

— Jefferson's Ferry —

VINCENT BOVE HEALTH CENTER

Assisted Living - Memory Care - Skilled Nursing

PANDEMIC EMERGENCY PLAN

FACILITY INFORMATION

The Bove Health Center at Jefferson's Ferry

500 Mather Drive

South Setauket, NY 11720

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Operating Certificate Number 5151317N

Table of Review and Approval

| Date Reviewed | Date Approved |
|----------------------|----------------------|
| 9/15/2020 | 9/15/2020 |
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The Pandemic Emergency Plan (PEP) was originally written and approved on 9/15/2020

As of September 15, 2020, it is required by the New York State Department of Health (NYSDOH) that the Pandemic Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all of the PEP should be changed/updated.

The Pandemic Emergency Plan dated 9/15/20 has been posted on the facility's website.

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I. INTRODUCTION TO THE PLAN

In order to provide for changes in the demographics, technology and other emerging issues/crisis's the plan will be reviewed and updated annually and as needed and/or after an instance of an infectious outbreak/Pandemic. This Pandemic Emergency Plan is developed and maintained to be consistent with The New York State Department of Health requirement of a PEP, subsection 12 of Section 2803, Chapter 114 of the laws of 2020, for infectious disease events that rise to the level of a pandemic, effective September 15, 2020.

Purpose: To describe the functions/actions to be taken during an infectious outbreak/ Pandemic to ensure residents, staff, and visitors of this facility are kept safe from harm.

Demographics: The facility is located at:

500 Mather Drive
South Setauket, New York 11720

This is a 60 bed all private room residential health care facility which provides short term rehabilitation, post- acute rehabilitation and skilled nursing services, including Memory Care.

II. EMERGENCY PLAN

Readiness Assessment- Pandemic/Infectious Disease Planning

- A. This facility maintains a comprehensive emergency management plan (CEMP) to prepare for, respond to, and recover from natural and man-made disasters. A pandemic is identified as one (1) of those hazards.
- B. This facility performs an annual assessment of the facility's preparedness for responding to a pandemic illness. Changes or additions to the PEP will be made based on real events or guidance issued by the Centers for Disease Control and Prevention (CDC) and/or the New York State Department of Health (NYSDOH). A copy of Annex E: Infectious Disease/Pandemic Emergency Checklist (attached) will be utilized when reviewing this plan.
- C. A copy of the PEP is attached to the facility's CEMP as an Annex document. In addition, a hard copy of the PEP will be kept in the facility and the plan will be posted on the facility's website.

Structure for Planning and Decision-making

- A. The facility shall have a multidisciplinary planning committee, the Infection Prevention and Control Committee (IPCC), to specifically address pandemic preparedness and response.
- B. The Infection Prevention and Control Committee consists of the following individuals:

| Name | Department/Area Represented |
|--------------------------------|----------------------------------|
| Anthony Comerford, LNHA | Administration |
| Richelle Rugolo, RN, DNS | Nursing Administration |
| Denise Abselet, DO | Medical Director |
| Kathleen Koutouvidis, RN, ADNS | Infection Prevention and Control |
| Joanne Lehmann, LPN | Occupational Health |
| Kathleen Koutouvidis, RN, ADNS | Staff Training and Orientation |
| Patty Lowery | Engineering/Maintenance Services |
| Patty Gallagher | Environmental Services |
| Heidi Schaefer | Dietary Services |
| Alyssa Shea | Rehabilitation Services |
| Linda Kolakowski | Transportation Services |
| Christine Torres | Purchasing |
| ProCare (Pharmacy Vendor) | Pharmacy Services |
| Richelle Rugolo, RN, DON | Risk Manager |
| Anthony Comerford, LNHA | Emergency Management Coordinator |
| Lorrie Prescott, CTRS | Therapeutic Services |
| Bob Caulfield | Public Relations |

- C. The Pandemic Response Coordinator, who is the person responsible for coordinating preparedness planning is: Anthony Comerford, LNHA and Denise Abselet, DO, Medical Director.

Coordination

- A. Local and state health departments and provider/trade associations points of contact have been identified for information on pandemic planning resources, as follows:

| <u>Name of Agency/Organization</u> | <u>Phone Number</u> |
|--|---------------------|
| Suffolk County Department of Health and Mental Hygiene | 631-853-8500 |
| New York State Department of Health | 518-473-4436 |
| Suffolk County Office of Emergency Management | 631-852-4900 |
| New York State Emergency Management | 518-292-2301 |

B. Local, regional or state emergency preparedness groups, including bioterrorism/communicable disease coordinators points of contact, have been identified, as follows:

| <u>Name of Agency/Organization</u> |
|-------------------------------------|
| Suffolk County Emergency Management |
| New York State Emergency Management |

C. Area hospitals points of contact have been identified in the event that facility residents require hospitalization or facility beds are needed for hospital patients being discharged in order to free up needed hospital beds, as follows:

| <u>Name of Hospital</u> | <u>Phone Number</u> |
|----------------------------------|---------------------|
| Mather Hospital Northwell Health | 631-473-1320 |
| St. Charles Hospital | 631-474-6000 |
| Stony Brook University Hospital | 631-689-8333 |
| Long Island Community Hospital | 631-654-7100 |

III. INFECTION CONTROL PROTECTION PLAN

Description of Surveillance and Monitoring Activities

The facility monitors public health advisories (federal and state) and updates are provided to the Members of the Multidisciplinary Pandemic Planning Team when a pandemic/illness has been reported in the United States and is nearing the New York City/Long Island Region.

The facility conducts surveillance activities for residents, staff, family and visitors on an ongoing basis. Signage and hand hygiene stations are posted at all entrances, instructing families, visitors and contractors to:

- Perform hand hygiene
- Self-screen for symptoms consistent with the Pandemic illness
- Not enter if they have any symptoms associated with the Pandemic or are experiencing fever.

