



## NY FORWARD SAFETY PLAN TEMPLATE

Each business or entity, including those that have been designated as essential under Empire State Development's Essential Business Guidance, must develop a written Safety Plan outlining how its workplace will prevent the spread of COVID-19. A business may fill out this template to fulfill the requirement, or may develop its own Safety Plan. **This plan does not need to be submitted to a state agency for approval** but must be retained on the premises of the business and must be made available to the New York State Department of Health (DOH) or local health or safety authorities in the event of an inspection.

Business owners should refer to the State's industry-specific guidance for more information on how to safely operate. For a list of regions and sectors that are authorized to re-open, as well as detailed guidance for each sector, please visit: [forward.ny.gov](https://forward.ny.gov). If your industry is not included in the posted guidance but your business has been operating as essential, please refer to ESD's [Essential Business Guidance](#) and adhere to the guidelines within this Safety Plan. Please continue to regularly check the New York Forward site for guidance that is applicable to your business or certain parts of your business functions, and consult the state and federal resources listed below.

### COVID-19 Reopening Safety Plan

**Name of Business:** Terraceview

**Industry:** Skilled Nursing Facility

**Address:** 462 Grider St. Buffalo, New York 14215

**Contact Information:** Valerie Killion, Interim Director of Nursing

**Owner/Manager of Business:** Erie County Medical Center Corporation

**Human Resources Representative and Contact Information, if applicable:**

### I. PEOPLE

**A. Physical Distancing.** To ensure employees comply with physical distancing requirements, you agree that you will do the following:

**D** Ensure 6 ft. distance between personnel, unless safety or core function of the work activity requires a shorter distance. Any time personnel are less than 6 ft. apart from one another, personnel must wear acceptable face coverings.

**D** Tightly confined spaces will be occupied by only one individual at a time, unless all occupants are wearing face coverings. If occupied by more than one person, will keep occupancy under 50% of maximum capacity.



- D Post social distancing markers using tape or signs that denote 6 ft. of spacing in commonly used and other applicable areas on the site (e.g. clock in/out stations, health screening stations)
- D Limit in-person gatherings as much as possible and use tele- or video-conferencing whenever possible. Essential in-person gatherings (e.g. meetings) should be held in open, well-ventilated spaces with appropriate social distancing among participants.
- D Establish designated areas for pick-ups and deliveries, limiting contact to the extent possible.

*List common situations that may not allow for 6 ft. of distance between individuals. What measures will you implement to ensure the safety of your employees in such situations?*

#### **Kitchen and server areas and some offices.**

The facility makes every effort to reduce common use of office space with less than 6ft distance between desks. If this is not feasible, we require personnel less than 6 ft apart to wear PPE, and maintain facility compliance with testing requirements of 1x per week. Tables in the break rooms and the lobby/café have been spaced apart to promote social distancing. Signage has been posted to promote social distancing. Conference rooms have signage designating the maximum amount of people in the room at any one time. Facility utilizes video conferencing whenever possible. Families are able to drop off/pick up items from a table as you enter the facility. The area has physical barriers including tables and crowd control stanchions to prevent families from entering beyond the drop off table.

*How you will manage engagement with customers and visitors on these requirements (as applicable)?*

These requirements will not affect customers or visitors, as social distance precautions have been communicated and implemented in all common areas that customers and visitors will occupy.

Family visitation will begin inside on October 13, 2020 in our lobby area. The facility visitation will be Monday thru Friday with 6 visiting sessions: 10:00-10:30am, 11:00am-11:30am, 1:30-2:00pm, 2:30-3:00pm, 6:30-7:00 PM, and 7:30-8:00 PM. All visitors will be social distanced in the lobby. The lobby will have 3 designated visiting areas with a long banquet type table in between the resident and the visitor(s). There will be signage indicating social distancing, maintaining of mask wear throughout the visit at each visiting area. Each visitor will have to sign in, received educational materials, complete a health questionnaire, show proof of a negative COVID test within 7 days at the time of the visit, and have their temperature taken prior to initiation of their visit. An employee will monitor the visiting sessions for compliance with mask wear, social distancing, and length of visit.

Family visitation may also include room visits for residents who are considered bed bound. Each visitor will purell hands, donn a mask, complete the screening questionnaire, show proof of negative COVID-19 swab, get their temperature taken, sign in, and be provided with educational materials. They will also be re-educated at the nurses station prior to entering the residents room regarding social distancing and mask wear. Following in room visitation, high touch surface areas will be cleaned by housekeeping or nursing personnel following appropriate cleaning procedures.

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*How you will manage industry-specific physical social distancing (e.g., shift changes, lunch breaks) (as applicable)?*

Terrace View has implemented social distancing precautions in all areas of the building, to include social distancing signage, limited access to individuals on elevators, and change of physical environment to promote social distancing (e.g. spacing out tables in break areas).

## II. PLACES

**A. Protective Equipment.** To ensure employees comply with protective equipment requirements, you agree that you will do the following:

**D** Employers must provide employees with an acceptable face covering at no-cost to the employee and have an adequate supply of coverings in case of replacement.

*What quantity of face coverings - and any other PPE - will you need to procure to ensure that you always have a sufficient supply on hand for employees and visitors? How will you procure these supplies?*

**Securing appropriate PPE through Hospital Central Supply, we ensure that we have accounted for all staff and visitors upon arrival and screening in the facility.**

**We calculate that we will need an additional 100 masks per day to accommodate the 10% of census visitor regulation is met. We will add an additional 50 masks as extra.**

**STAY HOME.**

**STOP THE SPREAD.**

**SAVE LIVES.**



- D Face coverings must be cleaned or replaced after use or when damaged or soiled, may not be shared, and should be properly stored or discarded.

*What policy will you implement to ensure that PPE is appropriately cleaned, stored, and/or discarded?*

**See attached COVID-19 Addendum Policy**

- D Limit the sharing of objects and discourage touching of shared surfaces; or, when in contact with shared objects or frequently touched areas, wear gloves (trade-appropriate or medical); or, sanitize or wash hands before and after contact.

*List common objects that are likely to be shared between employees. What measures will you implement to ensure the safety of your employees when using these objects?*

**Nursing Carts are to be sanitized in between shifts**

**Employees are not to share, gowns, gloves, masks, or any other form of PPE**

**Unit phones are to be sanitized after each use**

**Food or drink is not to be brought in to the facility to be shared**

**Common surfaces, such as nursing stations, are sanitized regularly**

**Equipment including wheelchairs, transport chairs, physical therapy equipment, hoist lifts, feeding equipment, etc. are to all be sanitized regularly.**

**Shared office equipment is to be sanitized regularly**

**Any high touch surface areas are cleaned regularly**

**Any surfaces utilized during visitation such as tables and chairs will be sanitized between visits.**

**B. Hygiene and Cleaning.** To ensure employees comply with hygiene and cleaning requirements, you agree that you will do the following:

- D Adhere to hygiene and sanitation requirements from the [Centers for Disease Control and Prevention](#) (CDC) and [Department of Health](#) (DOH) and maintain cleaning logs on site that document date, time, and scope of cleaning.

*Who will be responsible for maintaining a cleaning log? Where will the log be kept?*

**The Environmental Service employees are responsible for maintaining the cleaning log. The cleaning logs will be kept on the individual neighborhoods/cleaning assignments. Following completion of the log they will be kept in the Environmental services Department.**

- D Provide and maintain hand hygiene stations for personnel, including handwashing with soap, water, and paper towels, or an alcohol-based hand sanitizer containing 60% or more alcohol for areas where handwashing is not feasible.

