacterial outbreak illness or exposure to individuals with

history of travel or exposure. We may screen all visitors at entry to the facility if community-wide spread occurs.

V. Clinical and Nursing Services Procedures:

CASA PROMESA RHCF is under the authority of the New York State Department of Health (NYSDOH). The facility shall adhere to all protocols regarding admissions from the State of New York. This policy addresses admission protocols during pandemic and emergency responses, relative to the approved skilled nursing home admissions criteria. All other provisions of the admission agreement remain in effect, unless otherwise amended.

1.0 Pre-Admission - Before admission, all prospective residents must be screened with the following questions:

1. Have you traveled to a country outside the United States in the last 14 days? If prospective resident responds with 'Yes', Admissions must refer to New York State Department of Health guidelines. They will also check the CDC issued list for Level 2 or 3 travel designation within the last 14 days.
2. Have you had contact with any Persons under Investigation (PUIs) for exposure within the last 14 days, OR with anyone with known exposure?
3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

1.1 All new admissions shall be assessed by the Medical Director within 24 hours.

1.2 New admits shall be provided with educational resources and with PPE (typically face mask or loop mask - daily).

1.3 CASA PROMESA RHCF will not admit potential residents that are not medically appropriate for this setting.

1.4 The New York State Department of Health Hotline number is 1-888-364-3065.

2.0 Resident Care:

1.0 Personal Protective Equipment for Residents - PPE will be made available to all residents. Residents who must leave the facility for medically necessary purposes will wear face masks.

1.2 Isolation of Infected Residents - Per CDC guidelines, transmission-based precautions will be put in play for suspected or known exposed residents. Residents that test positive for bacteria (or virus) shall be moved to an isolated unit to separate them from those that are negative. The individual will be enclosed in a single room until a response from the New York City DOH is obtained, with arrangements for a possible hospital transfer.

1.3 Syndromic Monitoring - All residents will undergo increased monitoring for symptoms on every shift. Syndromic symptoms such as cough, bloody nasal drainage, runny nose, loose or unformed stools, water or explosive stools, rash, stiff/sore neck, red eye/drainage from eye(s),

wound/lesion, or general feeling of illness (fatigue, body aches, headache, etc.) will be reported to the Medical Director. See Appendix 'B' for our Infection Control Triage chart.

1.4 Residential Unit Quarantines - If there are infectious cases in the facility, residents will be encouraged to stay in their rooms. They will be restricted (to the extent possible) except for medically necessary purposes.

1.5 Daily Passes for Residents - Residents are not allowed to go outside of the facility during a pandemic. Daily passes will be granted for the most necessary events and will only be approved by the Medical Director.

2.0 Immunization: Whenever possible, CASA PROMESA RHCF encourages staff and residents to receive any disaster-specific vaccines offered by the New York State, as outlined by the CDC's Advisory Committee on Immunization Practices. Vaccination of disaster-specific vaccines will be documented. Proper post-care of vaccinated individuals will occur in partnership with New York City DOHMH should post event follow-up be necessary.

4.0 Post-Mortem Care: - CASA PROMESA RHCF follows all local and state regulations for handling deceased residents. All relevant documentation will be completed. Next of kin will be notified. Isolation precautions will be observed until the departed is released to the New York City Morgue or Mortuary.

5.0 Clinical and Nurse Staffing:

1.0 Staffing Level to Resident Care Ratio - Will ensure there is appropriate staffing levels to care for all residents.

1.1 Use of Overtime

Will utilize overtime to cover staffing needs along with a supplemental staffing agency.

Will coordinate with the Finance Team to ensure the nursing home does not overspend.

1.2 Nursing Leadership - Nursing Leadership will be rotated to 12-hour shifts to meet facility needs.

1.2a Nursing Supervisor Coverage - Nursing Supervisors will remain on 8-hour shifts unless he/she must cover for the next shift.

1.2b Nursing Supervisor as Acting Incident Commander - Nursing Supervisor will be the Acting Incident Commander if an event occurs after normal business hours.