The facility asks family and visitors to sign in and out of the facility, self-screen for any signs and symptoms of the Pandemic Illness prior to visits, perform hand hygiene before and after visits and they are directed to contact the facility's Infection Control Practitioner or designee if they have respiratory

symptoms. If ill or febrile, they are not permitted to visit the facility. During a pandemic illness outbreak, the facility will follow CDC and New York State Department of Health guidelines to limit or restrict entry to the building.

The current Infection Control Program at the facility provides for continuous facility-wide surveillance activities to establish baseline levels of infection on an annual basis. Infection rates above the baseline may be indicative of an illness outbreak or the arrival of a pandemic illness at the facility. The facility will maintain an ongoing surveillance program to be enhanced during a reported pandemic/infectious disease outbreak in the community (see Table 1 below).

Table 1: Surveillance Objectives by Pandemic Phase

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| Phase 1 (Surveillance Period) |
| Objectives and Actions: |
| <ul style="list-style-type: none"> • To assess for any infectious outbreaks |
| <ul style="list-style-type: none"> • To promote respiratory (cough etiquette) and hand hygiene to residents, families, visitors, volunteers and contractor/vendors. |
| <ul style="list-style-type: none"> • To provide for annual education and provide seasonal flu vaccine to residents, staff and to maintain immunization statistics and adverse effects information. |
| <ul style="list-style-type: none"> • To communicate updates to residents, families, volunteers, contractors/vendors and staff. |
| <ul style="list-style-type: none"> • To notify suspected outbreak activity as defined by CDC and NYSDOH guidelines and initiate other notifications, as required, to the local and/or state health departments. |
| Phase 2 (Pandemic Alert Period - Low) |
| Objectives and Actions: |
| <ul style="list-style-type: none"> • To implement active surveillance measures for Infectious Outbreak screening for staff, visitors, vendors/contractors and family members. |
| <ul style="list-style-type: none"> • To notify the Infection Control Practitioner or designee of reported or identified infectious outbreak. They will alert, as appropriate, the local and state health department of clusters of infectious outbreak symptoms in staff or residents |
| <ul style="list-style-type: none"> • Infection Control will actively monitor residents closely for signs and symptoms by: <ul style="list-style-type: none"> ○ Conducting unit rounds ○ Reviewing shift reports ○ Auditing and reviewing physician and nurse progress notes ○ Reviewing the monthly pharmacy antibiotic utilization reports ○ Reviewing lab reports ○ Communication with the staff about their clinical observations |
| <ul style="list-style-type: none"> • To implement management of respiratory outbreak as required for outbreak activity as defined by CDC and NYSDOH guidelines and initiate outbreak reports to local and state health department, as required. |
| Phase 3 (Pandemic Alert Phase – High) |
| Objectives and Actions |
| <ul style="list-style-type: none"> • To activate the Pandemic Emergency Plan and Emergency Plan (as needed). |

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| <ul style="list-style-type: none"> • To maintain active surveillance for monitoring of Pandemic related symptoms in residents and staff. |
| <ul style="list-style-type: none"> • To finalize plans for pandemic vaccine storage and security (as applicable). |
| <ul style="list-style-type: none"> • To develop plans for antiviral storage, security and administration |
| <ul style="list-style-type: none"> • To follow guidelines for the Pandemic, as issued by CDC and NYSDOH, and provide education and training to staff for personal preparedness, resident care and pandemic/infectious disease management. |
| <ul style="list-style-type: none"> • To ensure that availability of staffing, equipment and supplies, as required, for the facility. |
| <ul style="list-style-type: none"> • To provide educational material and in-services; i.e., Annual Pandemic Emergency Plan; cross training; hand hygiene |
| Phase 4 (Pandemic Period) |
| Objectives and Actions |
| <ul style="list-style-type: none"> • To implement measures for suspected and confirmed pandemic strain in the facility. |
| <ul style="list-style-type: none"> • To implement mandatory active screening of staff, visitors, contractors/vendors and family members. |
| <ul style="list-style-type: none"> • To implement heightened surveillance of residents and staff illnesses for symptoms of the pandemic/infectious disease. |
| <ul style="list-style-type: none"> • To implement control and support measures for residents, staff, visitors and families. |
| <ul style="list-style-type: none"> • To implement access restrictions for staff, visitors, families, volunteers and vendors. |
| <ul style="list-style-type: none"> • To implement protocols for isolation of residents with confirmed or suspected illness. |
| <ul style="list-style-type: none"> • To implement protocols for cohorting residents with confirmed or suspected illness. |
| <ul style="list-style-type: none"> • To direct staff to cohort to their assigned units as much as possible. |

The facility has processes in place to prevent the occurrence of an outbreak and surveillance programs to quickly identify and implement control measures to contain it. The facility also prepares to respond to large-scale epidemics as part of its emergency preparedness plan. The facility’s infection prevention and control program staff monitor and maintain communication with relevant agencies through the NYSDOH Health Alert Network (HAN) for events happening in the local, national and global community.

Active Surveillance for Respiratory Infection or other Pandemic Illness

When there is pandemic illness activity in the local community, active surveillance for the pandemic is conducted among all new and current residents, healthcare personnel and visitors of the facility until the end of the pandemic. Daily monitoring of signs and symptoms will occur once a Pandemic Illness is identified. When a single laboratory-confirmed case of the Pandemic illness has been identified in a resident or staff member, as it is likely there are other cases among exposed persons.

Once an outbreak has been identified, outbreak prevention and control measures will be implemented immediately.

It should be noted that elderly persons and other long-term care residents, including those who are medically fragile and those with neurological and neurocognitive conditions, may manifest atypical signs and symptoms with a pandemic illness, and may not have fever.