*Where on the work location will you provide employees with access to the appropriate hand hygiene and/or sanitizing products and how will you promote good hand hygiene?*

**Designated hand washing stations on each unit as well as Purell Hand Sanitizer Wall Mounts in each hallway on the units.**

Facility promotes good hand hygiene thru inservice education, rounding, audits, and review at Team Huddles.

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**D** Conduct regular cleaning and disinfection at least after every shift, daily, or more frequently as needed, and frequent cleaning and disinfection of shared objects (e.g. tools, machinery) and surfaces, as well as high transit areas, such as restrooms and common areas, must be completed.

*What policies will you implement to ensure regular cleaning and disinfection of your worksite and any shared objects or materials, using **products** identified as effective against COVID-19?*

- **Unit staff are responsible for wiping down equipment after use, with acceptable disinfectant products as provided by Environmental Services Department-examples include nurses station telephone, medication carts.**
- **The Environmental Service Department employees will complete a daily log to ensure a regular cleaning /disinfection schedule for routine cleaning such as resident rooms & frequent cleaning throughout the facility to include common areas such as restrooms and break rooms.**
- **Terrace View currently contracts with a cleaning service (J & J services) to provide cleaning on evening shifts Monday through Friday on all high touch and high traffic areas on the clinical units and common areas.**

**C. Communication. To ensure the business and its employees comply with communication requirements, you agree that you will do the following:**

**D** Post signage throughout the site to remind personnel to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.

**D** Establish a communication plan for employees, visitors, and customers with a consistent means to provide updated information.

**D** Maintain a continuous log of every person, including workers and visitors, who may have close contact with other individuals at the work site or area; excluding deliveries that are performed with appropriate PPE or through contactless means; excluding customers, who may be encouraged to provide contact information to be logged but are not mandated to do so.

*Which employee(s) will be in charge of maintaining a log of each person that enters the site (excluding customers and deliveries that are performed with appropriate PPE or through contactless means), and where will the log be kept?*

**Front Desk Staff will be responsible for maintaining the log of each visitor to the building including name, address, phone number, email address, and proof of a negative COVID-19 test. Each visitor will be provided with educational materials outlining required PPE and expectations for their visit and will be required to complete and pass a health screening which includes a temperature check before visitation will be allowed.**

**This log will be kept at the front desk, and reviewed as needed by facility administration.**



**D** If a worker tests positive for COVID-19, employer must immediately notify state and local health departments and cooperate with contact tracing efforts, including notification of potential contacts, such as workers or visitors who had close contact with the individual, while maintaining confidentiality required by state and federal law and regulations.

*If a worker tests positive for COVID-19, which employee(s) will be responsible for notifying state and local health departments?*

**Valerie Killion, ADON, Director of Infection Control, Tamika Sanders, Infection Preventionist, or designee will contact the DOH.**

### III. PROCESS

**A. Screening. To ensure the business and its employees comply with protective equipment requirements, you agree that you will do the following:**

**D** Implement mandatory health screening assessment (e.g. questionnaire, temperature check) before employees begin work each day and for essential visitors, asking about (1) COVID-19 [symptoms](#) in past 14 days, (2) positive COVID-19 test in past 14 days, and/or (3) close contact with confirmed or suspected COVID-19 case in past 14 days. Assessment responses must be reviewed every day and such review must be documented.

*What type(s) of daily health and screening practices will you implement? Will the screening be done before employee gets to work or on site? Who will be responsible for performing them, and how will those individuals be trained?*

**All visitors and employees that enter Terrace View receive a health screening upon arrival (questionnaire attached). They must complete the questionnaire and submit to our health screener for review, who takes and documents their temperature on the questionnaire, prior to entering the facility.**

- **Health Screeners are trained at orientation and have additional educational materials available at their work station.**

**The Health screening questionnaires are kept in the nursing supervisor's office and are reviewed as needed.**

*If screening onsite, how much PPE will be required for the responsible parties carrying out the screening practices? How will you supply this PPE?*

**PPE is tracked and ordered through Central Supply both onsite and at our supporting hospital on campus. Each health screener will have access to PPE, trained on use of PPE, and expected to wear PPE for the entirety of their shift while screening visitors/employees.**

**At the initiation of the Health Screeners shift mask, gloves, and goggle or face shield is provided. The Health screener has the ability to change them as often as they feel appropriate.**

**B. Contact tracing and disinfection of contaminated areas. To ensure the business and its employees comply with contact tracing and disinfection requirements, you agree that you will do the following:**

**D** Have a plan for cleaning, disinfection, and contact tracing in the event of a positive case.

*In the case of an employee testing positive for COVID-19 how will you clean the applicable contaminated areas? What products identified as effective against COVID-19 will you need and how will you acquire them?*

**All contaminated areas will be cleaned with an approved disinfectant (provided by Central Supply) by Environmental Services Personnel. An additional cleaning will be performed utilizing our contract cleaning service (J & J Services).**



*In the case of an employee testing positive for COVID-19, how will you trace close contacts in the workplace? How will you inform close contacts that they may have been exposed to COVID-19?*

**Infection Control will review staffing sheets for all departments to determine who was in close contact with COVID-19 positive employees. Infection Control department will contact all by phone alerting them of possible exposure.**

#### IV. OTHER

Please use this space to provide additional details about your business's Safety Plan, including anything to address specific industry guidance.

#### Staying up to date on industry-specific guidance:

To ensure that you stay up to date on the guidance that is being issued by the State, you will:

D Consult the NY Forward website at [forward.ny.gov](https://forward.ny.gov) and applicable Executive Orders at [governor.ny.gov/executiveorders](https://governor.ny.gov/executiveorders) on a periodic basis or whenever notified of the availability of new guidance.

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**ERIE COUNTY MEDICAL CENTER  
POLICY AND PROCEDURE**

Name/Title of Policy: COVID – 19 LTC Addendum Policy to ECMC policy EOC – 870 “Emerging Infectious Disease Plan”	Policy #:
Policy Type <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Clinical Practice	Prepared by: Jeanne M. Malovich RNC CWS Inservice Education Coordinator
Reference: • From CDC: <a href="https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html">https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html</a>  • From CMS: <a href="https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf</a>  • From NYSDOH (on Health Commerce): <a href="https://apps.health.ny.gov/pub/ctrldocs/alrtviw/postings/Nursing_Home_Guidance_3_1_583593822992_0.6.20_with_signage.pdf">https://apps.health.ny.gov/pub/ctrldocs/alrtviw/postings/Nursing_Home_Guidance_3_1_583593822992_0.6.20_with_signage.pdf</a> DAL: BFD 20-04 DAL C20-01	Applies to: All Terrace View Staff

Replaces the following P&P(s), if applicable:
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Effective Date	3-2020			
Review Date				
Revision Date	5-26-2020	6-26-2020	7-21-20	8-13-2020
	8-30-20	9-1-2020	9-2-20	9-21-2020
	10-07-2020	10-12-2020		

**I. Policy**

It is the policy of Terrace View LTC Facility to comply with ECMC policy EOC-870 “Emerging Infectious Disease Plan” {3-6-20}, CDC guidelines and all NYSDOH notifications regarding LTC operations during the COVID-19 Pandemic.