1.2c Per Diem Nursing Supervisors Coverage - Per Diem Nursing Supervisors will be asked to work additional shifts.

1.2d Information Technology and Laptop Distribution - If needed, the Information Technology team will supply the Nursing Leadership Team with laptops that will be utilized to take care of residents.

2.0 Temporary Nurse's Stations: If there is more than one exposure, a temporary Nurses' station

will be set up in the back of television lounges, within selected units, to improve isolation efforts.

3.0 Daily Morning Report and Care Plan Meetings:

Daily Morning Report and Care Plan will take place in the activities room to ensure social distancing. Team may also utilize Zoom or other platforms of technology.

4.0 Staff Room and Board:

Staff that must sleep overnight will be provided with room, board, meals, and bathing accommodations within the facility.

5.0 Pharmaceutical and Oxygen Supplies:

Will work with pharmacy and oxygen vendors to provide additional pharmaceutical and oxygen support.

6.0 Additional Linen:

Additional linens will be ordered during a pandemic, to not utilize the emergency stock.

7.0 Visitor Screenings:

Clinic Staff (Certified Nurse Assistants) will participate in the screening of visitors.

8.0 Contact and Droplet/Airborne Precautions:

CASA PROMESA RHCF will provide sedulous standards of care in an event of a pandemic. Staff will conduct normal operations but with heightened awareness and will abide by all contact and droplet precautions as specified in the organization's infection control policy/procedure manual. Staff will also ensure frequent hand hygiene is performed with soap and water and alcohol-based products. See Appendix 'E' for details. Precautions require the following methods:

1.0 Separation of Symptomatic Individuals

Symptomatic individuals will be placed in isolated negative pressure rooms/areas with a door. If needed, staff will place groups of infected individuals in the same area so as to separate from those that are negative.

1.1 PPE & Hand Hygiene

Clinical staff must wear full PPE before entering isolation rooms to care for symptomatic individuals will perform hand hygiene before and after contact with all individuals.

9.0 Biohazardous Spill Protocols:

Staff will immediately clean up biohazardous spills in the following manner:

1. Don PPE.
2. Cover the spill with absorbent cloth or paper towels.
3. Apply an EPA-registered disinfectant.
4. Cover with additional absorbent cloth or paper towels.
5. Gather and dispose all used material in appropriate waste container.
6. Call Housekeeping staff to deep clean affected area.

VI. Dietary Procedures:

1.0 Nutritional Service Practices:

CASA PROMESA RHCF maintains a standard of preparedness for possible times of pandemic emergencies. In the event of an emergency, the Director of Food and Nutrition Services (or designee) will coordinate the function of the food and nutrition services department. In the absence of the Director (or designee), the Food Services Manager will be responsible for the department. If neither is available, the administrator will assign a person to be responsible for the food and nutrition services department.

A contingency disaster staffing schedule of employees who agree to work during and/or following disasters and emergencies is maintained and updated with current contact information. This schedule remains flexible depending on circumstances and availability during the emergency.

During a pandemic, Nutritional Services will:

1. Close the communal dining room to all residents and deliver all meals to the residential units. Residents will not be permitted to congregate in the dining room.
2. If all residents on a unit test negative for any bacterial or viral infection two times in a row (48-60 hours apart) ONLY that unit may resume communal dining with social distancing measures in place.
3. The above must be reviewed and approved by the Medical Director.

2.0 Food Safety:

CASA PROMESA RHCF adheres New York State dietetic and sanitary codes, focused on infection control issues that are specific to food safety. See Appendix for New York State Codes, Rules, and Regulations: Section 490.8 - Food service.

1.0 Personal Protective Equipment

Kitchen staff will don PPE, will observe social distancing guidelines during meal preparation and food inventory, and will wash hands between each task.

1.1 Ongoing Sanitary Protocols

Ongoing sanitization of work surfaces, pots and pans, utensils, storage spaces, dispensers, and adaptive feeding devices is required prior to and after food preparation.

1.2 Receiving Dock Area

Stairway at receiving dock shall remain clean with unobstructed access to kitchen entrance.