Identification and Management of Residents with Symptoms

Identification of residents with symptoms will occur through the monitoring and active surveillance activities described above. The facility will implement contact and droplet precautions as needed for all residents with suspected or confirmed pandemic illness. Standard precautions will be utilized in the care of all residents, regardless of the suspected or confirmed presence of the pandemic illness.

It is the policy of this facility to protect residents, staff and others who may be in our facility from harm during a pandemic outbreak. To accomplish this, the facility has developed protocols for testing residents and the ongoing surveillance testing of the resident population (see Table 2).

Table 2: Procedures to Test Residents

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| <ul style="list-style-type: none"> • Facility will test any symptomatic resident in accordance with guidance and direction of the CDC, local and state health department. |
| <ul style="list-style-type: none"> • If the facility has no symptomatic residents, facility will consult with local and state health department and determine testing strategy, if applicable and needed. |
| <ul style="list-style-type: none"> • Testing will be done through a testing lab that can provide test results in a timely manner. |
| <ul style="list-style-type: none"> • If no testing capacity can be located that meets the timeframe goal for timely turnaround of tests, the facility will document all attempts to obtain testing and keep documents of those efforts for review. |
| <ul style="list-style-type: none"> • If an alternative test is approved that could help meet the timely turn-around goals and is approved by the local and state health department, the facility will incorporate those procedures in support of the facility’s overarching objective to receive test results in a timely manner. |
| <ul style="list-style-type: none"> • For residents with suspected or confirmed pandemic illness, the facility will implement protocols for isolation and/or cohorting of residents per facility policy. |
| <ul style="list-style-type: none"> • Positive residents will be removed from isolation and/or cohorting after a negative test or as directed by guidance issued by CDC, local and state health departments for removal of transmission-based precautions. |
| <ul style="list-style-type: none"> • The facility will report any positive tests in accordance with local and state health department requirements for the reporting of nosocomial infections. |

The facility has developed procedures for the isolation and/or cohorting for residents during a pandemic outbreak by designating spaces within the facility into three (3) zones, which is based on the residents’ testing status, as follows:

Positive Pandemic Status – Space designated to be used and occupied by confirmed positive residents and staff assigned to their care. Newly admitted and readmitted residents with confirmed positive results who have not met the criteria for discontinuation of transmission-based precautions, and are allowed to be admitted/readmitted based on CDC and NYSDOH guidance, will be admitted to this space.

Unknown Pandemic Status – Space designated to be used and occupied by asymptomatic residents with exposure and/or residents who have an unknown testing status and staff assigned to their care.

Negative Pandemic Status – Space designated to be used and occupied by confirmed negative residents and staff assigned to their care.

These zones are meant to provide safe care and treatment of residents during the pandemic outbreak (see Table 3). Resident isolation and/or cohorting procedures and locations (zones) will be reevaluated by clinical staff frequently as demand dictates.

Table 3: Procedures to Isolate and/or Cohort Residents

| Positive Zone |
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| <ul style="list-style-type: none"> Residents testing positive will be cohorted within a zone designated by the facility as a positive zone. |
| <ul style="list-style-type: none"> Residents testing positive will only be cohorted with other confirmed cases. |
| <ul style="list-style-type: none"> Residents in a positive zone designated for confirmed cases will be treated with contact and droplet precautions until they have a negative test result or deemed recovered as per CDC guidelines. |
| <ul style="list-style-type: none"> Residents in a positive zone will be assessed twice daily at minimum to document respiratory rate, temperature and oxygen saturation. |
| <ul style="list-style-type: none"> The facility will monitor guidance from CDC and NYSDOH and adjust procedures for cohorting accordingly. |
| <ul style="list-style-type: none"> The facility will assign staff to work the positive zones exclusively to the extent possible. |
| <ul style="list-style-type: none"> If staff will be shared across the various zones in any way, the staff will fully doff all PPE and leave all dirty PPE in designated receptacles, perform hand hygiene, and don new PPE in accordance with CDC guidance for the area they are entering. |
| Unknown Zone |
| <ul style="list-style-type: none"> Asymptomatic residents who are exposed to a confirmed case will be cohorted in observation until their test results are known. |
| <ul style="list-style-type: none"> Symptomatic residents with unknown status will be placed in a single room until their test results are known. |
| <ul style="list-style-type: none"> Residents in an unknown zone will be treated with contact and droplet precautions until a negative test result can be achieved or the resident meets the time criteria to return to a negative zone based on current, applicable guidance from CDC and NYSDOH. |
| <ul style="list-style-type: none"> If staff will be shared across the various zones in any way, the staff will fully doff all PPE and leave all dirty PPE in designated receptacles, perform hand hygiene, and don new PPE in accordance with CDC guidance for the area they are entering. |
| <ul style="list-style-type: none"> All residents in an unknown zone will be screened for symptoms of the Pandemic illness and have their vital signs monitored, including oxygen saturation and temperature checks at a minimum of two (2) times per day and documented in the clinical record. |
| Negative Zone |
| <ul style="list-style-type: none"> Residents in the negative zone will consist of confirmed negative residents or those who have fully recovered from the viral illness. |
| <ul style="list-style-type: none"> Residents will be cohorted with other confirmed negative or recovered residents. |
| <ul style="list-style-type: none"> Residents will be moved to the negative zone only after they have received a negative test or they have met the criteria for the removal of transmission-based precautions per current CDC guidance. |

- The facility will change room designations in response to testing results and may need to add or remove unit designations depending on space available/needed.

The facility, at a minimum, follows the CDC-recommended standard precautions in providing care to residents, regardless of suspected or confirmed Pandemic status (see Table 4). These practices are designed to both protect and prevent health care providers from spreading infections among residents. The use of PPE, and the type of PPE used, under standard precautions is based on the nature of the clinical interaction with the resident and the potential exposure to blood, body fluids and/or infectious materials. All facility health care providers receive ongoing training on and must demonstrate an understanding of:

- When to use PPE;
- What PPE is necessary;
- How to properly don, use and doff PPE in a manner to prevent self-contamination;
- How to properly dispose of or disinfect and maintain PPE; and
- The limitations of PPE.