## **II. Purpose**

To specify procedures for Terrace View LTC facilities for:

- a. Screening all workers, determining ability to work
- b. Screening /monitoring residents
- c. COVID-19 positive residents
- d. Personal Protective Equipment
- e. Discontinuation of Isolation for Patients with COVID-19
- f. Resident Activity
- g. Meal time
- h. Resident Transport
- i. Communication during Visitor Restriction/Limited Visitation
- j. Specimen Collection
- k. Resident Admission
- l. Deceased Resident
- m. Resident Belongings
- n. Role of Infection Preventionist
- o. Testing Staff

## **III. Responsibility**

All Terrace View Staff and Contract Staff

## **IV. Procedure**

### **A. Screening All Workers**

1. During the pandemic, access points to Terrace View LTC Facility have been decreased to 2 entrances, the main front entrance, the north side employee entrance and the parking ramp entrance in the axial corridor.
2. At each entrance of the three entrances, a screening table is placed to screen all who are entering Terrace View LTC facility.
3. All staff and contract staff are screened for temperature and COVID -19 symptoms, travel to states and zip codes of identified increased COVID -19 infection rates;
  - a. At a minimum of daily upon entering the facility for an 8 hour shift, and additionally re-screened at the start of an overtime shift.
  - b. Whenever a worker exits Terrace View and returns during that shift
4. All employee must sanitize their hands, don a procedure mask, fill out the COVID-19 questionnaire and go through the screening station before proceeding to the work area.
5. Screeners will man the screening table 24/7 and are instructed on the following;
  - a. All screeners must be wearing a mask and eye shield/goggles
  - b. Tables are to be stocked with masks, hand sanitizer, alcohol wipes, disposable thermometer caps, gloves, Facility approved sanitizing



wipes/sprays, and walkie-talkies (to ask for assistance, guidance, troubleshooting answers to questionnaires from the nursing supervisor on duty).

- c. Review the questionnaire of each worker. If any question was answered "YES", assure that the employee is masked and call the nursing supervisor. The nursing supervisor will assess the worker, consult with the Infection Preventionist and determine if the worker may proceed to the work area. If it is determined that the worker should go home, he/she will be advised by the Infection Preventionist/designee to;
  - i. Self- quarantine and contact their health provider
  - ii. Contact ECMC employee health between 7a-3p M-F.
  - iii. Call the employee sick line
  - iv. Call the NYSDOH if indicated under current guidance
- d. If all answers on the questionnaire are answered "NO", take the temperature of the worker.
- e. If the worker's temperature is less than or equal to 95 degrees F, retake the temperature.
- f. If low temperature readings persist, check/change the batteries in the temporal thermometer.
- g. If any worker's temperature is greater than or equal to 100 degrees F, assure that the employee is masked and call the nursing supervisor. The nursing supervisor will assess the worker, consult with the Infection Preventionist and determine if the worker may proceed to the work area. The nursing supervisor will assess the worker, consult with the Infection Preventionist and determine if the worker may proceed to the work area. If it is determined that the worker should go home, he/she will be advised by the Infection Preventionist/designee to;
  - i. Self- quarantine and contact their health provider
  - ii. Contact ECMC employee health between 7a-3p M-F.
  - iii. Call the employee sick line
  - iv. Call the NYSDOH if indicated under current guidance

#### **B. Screening and Monitoring Residents**

1. All residents will have their vital signs (temperature, pulse, respirations) monitored and recorded in the medical record each 8-hour shift and more frequently if determined necessary by the medical provider. Pulse oximetry will be monitored daily.
2. All residents will be continually monitored for symptoms of COVID-19, including but not limited to;
  1. Fever
  2. Cough
  3. Sore throat
  4. Congestion/runny nose
  5. Fatigue

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6. Muscle aches/pain
  7. Headache
  8. Rash
  9. Loss of sense of taste/smell
  10. Gastrointestinal Symptoms (nausea, vomiting, diarrhea)
3. If the resident has any of the above symptoms and or a temperature equal to or greater than 100 degrees F, notify the medical provider.
  4. If the physician suspects COVID -19, obtain appropriate orders for testing and notify the Infection Preventionist.
  5. Residents suspected of infection with COVID-19 should be given a facemask to wear, and the facility must immediately contact Val Killion/infection Preventionist who will contact NYSDOH.
  6. The resident must be isolated in a separate room with the door closed. Staff attending to the resident if and until they are transferred, should wear gowns, gloves, eye protection (goggles or a face shield), and facemasks and should maintain social distancing of at least six (6) feet from the resident except for brief, necessary interactions.
  7. Facilities should bundle care and minimize the number of HCP and other staff who enter rooms to reduce the number of personnel requiring facemasks.
  8. Terrace View LTC Facility will comply with the DOH emergency regulation 10 NYCRR Section 415.33 require that requires:
    - a. Any nursing home patient/resident be tested for both COVID-19 and influenza whenever he/she is known to have been exposed to COVID-19 or influenza, or has symptoms consistent with COVID-19 or influenza.
    - b. Any patient/resident who dies in the nursing home be tested for both COVID-19 and influenza within 48 hours after death, if he/she is suspected of having died of either disease and had not been tested for COVID-19 and influenza in the 14 days prior to death. Deaths must be reported immediately after receiving both test results to DOH through the Health Emergency Response Data System (HERDS). However, these post-mortem tests are not required if the individual's next of kin objects to the testing. Any facility that lacks the ability to perform rapid testing for COVID-19 or influenza can request that DOH perform these tests.
    - c. Facility-wide testing in the event of an "outbreak," which is defined as a single confirmed case among staff or a single confirmed "nursing home-onset" case among residents. A resident admitted with COVID-19 is not a "nursing home-onset" case. Testing must continue every 3 to 7 days until at least 14 days elapse without a positive result.

### C. COVID -19 Positive Residents (see attached "Isolation Zoning")

If there is a **confirmed** case of COVID-19 in the facility, follow the guidance below;



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1. Notify Val Killion/infection control who will coordinate contact to the NYSDOH if not already involved.
2. Actively monitor all residents on affected units once per shift. This monitoring must include a symptom check, vitals, lung auscultation, and pulse oximetry.
3. Assure that all residents in affected neighborhoods remain in their rooms. Cancel group activities and communal dining. Offer other activities for residents in their rooms to the extent possible, such as video calls.
4. Residents must wear facemasks when staff enter their rooms, unless such is not tolerable.
5. Do not float staff between neighborhoods to the extent possible.
6. Cohort residents with COVID-19 to the extent possible, with dedicated staff. Minimize the number of staff entering rooms.
7. All residents on affected neighborhoods should be placed on droplet and contact precautions, regardless of the presence of symptoms and regardless of COVID-19 status. Staff should wear gown, gloves, eye protection, and facemasks. Facilities may implement extended use of eye protection and facemasks when moving from resident to resident (i.e. do not change between residents) unless other medical conditions which necessitate droplet precautions are present. However, gloves and gowns must be changed and hand hygiene must be performed.
8. For residents who initially test negative, re-testing should be performed immediately if they develop symptoms consistent with COVID-19.

### D. Personal Protective Equipment

1. Personal protective equipment will be made available on all neighborhoods and in all departments in accordance with Terrace View Policy TER-277 "Prevention and Control of Transmission of Infection."

### E. Discontinuation of Isolation for Patients with COVID-19

1. Residents who are admitted to or remain at Terrace View, in compliance with NYSDOH recommendations may have discontinuation of transmission-based precautions when they meet the following more stringent conditions:
  - a. **Non-test-based strategy:** o At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (greater than or equal to 100.0) without the use of fever-reducing medications; **AND** Improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND** at least **14 days** have passed since symptoms attributed to COVID-19 first appeared.
    - For patients who were asymptomatic at the time of their first positive test and remain asymptomatic, at least 14 days have passed since the first positive test.
  - b. **Test-based strategy:** If testing is available to a facility through in-house or commercial means, the following test-based strategy may also be

considered. Lack of fever (greater than and equal to 100.0), without fever-reducing medications; **AND**; improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**; negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA, from at least two consecutive tests conducted on recommended specimens (nasopharyngeal, nasal and oropharyngeal, or nasal and saliva), collected greater than or equal to 24 hours apart. For patients who were asymptomatic at the time of their first positive test and remain asymptomatic, testing for release from isolation may begin a minimum of 7 days from the first positive test.