1.3 Trash Protocol

Trash and receiving area shall be free of spilled waste, litter, and any indication of insects or vermin.

3.0 Symptomatic Kitchen Staff:

Symptomatic kitchen staff will not be allowed to work in the kitchens. They will be allowed to return to work upon medical clearance.

4.0 Nutritional Guidelines - Food Reduction:

A 4-day food supply will be kept in the facility and will be replenished weekly. In the event of a reduction of food and nutrition services department personnel and/or product deliveries -

1. The administrator will contact the director of food and nutrition services and the registered dietitian nutritionist (RDN) or designee.
2. If the director of food and nutrition services is unavailable, the administrator will assign a responsible person to direct the department. Vendors will be notified of the emergency status of the facility.
3. The administrator may request that staff members pick up supplies for the food and nutrition services department if vendors are unable to make deliveries.

5.0 Food Storage:

1.0 Dry and Canned Goods

Dry and canned goods is stored at least 6 inches off the floor, 18 inches from sprinkler heads, and in a dark, dry, cool area (50°-70° F). The room will be well sealed to the outside to ensure exclusion of pests and rodents. Food is labeled with date (as to delivery date) and rotated every six months to assure that they are safely consumed before expiration.

1.1 Perishable and Frozen Goods

All perishable and frozen food is refrigerated. Refrigerator/Freezer temperature is monitored to ensure proper storage (Refrigerator: 40° F; Freezer: $\leq 0^{\circ}$ F). Food is labeled with delivery date and rotated every six months to assure that they are safely consumed before expiration.

1.2 Nutritional Supplements

Procure an additional two weeks of tube feedings and supplements. These items will be stored in Nurses areas and will be marked with expiration dates.

1.3 Food Temperature Degradation Rules

- All prepared perishable hot food must be kept at or above 140° F.
- All prepared cold food should be kept at: $\leq 45^{\circ}$ F.
- Leftovers should be used within 1 day or discarded.
- Discard any food that requires refrigeration that has been kept at room temperature for ≥ 2 hours.
- Discard any food that has been kept ≥ 1 hour in a room above 90° F.

6.0 Nutritional Environment Care Rules:

1. All walls, floors ceilings, furniture, vents, equipment and shelving will be clear of debris, cleaned and sanitized.
2. All storage unit and equipment thermometers will be checked and logged twice daily.
3. Dish machine temperatures are logged three times per day. Temperatures are at least 160° F for washing cycle and 190° F for final rinse.
4. The dish machine operator will -
 - Observe hand hygiene rules while working on clean and/or soiled side of machine.
 - Check that service items are clean

- Check that dishes, silverware, glasses, and glass racks are clean and in good condition.
- Ensure that dish machine racks are kept off the floor.
- Ensure that all items are air-dried.

VII. Facilities & Housekeeping Policies:

Acacia Network/CASA PROMESA RHCF cleaning and disinfecting policy is designed to ensure the safety and well-being of all persons in the facility and to stop the spread of contagions. All Housekeeping staff shall practice appropriate distancing measures to protect the residents, fellow colleagues, and themselves.

1.0 Guidelines for Cleaning Agents and Disinfectants:

1.0 Hospital-Grade Cleaning Agents

All cleaning agents are of Hospital Grade quality to ensure the highest of infection control protocols. The Administrator, Medical Director, Facilities Management, and Director of Nursing are all aware of the cleaning agents used in the facility. Inventory is maintained for all housekeeping products and supplies will be ordered on a monthly basis.

1.0a Cleaning agents and disinfectants must be labeled with identifying information and will have a Safety Data Sheet (SDS) on file.

1.0b Cleaning agents and disinfectants will be safely stored in storage rooms or closets.

1.0c Automated dispensing systems are preferred over manual dilution and mixing, because they are monitored regularly for accurate calibration.

1.0d Disinfectants must be dispensed into clean, dry, appropriately sized bottles that are clearly labeled and dated. These bottles will not be over-filled and shall be discarded after the expiration date. Housekeeping staff will not mix cleaning agents.