CDC recommends transmission-based precautions (i.e., contact, droplet and/or airborne precautions) be implemented for patients with documented or suspected diagnoses where contact with the patient, their body fluids or their environment presents a substantial transmission risk despite adherence to standard precautions. During a pandemic outbreak, PPE will be worn by staff at all times during care of residents who are placed in the designated zones for confirmed cases, (positive) and asymptomatic residents with exposure and/or residents with no known status (unknown) of the facility.

Table 4 – Standard Precautions and Transmission-based Precautions

| Standard Precautions | |
|---|---|
| Hand Hygiene | <ul style="list-style-type: none"> • Use an alcohol-based hand rub or wash hands with soap and water for the following clinical indications: <ul style="list-style-type: none"> - Immediately before touching a patient. - Before performing an aseptic task or handling invasive medical device. - Before moving from work on a soiled body site to a clean body site on the same patient. - After touching a patient or the patient’s immediate environment - After contact with blood, body fluids or contaminated surfaces - Immediately after glove removal • Perform hand hygiene with soap and water when hands are visibly soiled. |
| Environmental Cleaning and Disinfection | <ul style="list-style-type: none"> • Routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling. |

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| | <ul style="list-style-type: none"> - Clean and disinfect surfaces in close proximity to the patient and frequently touched surfaces in the patient care environment on a more frequent schedule compared to other surfaces. - Promptly clean and decontaminate spills of blood and other potentially infectious materials. • Use of EPA-registered disinfectants that have micro biocidal activity against the pathogens most likely to contaminate the patient-care environment. • Follow manufacturer’s instructions for proper use of cleaning and disinfecting products (i.e., dilution, contact time, material compatibility, storage, shelf-life, safe use and disposal). |
| <p>Injection and Medication Safety</p> | <ul style="list-style-type: none"> • Use aseptic technique when preparing and administering medications. • Disinfect the access diaphragms of medication vials before inserting device into the vial. • Use needles and syringes for one patient only (this includes manufactured prefilled syringes and cartridge devices such as insulin pens). • Enter medication containers with a new needle and a new syringe, even when obtaining additional doses for the same patient. • Ensure single-dose or single use vials, ampules and bags or bottles of parenteral solution are used for one patient only. • Use fluid infusion or administration sets (e.g., intravenous tubing) for one patient only. • Dedicate multidose vials to a single patient whenever possible. If multidose vials are used for more than one patient, restrict the medication vials to a centralized medication area and do not bring them into the immediate patient treatment area (i.e., patient room). |
| <p>Appropriate Use of Personal Protective Equipment</p> | <ul style="list-style-type: none"> • Ensure proper selection and use of personal protective equipment (PPE) based on the nature of the patient interaction and potential exposure to blood, body fluids and/or infectious materials. <ul style="list-style-type: none"> - Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-contact skin, potentially contaminated skin or contaminated equipment could occur. - Wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions or excretions. - Use protective eyewear and a mask, or a face shield, to protect the mucous membranes of the eye, nose and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields and combinations of each according to the need anticipated by the task performed. - Remove and discard PPE, other than respirators, upon completing a task before leaving the patient’s room or care area. If a respirator is used, it should be removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door. |

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| | <ul style="list-style-type: none"> - Do not use the same gown or pair of gloves for care of more than one patient. Remove and discard disposable gloves upon completion of a task or when soiled during the process of care. |
| Minimizing Potential Exposures | <ul style="list-style-type: none"> • Use respiratory hygiene and cough etiquette to reduce the transmission of respiratory infections within the facility. • Prompt residents and visitors with symptoms of respiratory infection to contain their respiratory secretions and perform hand hygiene after contact with respiratory secretions by providing tissues, masks, hand hygiene supplies and instructional signage and/or handouts at points of entry and throughout the facility. • When space permits, separate patients with respiratory symptoms from others as soon as possible. |
| Reprocessing of Reusable Medical Equipment | <ul style="list-style-type: none"> • Clean and reprocess (disinfect or sterilize) reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes) prior to use on another patient when soiled. <ul style="list-style-type: none"> - Consult and adhere to manufacturer’s instructions. • Maintain separation between clean and soiled equipment to prevent cross contamination. |

Plan for Preserving Resident’s Place if a Resident is hospitalized and How Hospitalized Residents are Readmitted to the Facility After Hospital Treatment

As required under Section 415.3 of Title 10 of the New York State Codes, Rules and Regulations (10 NYCRR), the facility has an established bed-hold and readmission policy in place to preserve a resident’s right to a bed reservation (or bed-hold) while a patient is absent from the facility for a hospitalization and the duration and conditions of the bed-hold policy during which the resident is permitted to return and resume residence to the facility. The policy outlines the conditions under which the resident is returned to their previous room or to an available bed. The resident and their family and/or legal guardian are given this information in writing upon admission to the facility and at their time of transfer to a hospital.

During a pandemic, and if the resident’s status is unknown upon readmission to the facility, the resident may need to be placed on a different unit, pending a negative test and/or they have met the criteria for the removal of transmission-based precautions based on CDC guidance or if the resident’s previous room is now located in a designated area for positive and symptomatic suspected cases.

Notification to State and Local Health Departments

As required under Sections 2.1 and 2.2 of 10 NYCRR, nosocomial infections are to be reported within 24 hours of recognition. The facility is required to notify the state and local health department as follows:

- New York State Department of Health: Reported via the Nosocomial Reporting Application (NORA) electronic system.
- The facility will meet any additional notification requirements that may be put in place by NYSDOH during a pandemic situation, including submission of information and reports through the Health Commerce System.