- c. Residents who remain in, or are admitted, to a nursing home, adult care facility, or other congregate living facility with vulnerable residents, and meet criteria for discontinuation of transmission-based precautions using the non-test-based strategy but who remain symptomatic, such as with a persistent cough, should be: (1) placed in a single room or be cohorted with other recovering residents who had confirmed COVID-19; (2) remain in their room; and (3) wear a facemask when caregivers enter the room.

**F. Resident Activity (See attached Isolation Zoning)**

1. Resident activity should be limited to the neighborhood to the extent possible during the pandemic.
2. Any resident leaving the neighborhood or being present in a common area such as a dining room, should don a procedural mask and perform hand hygiene upon leaving their room and upon returning. (I.e. attending therapy).
3. Residents who are able to tolerate mask wearing should be provided with a surgical mask in their rooms and asked by staff to don the mask when staff enters the room for care activities. Residents who cannot tolerate mask wear or refusal mask wear, will be offered an alternative face shield and/or have this reflected in the resident's individual plan of care.
4. Resident recreational activities will be neighborhood based – with social distancing observed to the extent possible. Group activities participation will be kept to less than 10.
5. Residents on neighborhoods where there is a confirmed COVID + or a high suspicion of COVID + will remain in their room to the extent possible. They will be provided with individualized activities in their room. Recreational staff will provide and encourage video chat with family/friends to decrease social isolation.

**G. Mealtime**

1. Residents to the extent possible, will remain in their room for meals.
2. Some resident will need to eat in the dining room to assure safety and adequate meal consumption. This situations may include but are not limited to:
  - a. Identified aspiration risk
  - b. Requiring assist with meals
  - c. Requiring constant supervision and/or verbal cues with meals

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3. Residents being served in the dining area, will maintain social distancing to the extent possible. Seating will be arranged to encourage social distancing during meals.

### **Mealtime tray passing on quarantined units for asymptomatic (not on precautions)**

#### **Residents**

1. Residents should be already be set up for meal (tray passer should not be touching the patient)
2. Designate someone to pass all the trays
3. Tray passer will wear a mask and goggles or Face Shield (do not remove between rooms) (extended use)
4. Sanitize hands before entering room
5. Take tray inside room and set it on table for resident
6. Hand sanitize coming out of the room and repeat for each tray passed
7. Meals to be served from Servery
8. Served on regular trays and regular utensils
9. The seating plan for meals includes proper social distancing between residents to the extent possible.
  - a. Alert and oriented resident are educated and encouraged to abide by social distancing, but maintain the individual right to socialize with fellow residents during the mealtime on the neighborhood.
  - b. On neighborhoods with a dementia population, staff will monitor resident movement and to the extent possible endeavor to maintain resident social distancing during the mealtime.

### **Mealtime tray passing on residents that is pending a COVID test or is confirmed COVID+, new admissions (Canal)**

10. These Residents will be on Contact and Droplet precautions
11. Residents should be already be setup for meal
12. Designate someone to pass all the trays of COVID pending and confirmed COVID+
13. These residents will receive their food on disposable trays and plastic utensils
14. Tray passer will sanitize hands before entering room
15. Don contact/droplet PPE (facemask/N95, gown, goggles or face shields and gloves)
16. Doff PPE if contamination occurs
17. Sanitize hands
18. Tray passer will not need to change facemask/N95 or goggles (extended use) and will change if becomes soiled, wet or damaged

#### **Dietary**

19. Will bring food to Servery and serve like normal (appropriate temperatures)
20. The dietary server will wear PPE (facemask and goggles of face shield) while serving
21. Floor staff will take the trays into the rooms



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### H. Resident Transport

1. If a medical provider is obtained to transport the COVID positive resident to the acute hospital, the order will include whether the resident may be transported through the axial corridor or by ambulance.
2. Through the axial corridor;
  - a. Place a mask on the resident
  - b. Place a clean sheet over the resident
  - c. One or two staff will be considered “dirty”, don required PPE, transfer the resident via bed/stretcher through the axial corridor to the Emergency Department or directly to the acute nursing unit as instructed.
  - d. An additional staff member will be considered “clean”, don required PPE and will be responsible for touching high-touch surfaces needed to transport the resident to the acute setting (door handles, elevator buttons, automatic opening door switches etc.) The “clean” staff member will not touch the resident or the resident’s bed/transport cart to or from the acute setting.
  - e. Upon return to the facility, PPE will be doffed and hand hygiene performed.
  - f. The bed if returned, will be disinfected with the facility approved disinfectant.

### I. Communication during Visitor Restriction/Limited Visitation

1. During the COVID-19 Pandemic, Terrace View will;
  - a. Allow Limited Visitation - when the facility meets all requirements as set forth by the NYSDOH. During limited visitation, the following will occur:
    1. The resident’s responsible party will be notified of the facilities ability to allow visitation and how to schedule a visit via ROBO call system and letter. All visits must be scheduled.
    2. All visitors must be 18 years of age or older.
    3. Each visitor must provide documentation of a negative COVID – 19 swab obtained within 7 days prior to the scheduled visit.
    4. On the day of the visit, the visitor must complete a screening process, including information regarding COVID -19 symptoms and travel to states and zip codes of identified increased COVID -19 infection rates and will provide contact information,
    5. The visitor will review educational materials, wear appropriate PPE, and maintain proper social distancing.
    6. Visitation will occur outdoors in the facility ground floor courtyard where 6 visiting stations are set up.
    7. Visitation may also occur indoors in the facility front lobby where 3 visiting stations are set up.
    8. Visits will be staff monitored.
    9. Each resident will be allowed up to 2 visitors per visit.

## COVID-19 LTC Addendum to Emergency Infectious Disease Plan

10. Residents and visitors are required to be masked and maintain social distancing during the visit. (Residents who cannot tolerate or maintain mask use may alternatively wear a face shield or be behind a transparent protective barrier during the visit.
  11. Scheduling of visits will allow time for cleaning and disinfection before the next scheduled visit time.
- b. Bedside Visitation for Bed Bound Residents –
    1. In certain circumstances, residents may not be able to go outside for visitation. Those residents may include but are not limited to:
      - a. Respiratory Compromised (vented, tracheostomy, continuous oxygen therapy)
      - b. Severe wounds
    2. Visitation may be allowed bedside once approved by the facility administration under these circumstances.
    3. All Visitors approved for bedside visits will report to the nurse's station prior to the visit for instructions.
    4. Visits will be scheduled and managed under the rules and requirements as set forth in section I. 1a.
  - c. End of Life Visitation-
    1. Exceptions authorized by facility administration under end of life circumstances may be made.
    2. In these circumstances, the requirement to provide documentation of a negative COVID-19 swab in the past 7 days is waived unless coming from a NYS designated "RED STATE".
    3. If the visitor is coming from a "RED STATE", they can apply for an exemption so they can visit as soon as possible.
    4. End of life visitation will occur only if the visitor follows all guidelines for screening, hand hygiene, masking and social distancing while in the facility.
  - d. Suspension of Visitation – may occur if;
    1. The facility no longer meets all NYSDOH requirements for limited visitation or,
    2. A Visitor or residents fails to comply with all NYSDOH requirements for visitation in a Long Term Care Facility.
  - e. During the time of visitor suspension/limited visitation, the facility will assure that resident's designated representatives are;
    1. Updated on the resident's condition, routinely and whenever there is a change in the resident's condition
    2. When a new or suspected COVID+ resident or staff member is identified, in accordance with NYSDOH regulations.
    3. When there is a total of 3 or more residents AND staff with reported respiratory symptoms within a 72 hour period.