1.1 Chemical Use Training

All staff who use chemicals must be trained in their use and must be informed of hazards and how to protect themselves from injury. We will maintain records to show that he or she has provided the required training on the handling of hazardous chemicals.

1.2 Chemical Labeling

All chemicals (e.g., cleaning compounds, drain openers, dishwashing chemicals) that are used by the facility staff must be appropriately labeled and must have a Safety Data Sheet (SDS) located near where the chemical is stored. Manufacturers and suppliers of chemicals must provide an SDS for each chemical they make or supply. No chemicals may be used in the facility that are in unlabeled containers, or that do not have an SDS on file. Staff must not bring in their favorite cleaner to use in the facility. If the cleaner is to be used, it must meet the requirements above.

2.0 Housekeeping Protocols/Procedures:

1. Upon entry to the facility, Housekeeping staff must sanitize their shoes and hands.
2. All Housekeeping staff will get their temperature taken upon entry and issued PPE.

3. If any staff member is not feeling well or has a fever, he/she is immediately sent home and advised to receive a clinical evaluation from a medical provider of his/her choosing.
4. Housekeeping staff member must don full PPE to perform his or her duties, this includes but not limited to a: face-loop mask, protective apron/uniform to protect the skin, and latex gloves.
 - 4a. Gloves should be worn while cleaning, and hands should be washed prior to putting on gloves and after taking off gloves.
 - 4b. Staff should never wear gloves from one resident room to another, as this could spread germs and does not follow infection control standards.
5. Housekeeping staff will make unit rounds each shift to ensure the cleanliness of the facility.
 - 5a. To ensure privacy, housekeeping staff must knock before entering a unit, will inform the resident who they are, and ask permission to come in. This also avoids startling the resident.
6. Staff member should spend about 15-20 minutes cleaning each area to ensure it is sanitized properly.
7. Housekeeping staff member must not re-use any washcloths/rags to clean multiple surfaces.
8. All housekeeping staff must wash their hands for twenty seconds with warm water and soap or sanitize their hands thoroughly and continue to the next assignment.
9. Housekeeping staff must sanitize bathrooms numerous times a day on all floors.
10. Housekeeping staff must disinfect high touch areas numerous times a day. These high touch areas include but are not limited to elevator buttons, security counters, nursing stations, handrails, door handles, vending machines, and conference/meeting rooms.
11. Hand sanitizing dispensers will be installed throughout the facility to ensure all high foot traffic areas are covered. Housekeeping staff are to ensure the hand sanitizing dispensers are always full and are wiped down each shift.
12. Cleaning equipment shall be well maintained, clean, and in good repair. Tools and equipment used for cleaning and disinfection must be cleaned and dried between uses (e.g., mops, buckets, rags). Cleaning and disinfection equipment should be -
 - Well maintained and in good condition
 - Cleaned and dried between uses
13. At the end of the shift, housekeeping staff must wash their hands for twenty seconds with warm water and soap. They are also encouraged to wash their face before they leave for the day.

3.0 Mopheads:

Mopheads must be laundered daily; all washed mopheads must be dried thoroughly before storage.

They are to be stored as follows -

- Stored facing upwards when cleaned
- Stored facing downwards when dirty

4.0 Red Medical Waste Bins:

Red medical waste bins will be increased throughout the facility. All PPE (masks, isolation gowns, shoe and hair covers, face shields, etc.) must be discarded in the specially marked red medical waste bin located in several areas of the facility. PPE cannot be discarded in normal use trash receptacles.

5.0 Cleaning Carts:

Cleaning Carts will -

- Always have a separation between clean and soiled items.
- Never contain personal clothing or grooming supplies, food, or beverages.
- Be thoroughly cleaned at the end of each shift.