Criteria to Limit or Restrict Visitors, Volunteers and Non-essential Staff

Residents with multiple co-morbidities are at highest risk of infection and complications, so the facility must use every tool at its disposal to reduce the risk of exposure to and spread of pandemic illness within the facility. Temporary restricting of visitors and non-essential workers is one method to reduce the risk of virus spread in nursing homes, keeping residents safe. The facility will follow CDC guidelines to limit or restrict entry to the building and any guidance/regulation that may be put in place by the New York State Department of Health regarding visitors to nursing homes, which may include:

- Restricting visitors, volunteers and non-essential staff as directed by the NYS DOH and/or CMS guidelines.
- Restricting all visitors with exceptions for compassionate care, such as end-of-life situations.
- Restricting visitors to the resident's room or other location designated by the facility if permitted.
- Restricting the number of visitors as per NYS DOH and/or CMS guidelines.
- Restricting the number of residents who may receive visitors at the same time as per NYS DOH and/or CMS guidelines. (i.e., 10% of residents may receive visitors at the same time)
- Restricting all volunteers and nonessential health care personnel and other personnel (i.e., barbers) as per NYS DOH and/or CMS guidelines.
- Requiring the wearing of a surgical mask when in the building.

When the facility implements restriction of all visitors with exceptions for compassionate care, such as end-of-life situations, visitors who enter the facility under this exception will be screened for signs and symptoms of the pandemic and will be provided with personal protective equipment (PPE) like masks, and the visit will be limited to the resident's private room only.

When the facility limits the number of residents who may receive visitors at the same time, families may be required to schedule their visit in advance. In addition, the facility may limit the time length of the visit to allow other residents to have visitors.

The facility understands the vital importance of keeping residents connected with their loved ones. When visitation is restricted during a pandemic situation, the facility will facilitate increased virtual communication between residents and families and will also keep residents' families informed about their care. Please refer to **Section IV Communication Plan** below for additional information.

The facility will have signage posted at all entrances instructing all visitors, residents, staff, volunteers and contractors about:

- Any identified risks of virus spread in the facility;
- Any screening procedures in effect, including temperature checks and symptom screening;
- Any restrictions in place (e.g., limitations on who can enter); and
- Any infection protection plan practices required (i.e., surgical mask, hand hygiene, etc.).

Resources and Supplies to Adhere to Infection Control Policies

During a pandemic, health care settings will need large quantities of equipment and supplies to provide care and to protect health care workers. It is anticipated that the demand will be high and traditional supply chains may break down. In preparation for a pandemic, the following measures will be instituted by the facility:

1. The facility will maintain a 60-day (2 months) supply of personal protective equipment (PPE). PPE supplies include N95 masks, surgical masks, face shields or goggles, medical gowns and medical gloves. The amount of PPE need for a 60-day supply will be based on the PPE burn rate/average consumption rate and will be adjusted accordingly if the burn rate/average consumption rate increases or decreases.
2. A 30-day stockpile of essential supplies needed to adhere to infection control policies. Essential supplies include environment cleaning and disinfection supplies, disposable masks, disposable gloves, tissues, hand soap, paper towels and alcohol-based hand sanitizers.
3. All supplies will be checked for expiration dates and rotated on a regular basis to prevent stock expiration. The facility Administrator will determine the frequency of the stock rotation.

Environmental Infection Control

The facility has policies and procedures in place for cleaning and disinfection of the building and medical equipment. EPA-registered, disinfectants are used for cleaning high-touch surfaces and shared resident care equipment. During a pandemic, the facility will follow CDC guidelines for any increased environmental cleaning and/or frequency of cleaning. Environmental services personnel who clean and disinfect rooms will be equipped with appropriate PPE for cleaning within the spaces of each zone used for the cohorting of residents as recommended by CDC and NYSDOH guidelines. While alcohol-based hand sanitizer (ABHS) is the preferred method of hand hygiene, sinks throughout the facility will be stocked with soap and paper towels to encourage hand hygiene.

Management of laundry, food service utensils and medical waste will be performed in accordance with routine procedures and supplemented with additional processing, based on recommendation and/or requirement of CDC guidelines and/or any guidance or requirements issued by NYSDOH.

Tissues, facemasks and ABHS will be available for residents and visitors and placed near entrances and in common areas of the facility along with no-touch receptacles for disposal. Necessary PPE for health care provider use will be available outside of resident rooms and in other areas where resident care is provided. No-touch receptacles for disposal of used/soiled PPE are placed outside of resident

rooms and in other areas where resident care is provided for the safe doffing of PPE. These receptacles are “designated” for the disposal of used/soiled PPE.

IV. COMMUNICATION PLAN

The facility has in place a communication plan as part of its emergency preparedness plan. This communication plan can be enhanced and supplemented with additional elements and information to ensure that all parties are provided with updated information on the status of the facility’s situations and the status of residents during a pandemic outbreak. The communication plan provides a framework to manage and coordinate the wide variety of communications that take place during a pandemic. It covers who will receive communications, how the communications will be delivered, what information will be communicated, who communicates and the frequency of the communications.

Internal Communication

Target audiences for internal communications include:

- Nursing Staff to ensure continuity of patient and resident care;
- Physicians to ensure continuity of patient and resident care;
- All other clinical staff to assist nursing staff on the units; and
- All non-clinical staff to ensure that essential services continue.

The key communication messages delivered to internal target audiences include topics such as trainings and in-services for the pandemic response and testing and screening of employees if required, (see Table 5). The messages can be made by blast emails, written communication and/or calls to units and department heads.