## COVID-19 LTC Addendum to Emergency Infectious Disease Plan

4. Various modes of communication may be employed including individual calls, Robo-calls, letters from the facility Administrator and posting to facility WEB pages.
    5. Residents and designated representatives/family members will be encouraged and assisted to keep in contact through telephone and video chat options.
  2. Staff Communication: During the COVID – 19 Pandemic, Terrace View will;
    - a. Communicate to all staff the requirements for the NYSDOH regarding COVID – 19 prevention, surveillance, prevalence on a routine and as needed basis as requirements change. Methods may include:
      1. Daily informational on-line meetings
      2. E-mail
      3. Written memos/letters
    - b. Educate staff on proper infection control practices to help prevent the spread of COVID – 19 including but not limited to the appropriate use of personal protective equipment, proper hand hygiene, disinfection of high touch and shared equipment, reporting of symptoms, call-in procedure and self-isolation procedures.
- 1a. Infection Control Practices Related to Shared Communication Devices
  1. All shared electronic devices which the facility uses to assist residents with communication with family, friends and responsible parties will be disinfected with the corporate approved disinfectant in accordance with manufacturer's recommendations before and after each use.
6. Specimen Collection
  - a. COVID- 19 testing will be ordered by the medical provider, as needed.
  - b. Oral/Nasal swabs will be provided by the ECMC Department of Laboratory Medicine.
  - c. Specimens will be obtained per ECMC guidelines for obtaining oral/nasal swab samples, and following facility guidelines for transmission-based precautions.
7. Resident Admission (see attached Isolation Zoning)
  - a. To the extent possible, all new and readmissions will be placed in one cohort neighborhood at Terrace View for a duration of at least 14 days. (Those requiring special care ventilation, continuous oxygen/suction, wander-guard ) may be admitted to a specialty neighborhood
  - b. During those 14 days, each resident admission/readmission will be maintained on droplet and contact precautions and monitored for signs of COVID- 19 infection.
  - c. New resident admissions who were previously tested COVID (+), but then have had one COVID (-) tests within 72 hours prior to admission, may be admitted to any neighborhood.

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## 8. Deceased Resident



## COVID-19 LTC Addendum to Emergency Infectious Disease Plan

- a. See Terrace View Policy # TER-074 "Death Management: Pronouncing Death, Death Paperwork, Post-mortem Care, Releasing Human Remains" for guidance.
- b. Contact the decedent's family members as soon as possible, but in no case later than 24 hours of the decedent becoming deceased.
- c. Notify the designated representative if any resident suffers a COVID-19 related death, within 24 hours of such positive test result or death.
- d. Allow visitation of the decedent's body and assure that proper infection control practices, including face covers are followed for all persons involved.

### **9. Resident Belongings**

- a. See Terrace View policy # TER-180 "Personal Belongings (Resident)" for guidance.
- b. Decedent personal effects can be packaged per facility protocol, but during a surge, personnel should ensure items are well-sealed prior to labeling.
- c. All personal effects should be tagged with a unique identifier, as well as the unique identifier of the decedent, to allow for re-association.
- d. General guidelines:
  - i. Wear disposable gloves when handling all PE of the deceased resident. Additional personal protective equipment (PPE) can be worn in accordance with your facility's current policies and practices.
  - ii. Wash your hands with soap and water, for a minimum of 20 seconds, or use alcohol-based hand rub containing at least 60% alcohol, after removing all PPE.
  - iii. Waste, including discarded gloves, masks, and gowns, can be disposed of Terrace View's normal practices.
  - iv. For clothing and other fabric items:
    - 1. Discard or launder cloth items that are wet or contaminated with bodily fluids.
    - 2. Do not shake clothing or other cloth items. Shaking contaminated cloth items might disperse the virus through the air.
    - 3. For clean, dry cloth items, either pack items directly into bags or launder the items, if feasible. If packing items without laundering, indicate this on the bag, and provide general instructions to the family on laundering items.
    - 4. If possible, launder items. Items from a sick person can be washed with other persons clothing.
  - v. Clean and disinfect clothes bags/hampers.
  - vi. Personal items should be wiped with facility approved sanitizer or alcohol before placing in the boxes. If an item cannot be sanitized and is not an important keepsake for the family, consider discarding; however, the item should be recorded as discarded for tracking purposes. Important items or keepsakes that cannot be easily

sanitized should be placed in plastic bags before putting them into boxes.

- vii. For electronic devices, follow the manufacturer's instructions for cleaning and disinfection. If no guidance is available, utilize facility approved sanitizing wipes or sprays. Do not saturate devices.
- viii. Family members should be cautioned to wait at least 7 days before unpacking items from bags and boxes.

#### **10. Role of Infection Preventionist**

- a. The Infection Preventionist (IP) will be responsible for:
  - i. Managing day to day activities of the COVID-19 surveillance, prevention and control program.
  - ii. Monitoring daily neighborhood reports for increased numbers of residents with COVID – 19 symptoms.
  - iii. Monitoring Daily staff sick log for staff with COVID – 19 symptoms
  - iv. Monitoring/Auditing Infection Control Practices per NYSDOH and CDC guidelines.
  - v. Communicating NYSDOH and CDC recommendations/requirements regarding the COVID – 19 pandemic to facility staff.
  - vi. Reporting required information regarding COVID – 19 to the NYSDOH and the CDC per NYSDOH and CDC guidelines.

#### **11. Testing Staff**

- a. Staff will be tested for COVID – 19 in compliance with NYSDOH and CDC recommendations/requirements and in compliance with the NYS Governor's mandate for weekly testing, for the mandated timeframe.
- b. Staff instruction for positive COVID – 19 results will be in compliance with NYSDOH and CDC recommendations/requirements.
- c. Routine testing of all staff, volunteers, and those who provide services under an arrangement with a nursing home, including CNA trainees, at a minimum frequency based on county positivity rates. New York State facilities must continue to comply with New York's more stringent weekly staff testing requirements, unless the positivity rate of the county in which the facility is located rises above 10 percent. If the positivity rate exceeds 10 percent, staff testing must be conducted twice weekly under the federal regulations. There are no counties in New York with a positivity rate of greater than 10 percent at this time.

COVID-19 LTC Addendum to Emergency Infectious Disease Plan

Approved By:	_____	_____
	Name and Title	Date
	_____	_____
	Name and Title	Date
	_____	_____
	Name and Title	Date
	_____	_____
	Name and Title	Date

ECMCC has developed these policies and procedures in conjunction with administrative and clinical departments. These documents were designed to aid the qualified health care team in making clinical decisions about patient care. These policies and procedures should not be construed as dictating exclusive courses of treatment and/or procedures. No health care team member should view these documents and their bibliographic references as a final authority on patient care. Variations from these policies and procedures may be warranted in actual practice based upon individual patient characteristics and clinical judgment in unique care circumstances.