- Be equipped with a locked compartment for storage of hazardous substances, and each cart shall always be locked when not attended

6.0 Toilet Cleaning Equipment:

Equipment used to clean toilets should:

- Not be carried from room to room
- Be discarded when the resident leaves and as required
- Minimize splashing

7.0 Housekeeping Storage Areas:

Housekeeping rooms/closets are designed to be readily available to minimize the distance from points-of-care. These rooms are adequately sized, within the unit, for the tasks required. They are well ventilated and suitably lit. They have locks which are fitted to all doors and are physically separate from other areas and provide safe chemical storage and access. They are not to be used for other purposes. The storage areas must -

- Have PPE available (including eye protection) to protect staff during cleaning and disinfecting procedures.
- Have a work counter and clinical sink (or equivalent flushing-rim fixture) with a hot and cold mixing faucet.
- Have a dedicated handwashing sink with both hot and cold running water.
- Have adequate space to permit the use of equipment required for the disposal of waste.
- Be maintained in accordance with good hygiene practices. They will not contain personal supplies, food, or beverages and will be free from clutter.

8.0 Pest Management:

It is well known that pests and vermin can spread diseases. CASA PROMESA RHCF works closely with our vendor to ensure adherence with New York City and New York State ordinances regarding Pest Management. Our vendor to remove food sources for pests and seal access to areas for nests, burrows, or breeding grounds.

VIII. Pharmacy Policies:

Pharmacy Services will ensure that the facility has the necessary medications and supplies to provide basic medical care to residents for up to two weeks. Pharmacy shall drop off medication outside the entrance and staff shall retrieve order wearing disposable gloves.

IX. Recreational Therapy Policies:

All indoor and outdoor activities, day passes, and other programming may be suspended if under state of emergency. Large group events and activities may be reduced to smaller groups to prevent community spreading.

X. Rehabilitation Department Policies:

Rehabilitation staff will continue to provide bedside therapy intervention as much as possible and will minimize the number of residents to be seen in the rehabilitation room. Hand hygiene will be performed before and after each resident treatment care.

Rehabilitation staff will clean the equipment (bars, walkers, canes, weights/Thera-band bicycles, etc.) after each resident's use. Cleaning of environmental surfaces in the rehabilitation room, (door, doorknobs, tables, chairs, phones, computer mouse and keyboard) will also be performed.

XI. Security Policies:

Security will be a part of the daily briefings by the leadership team. The security team will manage all facility flow through the front and side entrances of our facilities and always has the right to restrict entrance into the facility.

1.0 Proper Signage

Signage such as infection control advisories and sign-in logs and directories will be posted at entrances and at the security desk 24/7.

2.0 PPE Provisions

Security will have the necessary PPE equipment available 24/7.

XII. Social Services Policies:

Social Services will suspend group activities in the event of an outbreak.

Restriction of volunteers and non-essential healthcare personnel (HCP), including consultant services (i.e.: barbers) will be imposed. Restrictions will be reviewed every 30 days to monitor pandemic activity.

Smoking outside will be deactivated for safety purposes for residents if under a State of Emergency.

Social Services will notify all family members that the DOH mandated restriction for all visitors in effect.

CASA PROMESA RHCF will adhere to all Center for Disease Control and Department of Health guidelines to protect our residents and staff.

XIII. Visitation Plan:

It is the policy of CASA PROMESA, RHCF to ensure the wellbeing of our residents, staff and visitors whenever visits occur between residents and their family members after pandemic restrictions are lifted by the State of New York. The visitation factor is measured by census and it cannot exceed 10 percent of the facility's current capacity. Visitation procedures will be managed by the CASA PROMESA, RHCF Interdisciplinary Team and may be revoked for visitors that do not comply with our procedures.

The Social Services will be responsible for scheduling visitation appointments and will collaborate with the Nursing, and Dietary Departments to ensure that appointed visits will not interfere with medication pass, medical appointments, or meal services.