Table 5 – Communication Message Contents

| Message Topics | Message Content to be Delivered | Delivery Methods |
|---|--|--|
| Pandemic Illness Training and In-services for: <ol style="list-style-type: none"> 1. Explanation of the pandemic illness 2. PPE requirements and proper use, donning and doffing 3. Cohorting of units | <ul style="list-style-type: none"> • Training for new agency staff, clinical and non-clinical and all facility staff • On-going schedule of in class training with PowerPoint presentations and/or online training | <ul style="list-style-type: none"> • Blast emails • Scheduling through departments |
| | • | • |

| | | |
|--------------------------------|--|--|
| Employee Testing (if required) | On-site testing available by medical staff and/or contractors: <ul style="list-style-type: none"> • Location • Times • Frequency of testing | <ul style="list-style-type: none"> • Blast emails |
|--------------------------------|--|--|

External Communications

External communications with community stakeholders, elected officials and the press are coordinated by the President/CEO of Jefferson’s Ferry.

Communications with Residents, Families and Visitors

The facility has developed a plan to maintain routine communication with residents, families and visitors during a pandemic outbreak. Communication methods include signage, letters, emails, in-person communication, video conferencing and updates on the facility’s website.. The messages delivered through these communication methods can include:

- Current precautions being taken in the facility to prevent and/or contain infection;
- Actions residents, families and visitors can take to protect themselves;
- Reinforcing adherence to standard infection control precautions, including hand hygiene, respiratory hygiene and cough etiquette;
- Reminding families and visitors not to visit when ill or if they have a known exposure to the pandemic illness; and
- Any limitation and/or restrictions on visitors that are in place.

The facility has a procedure in place to maintain up-to-date contact information on family members and/or legal representatives of residents. This contact information is obtained upon admission to the facility and confirmed or updated through the quarterly comprehensive care plan meeting process and upon a significant change in the resident’s medical condition. In addition, contact information is updated upon notification from staff or family that information has changed.

The following table (Table 6) outlines the targeted audiences, the key communication messages to be delivered, the method for delivery of the information and the frequency of communication.

Table 6 – Communication with Residents, Families and Legal Representatives

| Audience | Message | Delivery Method | Frequency |
|-----------|---|--|--|
| Residents | <ul style="list-style-type: none"> • Updates on visitation • Updates on status of pandemic outbreak | <ul style="list-style-type: none"> • Resident Council meeting • In-House Television • Written communication | <ul style="list-style-type: none"> • Monthly • As needed/weekly • As needed/daily |

| | | | |
|--|--|---|---|
| <p>Authorized Family Members and Legal Representatives</p> | <ul style="list-style-type: none"> • Updates on visitation • Updates on status of pandemic outbreak or any other related updates • Status of infected and non-infected residents, as well as any expirations of residents with pandemic-related infection • Provision of alternate means of communicating with residents | <ul style="list-style-type: none"> • Email Communication • Telephone calls • Written Communication • Letters • Emails • Calls • Video conferencing (i.e., Facetime, Skype, Zoom) | <ul style="list-style-type: none"> • As needed • Daily for infected residents and more frequently if the condition changes • Weekly for non-infected residents • Upon request by families Note: During pandemic outbreak, daily access will be provided if requested. |
|--|--|---|---|

Communication with Other Healthcare Providers

The facility will consult and collaborate with local and state health departments, local hospitals, primary care physicians, and local EMS to ensure that coordinated, system-wide consistent efforts are implemented to minimize the impact of any service disruptions while acting to reduce the risk of disease transmission. Key contact information for all of the above entities has been identified and is maintained by the facility as part of this plan and the facility’s emergency preparedness plan.

V. OCCUPATIONAL HEALTH

Monitoring of Staff for Symptoms of Respiratory Illness/Pandemic Illness

To protect residents, staff and others who may be in the facility from harm during a pandemic outbreak, the facility has developed procedures for monitoring staff for symptoms of pandemic illness, testing staff members who present with symptoms and the ongoing testing of staff, as needed and may be required by NYSDOH (see Table 7).

Table 7 Procedures to Monitor and Test Staff

| |
|--|
| <ul style="list-style-type: none"> • Facility will test staff in accordance with guidance and direction of the CDC, local and state health department. |
| <ul style="list-style-type: none"> • Testing will be done through a testing lab that can provide test results in a timely manner. |
| <ul style="list-style-type: none"> • If no testing capacity can be located that meets the timeframe goal for timely turnaround of tests, the facility will document all attempts to obtain testing and keep documents of those efforts for review. |
| <ul style="list-style-type: none"> • If an alternative test is approved that could help meet the timely turn-around goals and is approved by the local and state health department, the facility will incorporate those procedures in support of the facility’s overarching objective to receive test results in a timely manner. |
| <ul style="list-style-type: none"> • The facility will rely on the staff to self-identify their illness status. |
| <ul style="list-style-type: none"> • The facility will follow CDC, local and state health department guidance for sending directly exposed staff home for the incubation period of the novel agent (if known). |
| <ul style="list-style-type: none"> • The facility will follow CDC, local and state health department guidance for the return-to-work criteria for staff testing positive. |
| <ul style="list-style-type: none"> • If a staff member tests positive and they are not symptomatic and willing to work, and CDC, local and state health department guidance allow, they will only be assigned to areas designated for positive residents in the “positive” zone (as described above) and will minimize time spent in any of the other non-positive zones of the building. |
| <ul style="list-style-type: none"> • The facility will report any positive tests in accordance with local and state health department requirements for the reporting of nosocomial infections. |
| <ul style="list-style-type: none"> • Staff who refuse to be tested shall be prohibited from providing care or services to the facility until testing is performed. |

As referenced above under **Section III Infection Control Protection Plan**, staff will be monitored for pandemic illness through self-monitoring/self-reporting pre-pandemic and through mandatory screening upon staff arrival for work.