## Color Coded Isolation Zoning

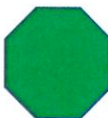
### Red Zone

1. Is a **critical zone, wear full PPE.**
2. All residents within the Red Zone are placed on Contact and Droplet Precautions.
3. All residents will be offered a surgical mask to don while employees are in the room, unless care planned for non-tolerance or refusal.
4. Hand hygiene must be performed, gowns, gloves and goggles/ face shield must be donned and/or doffed before entering or leaving the room of each individual resident in the Red Zone. A fit tested N95 must in be used and a surgical mask over to cover the fit tested N95. Discard surgical mask before leaving each room to extend the use of the fit tested N95.
5. **For residents within the Red Zone, mandatory PPE includes:**
  - **Use disposable single-use isolation gown**
  - **Fit tested N-95 mask with surgical mask over**
  - **Eye protection (goggles or face shield)**
  - **Gloves which are changed and hand hygiene performed in between residents**
6. If you need to move equipment or carts from the Red Zone:
  - End user wipes – terminal wipe down before moving equipment off the red zone
  - Runner wipes – wipe down equipment, if you are sent to pick up from the red zone



### Yellow Zone

1. **Residents with exposure to a COVID-19 positive resident (roommate of a positive resident), new admission, PUI (patients under investigation) or other as determined by the care team may be transferred to the Yellow Zone.**
2. All residents within the Yellow Zone are placed on Contact and Droplet Precautions.
3. All residents will be offered a surgical mask to don while employees are in the room, unless care planned for non-tolerance or refusal.
4. Hand hygiene must be performed, gowns and gloves goggles/face shield must be donned and/or doffed before entering or leaving the room of each individual resident in the Yellow Zone and before moving to another non-positive resident in the Yellow Zone. If a K N95 or fit tested N95 in are used, you may use a surgical mask to cover the K N95 or fit tested N95 and discard surgical mask before leaving each room to extend the use of the N95.
5. **For residents within the Yellow Zone, PPE use includes:**
  - **Use disposable single-use isolation gown**
  - **Surgical mask K N95 OR fit tested N-95 mask with surgical mask over**
  - **Eye protection(goggles or face shield)**
  - **Gloves are changed and hand hygiene performed in between residents regardless of resident status**



### Green Zone

1. **Safe zone. Surgical masks only.**

## COVID-19 LTC Addendum to Emergency Infectious Disease Plan

2. All residents will be given a surgical mask to don while employees are in the room.
3. Hand hygiene must be performed, gloves must be donned and/or doffed before care routines or leaving the room of each individual resident in the Green Zone.

### **Neighborhood quarantine**

1. When a neighborhood has been identified as having possible contact with a resident/staff member who is a PUI or a COVID-19 + person, follow PPE requirements for **Green Zone**.  
**Safe zone. Surgical masks only.**
2. All residents will be given a surgical mask to don while employees are in the room.
3. Gloves continue to be worn for all care routines, hand hygiene after removal of gloves.
4. Residents will remain on the neighborhood and will be monitored for the development of COVID-19 symptoms.

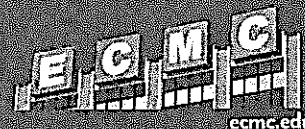
### **Additional Points to remember:**

1. To the extent possible, staff should limit their movement off the neighborhood while on duty.
  2. Remember to change PPE immediately if cross-contamination occurs. "Touch something – Do something!"
  3. Residents outside of their rooms, in common areas should be encourage to wear a surgical mask, including dining rooms and living room areas on each neighborhood.
-

# Terrace View Employee/Visitor/ Contractor Screening Form

Updated September 21, 2020

The difference between healthcare and true care™



Date: \_\_\_\_\_ Time: \_\_\_\_\_

Employee/Visitor/Contractor Name: \_\_\_\_\_

Visitor: Street Address \_\_\_\_\_

Visitor: Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Visitor Email Address: \_\_\_\_\_

Visitor Verification of NEGATIVE COVID Swab: Text \_\_\_\_\_ Hard Copy \_\_\_\_\_ Email \_\_\_\_\_

Department/Company \_\_\_\_\_

## IF YOU ARE EXPERIENCING ANY OF THE SIGNS/SYMPTOMS

Temp  $\geq 100.0$  F.....

New onset/change in cough..... YES NO

New onset/change in Shortness of Breath..... YES NO

New onset/change in Congestion/Runny Nose..... YES NO

New onset of Muscle Pain..... YES NO

New onset of Chills..... YES NO

New onset of Shaking with Chills..... YES NO

New onset/change in Headache..... YES NO

New onset/change of Sore Throat..... YES NO

New onset of loss of taste and/or smell..... YES NO

New onset Nausea/Diarrhea..... YES NO

Have you tested + for COVID in the last 14 days..... YES NO

Have you been in close contact with a confirmed  
or suspected person with Covid?..... YES NO

Have you traveled outside NYS to any  
Increased Infection Rate State? Indicate State..... YES NO

*\* if YES regarding travel, please notify Valerie Killion 898-4906*

*give name, department/location, where traveled.*

Employee needs to be sent home YES or NO Supervision Notified \_\_\_\_\_

Screener Initials \_\_\_\_\_



COVID-19 LTC Addendum to Emergency Infectious Disease Plan

**ERIE COUNTY MEDICAL CENTER  
POLICY AND PROCEDURE**

Name/Title of Policy: COVID - 19 LTC Addendum Policy to ECMC policy EOC - 870 "Emerging Infectious Disease Plan"	Policy #:
Policy Type <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Clinical Practice	Prepared by: Jeanne M. Malovich RNC CWS Inservice Education Coordinator
Reference: • From CDC: <a href="https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html">https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html</a>  • From CMS: <a href="https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf</a>  • From NYSDOH (on Health Commerce): <a href="https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/Nursing_Home_Guidance_3_1_583593822992_0.6.20_with_signage.pdf">https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/Nursing_Home_Guidance_3_1_583593822992_0.6.20_with_signage.pdf</a> DAL: BFD 20-04 DAL C20-01	Applies to: All Terrace View Staff

Replaces the following P&P(s), if applicable:

Effective Date	3-2020			
Review Date				
Revision Date	5-26-2020	6-26-2020	7-21-20	8-13-2020
	8-30-20	9-1-2020	9-2-20	9-21-2020
	10-07-2020	10-12-2020	11-10-2020	12-01-2020
	12-29-20	3-5-2021		

## **I. Policy**

It is the policy of Terrace View LTC Facility to comply with ECMC policy EOC-870 “Emerging Infectious Disease Plan” {3-6-20}, CDC guidelines and all NYSDOH notifications regarding LTC operations during the COVID-19 Pandemic.

## **II. Purpose**

To specify procedures for Terrace View LTC facilities for:

- a. Screening all workers, determining ability to work
- b. Screening /monitoring residents
- c. COVID-19 positive residents
- d. Personal Protective Equipment
- e. Discontinuation of Isolation for Patients with COVID-19
- f. Resident Activity
- g. Meal time
- h. Resident Transport
- i. Communication during Visitor Restriction/Limited Visitation
- j. Specimen Collection
- k. Resident Admission
- l. Deceased Resident
- m. Resident Belongings
- n. Role of Infection Preventionist
- o. Testing Staff
- p. Color Coded Isolation Zoning
- q. Holiday Guidance

## **III. Responsibility**

All Terrace View Staff and Contract Staff

## **IV. Procedure**

### **A. Screening All Workers**

1. During the pandemic, access points to Terrace View LTC Facility have been decreased to 2 entrances, the main front entrance and the parking ramp entrance in the axial corridor.
2. At each entrance of the two entrances, a screening table is placed to screen all who are entering Terrace View LTC facility.
3. All staff and contract staff are screened for temperature and COVID -19 symptoms, travel to states of identified increased COVID -19 infection rates;
  - a. At a minimum of daily upon entering the facility for an 8 hour shift, and additionally re-screened at the start of an overtime shift.
  - b. Whenever a worker exits Terrace View and returns during that shift