1. The Social Services Department will send the letters to each family member notifying them of visitation protocols
2. Social Services will confirm with visitors one (1) day before the visit. Visiting hours are Monday-Friday between the hours of 9:30AM and 4:00PM and will run for one (1) hour each. We will only allow six families at a time, with two visitors for each resident.
3. Security will confirm identification of visitors, who must be aged 18 or older. Once visitors enter the facility, they must undergo sanitizing of the hands and bottom of shoes, wear a face loop mask, complete wellness screening, and receive a temperature check from the Nurse.
4. Once the visitors are cleared, they will receive a fact sheet on hand hygiene, face coverings, and other infection control measures, which we offer in English and Spanish and a bottle of water.
5. The Medical Director oversees testing residents that exhibit COVID-19 symptoms. Medically cleared residents will don face masks and will be assisted to specific tables in the back patio by Nursing and/or Social Services Staff and will wait for Security to escort their visitor(s) to them. Visitors with any symptoms or a temperature of 100° or more, will not be allowed to visit and must leave the facility. Security will immediately notify Medical Director of visitor's egress.

Visitation will not be allowed under the following circumstances:

- Resident has any symptoms of COVID-19, is under quarantine, or has tested positive for COVID-19. The Medical Director
- Contraband is found during Security and Social Services inspection of all food, gifts, and/or clothing brought in for the resident.
- During high heat advisory days and inclement weather such as severe thunderstorms.

APPENDIX A

Hand Hygiene Practices

- A. The best way to keep hands clean and free of contaminants or organic material is to wash them with soap and water.

Procedure for washing hands with soap and water -

1. Wet hands with running water.
2. Apply soap and rub into a lather.
3. Scrub in between digits, nails, and around one's wrists for at least 20 seconds.
4. Rinse all soap from hands.
5. Dry washed hands with a paper towel.
6. Turn off faucet with the paper towel.
7. If possible, open bathroom door with paper towel and discard it in a waste receptacle.

- B. Alcohol-based hand rubs are best used when hands are not visibly dirty. These products are sold in liquid gel or foam.

Procedure for using Alcohol-based hand rubs -

1. Apply product to the palm of one hand using the following approximate amounts.
 - Liquid gel: dime-sized amount.
 - Foam: egg-sized amount.
2. Rub hands together.
3. Rub the product over all surfaces of hands and fingers until hands are dry.

APPENDIX B

Infection Control Triage

This table will serve as a simple guideline for standards of care and isolation precautions.

<u>Symptoms/Syndrome</u>	<u>Isolation Precaution Category</u> ¹	<u>Individual Placement/ Separation</u>	<u>Requires Medical Professional Assessment</u>
Respiratory			
Cough, runny nose, watery eyes	Standard	None	No
Fever (Temp > 100.0°F) & cough in adults	Droplet/ Airborne	Cohorting; Separation ²	Yes
Fever (Temp > 100.0°F), cough with bloody sputum, and weight loss	Airborne ⁴	AIIR or negative pressure area/room; Cohorting; Separation ²	Yes
Diarrhea or Vomiting			
Vomiting	Standard	Social distancing ⁴	Yes
Loose or unformed stools	Standard	None	No
Watery or explosive stools, with or without blood	Contact	Cohorting; Separation ²	Yes
Skin			
Fever (Temp > 100.0°F) & rash	Airborne ⁴	Cohorting; Separation ²	Yes
Fever (Temp > 100.0°F), upper chest rash, and stiff/sore neck	Droplet/ Airborne	Cohorting; Separation ²	Yes
Eye infections (drainage from eye)	Standard	Social distancing ⁴	Yes
Draining wound/lesion	Contact	Cohorting; Separation ²	Yes
Itchy rash without fever	Contact	Cohorting; Separation ²	Yes

1. If the disaster is an infectious disease disaster (bioterrorism or pandemic) and the culpable disease is known, the appropriate isolation precautions for that disease should be used.
2. Separation involves separating the potentially contagious person from others by a distance of at least 6 feet.
3. Social Distancing for eye infections and vomiting consists of instructing the symptomatic individual, perform frequent hand hygiene, and inform the Medical Director if symptoms progress. These actions should continue until symptoms subside.
4. Transfer to a hospital as soon as possible.

APPENDIX C

New York State Codes, Rules, and Regulations: Section 490.8 - Food Service

The New York State Sanitary Code (10 NYCRR Part 14) and applicable county and local codes.