Work Restrictions for Ill/Exposed Staff

The facility will follow CDC, local and state health department guidance and requirements as to the use of ill/exposed staff and any work restrictions placed on staff to work while ill/exposed. As reflected in Table 7 above, if a staff member tests positive, is not symptomatic, is willing to work and the CDC and NYSDOH guidance/regulations allow, they will only be assigned to areas designated for positive residents in the areas designated by the facility for cohorting confirmed positive residents.

Jefferson’s Ferry will follow all return to work guidance provided by the NYS DOH or CMS as it pertains to the Pandemic.

Sick Leave Policies/Leave Policies

The facility follows the leave policies issued by Jefferson’s Ferry. These policies are non-punitive, flexible and consistent with public health policies that allow ill health care providers and facility staff to stay home.

Respiratory Protection Plan for Healthcare Providers and Other Facility Staff

The facility has a respiratory protection plan in place for healthcare providers and other facility staff. This plan identifies work areas, processes or tasks that require respiratory protection for infection control purposes during normal work operations and during non-routine or emergency situations, like a pandemic outbreak. This program is limited to the use of disposable particulate respirators (minimum N95). The types of work activities, which require facility staff to wear disposable N95 respirators, are:

VI. EDUCATION AND TRAINING PLAN

The facility has a policies and procedures in place for education on the prevention and control of infections with the facility. Education on the basic principles of infection prevention and control within the facility is provided to all healthcare providers, other facility staff, volunteers, residents, family members and guardians of residents. For facility staff, infection control prevention and control education occurs upon hire, annually thereafter and when there is a need to provide more in-depth education when surveillance findings identify a need for a focused in-service; for residents, family and visitors, education occurs upon admission, when there is a change in the resident's condition and when surveillance findings identify a need for a focused in-service.

As discussed under **Section III Infection Control Plan** above, the facility will provide training/in-services as part of its ongoing surveillance program. Education and training efforts will be enhanced and expanded during a reported pandemic outbreak in the community as follows:

Facility Staff

Before the pandemic: Staff will be educated and trained about the facility's containment plan before it needs to be implemented. Examples of containment measures that will be discussed include, but are not limited to, the following:

- Screening procedures the facility expects to implement;
- Importance of self-assessing and reporting pandemic illness symptoms before coming to work;
- Information about cohorting of residents and assigning staff;
- How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and
- How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.

In addition, leave policies, sick time, PPE and any other policies and procedures that may be implemented during the pandemic will be reviewed with staff. Staff will also be educated about the roles they will play during the pandemic. As part of the preparation for the pandemic, staff will be in-serviced on transmission-based precautions, and the requirements for use and correct usage of PPE.

During the pandemic: Staff will receive training and education to update them on pandemic-specific information and any guidance issued by CDC and/or NYSDOH on containment of the pandemic illness or treatment of residents during the pandemic. In addition, staff will be updated and educated on any change in policies or additional containment measures that may be put in place.

Education and training will be provided through department staff meetings and scheduled employee meetings as well as through assigned video modules.

Residents

Before the pandemic: Residents will receive focused training regarding the actions the facility is taking to protect them and why they are important. Training topics to be reviewed with residents include, but are not limited to, the following:

- Importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette;
- Screening procedures for residents the facility expects to implement;
- Information about the potential cohorting of residents;
- How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and
- How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.

During the pandemic: The facility will continue to provide focused education and training to update residents on the pandemic status of the facility as well as any updated information regarding the necessary restrictions on movement within the facility and any restriction/limitation on visitors to the facility.

Education materials and information will be adapted to the language needs and cognitive levels of the residents and will include, but not be limited to, signage, posters, pamphlets, letters, and one on one or small group discussion/presentation.

Visitors, Family Members and Guardians of Residents

Before the pandemic: Visitors, family members and guardians of residents will receive focused training regarding the actions the facility is taking to protect residents and anyone who enters the facility and why they are important. Training topics to be reviewed include, but are not limited to, the following:

- Importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette;
- Screening procedures for residents/visitors the facility expects to implement;
- Information about the potential cohorting of residents;
- How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and

- How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing, emails) in the event that visitation is not allowed.

During the pandemic: The facility will continue to provide focused education and training to update visitors, family members and guardians of residents on the pandemic status of the facility as well as any updated information regarding the necessary restrictions on movement within the facility and any restriction/limitation on visitors to the facility.

Education materials and information will be adapted to the language needs and cognitive levels of the visitors and family members and will include, but not be limited to, signage, posters, pamphlets, and letters.

VII. VACCINE AND ANTIVIRAL USE PLAN

Pandemic illness can be dramatically reduced when a vaccine is available and vaccine guidelines are carefully followed. Prior to the start of a new pandemic, and for some time into it, no vaccine will be available for that particular pandemic-causing strain of virus. When a vaccine becomes available, it will be in very limited supply and not available to the whole population. The facility will distribute and administer vaccine and antiviral medications (if available) according to CDC and NYSDOH directives and following the governmental/public health mandated order of priorities for giving the vaccine and antiviral medications.

Obtaining Most Current Recommendations and Guidance for Use, Availability, Access and Distribution of Vaccines and Antiviral Medications

The facility monitors public health advisories (federal and state) and guidance issued by CDC and NYSDOH as it relates to Pandemic outbreaks and the use, availability, access and distribution of vaccines and/or antiviral medications. As mentioned above, the facility will follow the governmental/public health mandated order of priorities for giving the vaccine when the vaccine for that particular pandemic-causing strain of virus becomes available. CDC guidance will be followed for the use of antiviral medication, with the final decision on whether or not to treat with antivirals resting with the treating physician.