## COVID-19 LTC Addendum to Emergency Infectious Disease Plan

4. All employee must sanitize their hands, don a procedure mask, fill out the COVID-19 questionnaire and go through the screening station before proceeding to the work area.
5. Screeners will man the screening table 24/7 and are instructed on the following;
  - a. All screeners must be wearing a mask and eye shield/goggles
  - b. Tables are to be stocked with masks, hand sanitizer, alcohol wipes, disposable thermometer caps, gloves and facility approved sanitizing wipes/sprays,
  - c. Review the questionnaire of each worker. If any question was answered “YES”, assure that the employee is masked and call the nursing supervisor. The nursing supervisor will assess the worker, consult with the Infection Preventionist and determine if the worker may proceed to the work area. If it is determined that the worker should go home, he/she will be advised by the Infection Preventionist/designee to;
    - i. Self- quarantine and contact their health provider
    - ii. Contact ECMC employee health between 7a-3p M-F.
    - iii. Call the employee sick line
    - iv. Call the NYSDOH if indicated under current guidance
  - d. If all answers on the questionnaire are answered “NO”, take the temperature of the worker.
  - e. If the worker’s temperature is less than or equal to 95 degrees F, retake the temperature.
  - f. If low temperature readings persist, check/change the batteries in the temporal thermometer.
  - g. If any worker’s temperature is greater than or equal to 100 degrees F, assure that the employee is masked and call the nursing supervisor. The nursing supervisor will assess the worker, consult with the Infection Preventionist and determine if the worker may proceed to the work area. The nursing supervisor will assess the worker, consult with the Infection Preventionist and determine if the worker may proceed to the work area. If it is determined that the worker should go home, he/she will be advised by the Infection Preventionist/designee to;
    - i. Self- quarantine and contact their health provider
    - ii. Contact ECMC employee health between 7a-3p M-F.
    - iii. Call the employee sick line
    - iv. Call the NYSDOH if indicated under current guidance

### **B. Screening and Monitoring Residents**

1. All residents will have their vital signs (temperature, pulse, respirations) monitored and recorded in the medical record each 8-hour shift and more frequently if determined necessary by the medical provider. Pulse oximetry will be monitored daily.

## COVID-19 LTC Addendum to Emergency Infectious Disease Plan

2. All residents will be continually monitored for symptoms of COVID-19, including but not limited to;
  1. Fever
  2. Cough
  3. Sore throat
  4. Congestion/runny nose
  5. Fatigue
  6. Muscle aches/pain
  7. Headache
  8. Rash
  9. Loss of sense of taste/smell
  10. Gastrointestinal Symptoms (nausea, vomiting, diarrhea)
3. If the resident has any of the above symptoms and or a temperature equal to or greater than 100 degrees F, notify the medical provider.
4. If the physician suspects COVID -19, obtain appropriate orders for testing and notify the Infection Preventionist.
5. Residents suspected of infection with COVID-19 should be given a facemask to wear, and the facility must notify Val Killion/Infection Preventionist.
6. The resident must be isolated in a separate room with the door closed and placed on Droplet Precautions until test results are obtained. Staff attending to the resident if and until they are transferred, should wear gowns, gloves, eye protection (goggles or a face shield), and facemasks and should maintain social distancing of at least six (6) feet from the resident except for brief, necessary interactions.
7. Facilities should bundle care and minimize the number of HCP and other staff who enter rooms to reduce the number of personnel requiring facemasks.
8. Terrace View LTC Facility will comply with the DOH emergency regulation 10 NYCRR Section 415.33 require that requires:
  - a. Any nursing home patient/resident be tested for both COVID-19 and influenza whenever he/she is known to have been exposed to COVID-19 or influenza, or has symptoms consistent with COVID-19 or influenza.
  - b. Any patient/resident who dies in the nursing home be tested for both COVID-19 and influenza within 48 hours after death, if he/she is suspected of having died of either disease and had not been tested for COVID-19 and influenza in the 14 days prior to death. Deaths must be reported immediately after receiving both test results to DOH through the Health Emergency Response Data System (HERDS). However, these post-mortem tests are not required if the individual's next of kin objects to the testing. Any facility that lacks the ability to perform rapid testing for COVID-19 or influenza can request that DOH perform these tests.
  - c. Facility-wide testing in the event of an "outbreak," which is defined as a single confirmed case among staff or a single

confirmed “nursing home-onset” case among residents. A resident admitted with COVID-19 is not a “nursing home-onset” case. Testing must continue every 3 to 7 days until at least 14 days elapse without a positive result.

### **C. COVID -19 Positive Residents (see attached “Isolation Zoning”)**

If there is a **confirmed** case of COVID-19 in the facility, follow the guidance below;

1. Notify Val Killion/infection control who will contact to the NYSDOH if not already involved.
2. Actively monitor all residents on affected units once per shift. This monitoring must include a symptom check, vitals, lung auscultation, and pulse oximetry.
3. Assure that all residents in affected neighborhoods remain in their rooms. Cancel group activities and communal dining. Offer other activities for residents in their rooms to the extent possible, such as video calls.
4. Residents must wear facemasks when staff enter their rooms, unless such is not tolerable.
5. Do not float staff between neighborhoods to the extent possible.
6. Cohort residents with COVID-19 to the extent possible, with dedicated staff. Minimize the number of staff entering rooms.
7. All residents on affected neighborhoods should be placed on droplet and contact precautions, regardless of the presence of symptoms and regardless of COVID-19 status. Staff should wear gown, gloves, eye protection, and facemasks. Facilities may implement extended use of eye protection and face masks when moving from resident to resident (i.e. do not change between residents) unless other medical conditions which necessitate droplet precautions are present. However, gloves and gowns must be changed and hand hygiene must be performed.
8. For residents who initially test negative, re-testing should be performed immediately if they develop symptoms consistent with COVID-19.

### **D. Personal Protective Equipment**

1. Personal protective equipment will be made available on all neighborhoods and in all departments in accordance with Terrace View Policy TER-277 “Prevention and Control of Transmission of Infection.” Universal masking and eye protection by healthcare workers is required with all resident interactions.
2. Terrace View maintains a minimum of a 60 day supply of PPE.
3. ECMC will provide immediate transport to offsite PPE if required 24/7.



## E. Discontinuation of Isolation for Patients with COVID-19

1. Residents who are admitted to or remain at Terrace View, in compliance with NYSDOH recommendations may have discontinuation of transmission-based precautions when they meet the following more stringent conditions:
  - a. **Non-test-based strategy:** o At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (greater than or equal to 100.0) without the use of fever-reducing medications; **AND** Improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND** at least 14 days have passed since symptoms attributed to COVID-19 first appeared. ▪ For patients who were asymptomatic at the time of their first positive test and remain asymptomatic, at least 14 days have passed since the first positive test.
  - b. **Test-based strategy:** If testing is available to a facility through in-house or commercial means, the following test-based strategy may also be considered. Lack of fever (greater than and equal to 100.0), without fever-reducing medications; **AND**; improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**; negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA, from at least two consecutive tests conducted on recommended specimens (nasopharyngeal, nasal and oropharyngeal, or nasal and saliva), collected greater than or equal to 24 hours apart.  
For patients who were asymptomatic at the time of their first positive test and remain asymptomatic, testing for release from isolation may begin a minimum of 7 days from the first positive test.
  - c. Residents who remain in, or are admitted, to a nursing home, adult care facility, or other congregate living facility with vulnerable residents, and meet criteria for discontinuation of transmission-based precautions using the non-test-based strategy but who remain symptomatic, such as with a persistent cough, should be: (1) placed in a single room or be cohorted with other recovering residents who had confirmed COVID-19; (2) remain in their room; and (3) wear a facemask when caregivers enter the room.