(a) The operator must provide meals which are balanced, nutritious and adequate in amount and content to meet the daily dietary needs of residents.

(b) The operator must provide at a minimum:

(1) three meals a day, served at regularly scheduled times, or an alternative meal plan which has the prior approval of the department. Under an approved alternate meal plan, a resident may purchase or prepare some of his/her own meals. However, whether the operator provides the standard meal plan or an approved alternate, the operator is responsible for supervising each resident to ensure that the resident maintains appropriate nutritional intake; and

(2) nutritious snacks.

(c) Information on each resident's prescribed dietary regimen and food allergies must be available in the food service area and must be used in the planning, preparation and service of resident meals and snacks.

(d) Menu planning.

(1) Menus for regular and modified diets and snacks are to be planned to furnish sufficient nutrients and calories to meet the recommended dietary allowances of the Food and Nutrition Board of the National Academy of Science, National Research Council, adjusted for age, sex, and activity.

(2) The following food groups must be included in each daily menu:

(i) milk -- two or more cups served as beverage or used in cooking. Fortified whole, skim or low-fat milk, flavored whole or fortified milk, buttermilk, or cheese may be used. Cheese may be used as milk or meat, but not both

(ii) meats -- two or more servings of meat, fish, poultry, eggs, cheese or other equivalents. Each serving must provide an edible portion of at least two ounces

(iii) vegetables and fruits -- four or more servings of at least one-half cup each, citrus fruit or other fruit and vegetable with vitamin C should be used daily. A dark green or deep yellow vegetable or fruit with vitamin A should be used at least every other day. Fruit and vegetable juices may be used

(iv) breads and cereals -- four or more servings. Whole grain or enriched breads, cereals, or pasta products may be used

(v) other foods may be added to the meal to provide personal satisfaction, additional nutrition and calories.

(3) Water, milk, coffee, tea, and a hot, decaffeinated beverage must be available and offered at

each meal.

(4) Menus used for planning must specify the size of servings and the anticipated number of each type of meal (regular and modified) to be served.

(5) Meals must be planned and served to provide variety in methods of preparation and content and must reflect the seasonal availability of food. At a minimum, the food items within the meat and the vegetable and fruit groups must be different or prepared differently for each day of the week.

(6) Each day's menu must include a hot entree at least one meal other than breakfast.

(7) Foods listed on menus must be prepared and served as planned; occasional substitutions must be of like nutritional value.

(8) Menus must be:

(i) planned a minimum of three weeks in advance; and

(ii) recorded on an approved menu planning form.

(9) Menus must be conspicuously posted in a public area accessible to residents and visitors and must include any daily changes or substitutions.

(10) Copies of current menus must be available in the food preparation area.

(11) Dated copies of menus as planned, and as served including any changes or substitutions, must be kept on file for a period of six months.

(e) Food purchasing, storage and preparation, and service.

(1) The operator must comply with regulations relating to food service for sanitation, safety and health, as set forth by the New York State Sanitary Code (10 NYCRR Part 14) and other applicable county and local health codes.

(2) In the event that a facility has been inspected by State or local health authorities, a record of such inspection must be kept on file at the facility.

(3) Food purchases and preparation must be based on:

(i) planned menus;

(ii) tested quantity recipes, adjusted to yield the required number of servings; and

(iii) the estimated number of meals to be served.

(4) Food on hand must be sufficient to permit the preparation and service of meals for a minimum of three days in the event of emergency.

(5) Food preparation, service and storage areas must be equipped in accord with standards set

forth

in section 490.11 of this Part, with the New York State Sanitary Code (10 NYCRR Part 14) and applicable county and local codes.

(6) Food preparation, service and storage equipment must be maintained in accord with standards set forth by the New York State Sanitary Code (10 NYCRR Part 14), applicable local codes and manufacturers' specifications.

(7) Freezer temperatures must be no warmer than zero degrees Fahrenheit (-18 degrees Celsius).