VIII. ISSUES RELATED TO SURGE CAPACITY DURING A PANDEMIC

Contingency Staffing Plan/Planning for Staff Shortages

It is the policy of the facility to maximize its staff availability to ensure the provision of safe resident care during a health care disaster. As described above, the facility has developed a procedure for the safe care and treatment of residents during a pandemic outbreak by designating spaces within the facility into three (3) zones, which is based on the residents' testing status, as follows:

Pandemic Positive – Space designated to be used and occupied by confirmed positive residents and staff assigned to their care. Newly admitted and readmitted residents with confirmed positive results who have not met the criteria for discontinuation of transmission-based precautions and are allowed to be admitted/readmitted to the facility based on CDC and NYSDOH guidance will be admitted to this space.

Pandemic Unknown – Space designated to be used and occupied by asymptomatic residents with exposure and/or residents who have an unknown testing status and staff assigned to their care.

Pandemic Negative – Space designated to be used and occupied by confirmed negative residents and staff assigned to their care.

Staff assigned to work in positive zones will not be assigned to work in either unknown or negative zones. The facility can assign staff to work in unknown or negative zones but that staff will not be assigned to work in a positive zone. Implementing the zone system, which are meant to manage resident flow, and assigning dedicated staff to the zones should help to minimize the number of staff exposed to those with suspected or confirmed pandemic influenza/illness.

It is the expectation that all staff will continue to report to their normal duties unless specific directions are given otherwise. All staff will be mobilized to assist with essential job duties to provide care to the residents and to maintain the facility. During a pandemic outbreak, the facility will implement the following, considering the absenteeism due to illness and other factors, to deal with immediate staffing needs safely:

- Mandatory overtime;
- Calling on per-diem staff;
- Use of agency staff;
- Requesting an additional day of work from off-duty employees;
- Seeking voluntary overtime;
- Alternate work assignments as deemed necessary to maintain essential services; and

The facility will consider the following essential elements when utilizing temporary staff (i.e., agency staff,) in an emergency staffing shortage in providing care safely:

- Staff/personnel receives training;
- Staff is oriented/familiarized with equipment and supplies;
- Staff is oriented/familiarized with the facility structure, space and set-up; and
- Staff is oriented to policy and procedures of the facility.

Identification of Essential Materials and Equipment/Plan to Address Likely Supply Shortages

During a pandemic, health care settings will need large quantities of equipment and supplies to provide care and to protect health care workers. It is anticipated that the demand will be high and that traditional

supply chains may break down. In preparation for a pandemic, the following measures will be instituted:

1. The facility will maintain a 60-day supply of PPE, which will be based on the PPE burn rate/average consumption rate and will be adjusted accordingly if the burn rate/average consumption rate increases or decreases.
2. A 30-day supply of essential supplies (i.e., tissues, hand sanitizer, etc.) needed to adhere to infection control policies will be maintained.
3. The normal restocking/reordering of other supplies will remain in place unless a new need for a supply item, delay in receiving or a shortage is anticipated.

All stockpiled supplies, which are kept secured in the central storeroom and, when needed, in an additional secure location, are checked for expiration dates and rotated on a regular basis to prevent stock expiration. The facility administrator will determine the frequency of the stock rotation.

Working collaboratively with facility vendors, Suffolk County OEM and the NYS DOH the facility's Purchaser can place orders routinely or on a stat basis to obtain the necessary supply or equipment item. During a pandemic, PPE availability is reported on a daily basis to the to the New York State Department of Health through the Health Electronic Reporting Data System (HERDS) so that anticipated shortages can be identified and the shortage addressed through either ordering of additional supplies or identifying the availability of PPE from other health care facilities.

Alternative Care Plans for Residents Who Need Acute Care

During a pandemic surge where possible, the facility will strive to meet the clinical needs of a mild to moderately symptomatic confirmed positive or suspected positive resident in order to keep the resident at the facility. If the facility cannot meet the clinical needs of the resident, the facility will request to transfer the resident to another alternate care site/provider as required by NYSDOH directives to do so.

It is the policy of the facility to notify the emergency contact/next of kin in the event of a significant change in the resident's medical condition and/or the transfer of the resident to another facility, in this case either to a hospital or an established alternate care site. Please refer to **Section IV Communication Plan** above, for additional information on communication with authorized family members and legal representatives.

Surge Capacity Plan to Help Increase Hospital Bed Capacity

The facility reports the number of available beds to NYSDOH on a weekly basis through the Health Commerce System and through the HERDS system during an emergency situation to assist other acute care hospitals with information as to the availability of beds for patients needing placement in order to help increase hospital bed capacity during a pandemic. The facility will follow NYSDOH directives regarding the transfer and acceptance of patients from hospitals during a pandemic, including any directives that may be issued on not accepting patients with confirmed positive status of the pandemic illness.

The facility works collaboratively with discharge planners from hospitals to obtain the necessary documentation to facilitate the clinical review for appropriate placement of discharged hospital patients in an available bed. During a pandemic, placement in an available bed at the facility will be determined by the patient's testing status and/or health status as a result of the pandemic, which may result in the declination of placement by the facility if a bed is not available in the correct designated cohorting spaces established by the facility.

During a pandemic, the facility will assess residents admitted to the facility for short-term rehabilitative services to determine if they can safely be discharged home in order to free up beds that may be needed to address placement of discharged hospital patients in need of low level medical/surgical care at the facility.

Increased Need for Post Mortem Care/Disposition of Deceased Residents

At the present time, the facility is not equipped with a morgue. During a pandemic, there could be an increased need for surge morgue capacity. In the case of surge morgue capacity need, the facility will:

- Contact local funeral homes for available capacity
- Contact families to ensure funeral arrangements have been made and are documented in the residents medical record
- Release cases to the funeral homes on demand and in accordance with normally established procedures.

IX. Infectious Disease Event/Pandemic Recovery

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 taking into account medical necessity and infection levels in the community. During the recovery period residents and staff will continue to be monitored daily in order to identify any symptoms that could be related to the infectious agent.