(8) Storage, preparation and service procedures must:

(i) preserve flavor and appearance of food; and

(ii) conserve the nutritive value of food.

(9) Storage, preparation and service procedures must minimize the potential for contamination or spoilage.

(10) Food that is adulterated, contaminated or otherwise unfit for human consumption must not be served.

(11) Any food service system other than single-seating table service requires prior written approval of the department.

(12) Tableware appropriate for the meal being served must be provided by the operator.

(13) Disposable plates and utensils must not be regularly used for service.

(14) No more than 15 hours may elapse between service of the evening meal and breakfast the next morning.

(15) The evening meal must be served no earlier than 4:30 p.m.

APPENDIX D

Pandemic Emergency Supply Index

To maintain infection prevention CASA PROMESA RHCF uses the following items along with standard resident care medical supplies.

Biohazard stickers or labels for regulated medical waste disposal	Gowns (patient care gowns) Gloves (non-sterile procedure gloves) Eye protection (goggles or face shields)
Body Fluid Management Supplies Absorbent pads (blue pads) for incontinent individuals Impermeable sheets or pads for cots/sleeping area, when needed Diapers Facial tissues	Red bags or containers for regulated medical waste disposal Sharps containers
Disinfectants Towelettes (antimicrobial wipes) Disinfectant (EPA-registered chemical germicide)	Syndromic Surveillance Supplies Thermometers (disposable or supplies for disinfection between individuals)
Environmental Controls Fans for creating negative pressure Plastic, drywall, or plywood for barrier creation	Vaccination Supplies Syringes Alcohol swabs Band-aids Needles
Food Safety Thermometer for monitoring refrigerator/freezer and food temperature	Wound Management Supplies Dressing materials (gauze, absorbent pads, tape, etc.)
Forms Syndromic Surveillance Assessment/ Triage Form Infection Control Triage	
Hand hygiene products Alcohol Based Hand Rubs (ABHR) and dispensing system Soap (non-antimicrobial or anti-microbial) Paper towels	
Informational/Educational Products/ Signage Hand Hygiene Techniques Respiratory Etiquette Infection Control Precautions Putting on and Taking Off Personal Protective Equipment	
Personal Protective Equipment (PPE) Respirators (N-95 or equivalent) Masks (surgical/procedure masks)	

APPENDIX E

Waste Disposal During Pandemic Emergencies

Items that are contaminated with blood or other infectious materials are known as Regulated Medical Waste (RMW). Regular Medical Waste will be placed in a red bag or container or the bag/container and will be labeled as RMW.

<u>Type of Waste</u>	<u>Disposal Method</u>
Sharp Materials/Devices: Blood vials, intravenous catheters, lancets, needles, staples, protected sharps, scissors, syringes with/without attached needles, etc.	Sharps Container
Non-Sharp Material/Devices: (i.e. bandages, swabs or gauze) saturated or caked with blood/body fluids that would release blood/body fluid in a liquid or semi-liquid state if crushed or would flake if moved.	Red Bag Container
Specimens of blood, body fluids, and their containers.	Red Bag Container
Bags with blood, urinary catheters.	Red Bag Container
Emptied Containers: Bedpans, emesis basins, Foley & colostomy bags, urinals, suction canisters and tubing, urine, or stool cups, etc.	Regular Trash Can
Intravenous tubing and bags, without blood or sharps.	Regular Trash Can
Used personal hygiene products: Blue pads, diapers, facial tissues, sanitary napkins, tampons, etc.	Regular Trash Can
Non-sharp disposable surgical instruments and materials/devices without blood contamination (I.e.: kidney trays, disposable tray drapes)	Regular Trash Can
Typical consumer waste (food packaging, clothing, paper products, mattress)	Regular Trash Can
Personal Protection Equipment: Gloves, gowns, masks	Red bag container
ALL waste from individuals suspected to have exposure or infection will be considered as biowaste.	Red bag container
Isolation area waste.	Red bag container
Liquid human waste - Blood, Sputum, urine, etc.	Toilet - (use splash precautions)