## F. Resident Activity (See attached Isolation Zoning)

1. Resident activity should be limited to the neighborhood to the extent possible during the pandemic.
2. Any resident leaving the neighborhood or being present in a common area such as a dining room, should don a procedural mask and perform hand hygiene upon leaving their room and upon returning. (I.e. attending therapy).

3. Residents who are able to tolerate mask wearing should be provided with a surgical mask in their rooms and asked by staff to don the mask when staff enters the room for care activities. Residents who cannot tolerate mask wear or refusal mask wear, will be offered an alternative face shield and/or have this reflected in the resident's individual plan of care.
4. Resident recreational activities will be neighborhood based - with social distancing observed to the extent possible. Group activities participation will be kept to less than 10.
5. Residents on neighborhoods where there is a confirmed COVID + or a high suspicion of COVID + will remain in their room to the extent possible. They will be provided with individualized activities in their room. Recreational staff will provide and encourage video chat with family/friends to decrease social isolation.
6. Resumption of Salon services - Salon services will be provided in accordance with the NYS Health Advisory dated 11-6-2020 including guidance for:
  - a. Testing and Screening
  - b. Sanitizing and PPE
  - c. Physical Distancing and Signage
  - d. Communication and Agreement
  - e. Compliance and Evaluation

**G. Mealtime**

1. Residents to the extent possible, will remain in their room for meals.
2. Some resident will need to eat in the dining room to assure safety and adequate meal consumption. This situations may include but are not limited to:
  - a. Identified aspiration risk
  - b. Requiring assist with meals
  - c. Requiring constant supervision and/or verbal cues with meals
3. Residents being served in the dining area, will maintain social distancing to the extent possible. Seating will be arranged to encourage social distancing during meals.

**Mealtime tray passing on quarantined units for asymptomatic (not on precautions) Residents**

1. Residents should be already be set up for meal (tray passer should not be touching the patient)
2. Designate someone to pass all the trays
3. Tray passer will wear a mask and goggles or Face Shield (do not remove between rooms) (extended use)
4. Sanitize hands before entering room
5. Take tray inside room and set it on table for resident
6. Hand sanitize coming out of the room and repeat for each tray passed
7. Meals to be served from Servery
8. Served on regular trays and regular utensils

9. The seating plan for meals includes proper social distancing between residents to the extent possible.
  - a. Alert and oriented resident are educated and encouraged to abide by social distancing, but maintain the individual right to socialize with fellow residents during the mealtime on the neighborhood.
  - b. On neighborhoods with a dementia population, staff will monitor resident movement and to the extent possible endeavor to maintain resident social distancing during the mealtime.

**Mealtime tray passing on residents that is pending a COVID test or is confirmed COVID+, new admissions (Canal)**

10. These Residents will be on Contact and Droplet precautions
11. Residents should be already be setup for meal
12. Designate someone to pass all the trays of COVID pending and confirmed COVID+
13. These residents will receive their food on disposable trays and plastic utensils
14. Tray passer will sanitize hands before entering room
15. Don contact/droplet PPE (facemask/N95, gown, goggles or face shields and gloves)
16. Doff PPE if contamination occurs
17. Sanitize hands
18. Tray passer will not need to change facemask/N95 or goggles (extended use) and will change if becomes soiled, wet or damaged. Goggles and face shields are to be wiped down with alcohol before applying and after removal.

**Dietary**

19. Will bring food to Servery and serve like normal (appropriate temperatures)
20. The dietary server will wear PPE (facemask and goggles or face shield) while serving
21. Floor staff will take the trays into the rooms

**H. Resident Transport**

1. If a medical order is obtained to transport the COVID positive resident to the acute hospital, the order will include whether the resident may be transported through the axial corridor or by ambulance.
2. Through the axial corridor;
  - a. Place a mask on the resident
  - b. Place a clean sheet over the resident
  - c. One or two staff will be considered “dirty”, don required PPE, transfer the resident via bed/stretcher through the axial corridor to the Emergency Department or directly to the acute nursing unit as instructed.

- d. An additional staff member will be considered “clean”, don required PPE and will be responsible for touching high-touch surfaces needed to transport the resident to the acute setting (door handles, elevator buttons, automatic opening door switches etc.) The “clean” staff member will not touch the resident or the resident’s bed/transport cart to or from the acute setting.
- e. Upon return to the facility, PPE will be doffed and hand hygiene performed.
- f. The bed if returned, will be disinfected with the facility approved disinfectant.

**I. Communication during Visitor Restriction/Limited Visitation**

- 1. During the COVID-19 Pandemic, Terrace View will;
  - a. Allow Limited Visitation - when the facility meets all requirements as set forth by the NYSDOH. During limited visitation, the following will occur:
    - 1. The resident’s responsible party will be notified of the facilities ability to allow visitation and how to schedule a visit via ROBO call system and/or letter. All visits must be scheduled.
    - 2. All visitors must be 18 years of age or older.
    - 3. Each visitor must provide documentation of a negative COVID - 19 swab result within 72 hours prior to the scheduled visit.
    - 4. On the day of the visit, the visitor must complete a screening process, including information regarding COVID -19 symptoms and travel.
    - 5. The visitor will review educational materials, wear appropriate PPE, and maintain proper social distancing.
    - 6. Visitation will occur indoors in the facility ground floor lobby where 6 visiting stations are set up.
    - 7. Visitation may also occur indoors in the Lighthouse common area where 2 visitor stations are set up, specifically for vented residents.
    - 8. Visits will be staff monitored.
    - 9. Each resident will be allowed up to 2 visitors per visit.
    - 10. Residents and visitors are required to be masked and maintain social distancing during the visit. (Residents who cannot tolerate or maintain mask use may alternatively wear a face shield or be behind a transparent protective barrier during the visit. Visitors on Lighthouse are required to wear a mask and eye protection
    - 11. Scheduling of visits will allow time for cleaning and disinfection before the next scheduled visit time.
  - b. End of Life Visitation/Compassionate Care Visits

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1. Exceptions authorized by facility administration under end of life/ compassionate care circumstances may be made.
  2. In these circumstances, the requirement to provide documentation of a negative COVID-19 swab in the past 72 hours is waived.
  3. End of life/compassionate care visitation will occur only if the visitor follows all guidelines for screening, hand hygiene, PPE and social distancing while in the facility.
- c. Suspension of Visitation - may occur if;
  1. The facility no longer meets all NYSDOH requirements for limited visitation or,
  2. A Visitor or residents fails to comply with all NYSDOH requirements for visitation in a Long Term Care Facility.
- d. During the time of visitor suspension/limited visitation, the facility will assure that resident's designated representatives are;
  1. Updated on the resident's condition whenever there is a change in the resident's condition.
  2. When a new or suspected COVID+ resident or staff member is identified, in accordance with NYSDOH regulations.
  3. When there is a total of 3 or more residents AND staff with reported respiratory symptoms within a 72 hour period.
  4. Various modes of communication may be employed including individual calls, Robo-calls, letters from the facility Administrator and posting to facility WEB pages.
  5. Residents and designated representatives/family members will be encouraged and assisted to keep in contact through telephone and video chat options.
2. Staff Communication: During the COVID - 19 Pandemic, Terrace View will;
  - a. Communicate to all staff the requirements for the NYSDOH regarding COVID - 19 prevention, surveillance, prevalence on a routine and as needed basis as requirements change. Methods may include:
    1. Daily informational on-line meetings
    2. E-mail
    3. Written memos/letters
  - b. Educate staff on proper infection control practices to help prevent the spread of COVID - 19 including but not limited to the appropriate use of personal protective equipment, proper hand hygiene, disinfection of high touch and shared equipment, reporting of symptoms, call-in procedure and self-isolation procedures.
  - c. **Infection Control Practices Related to Shared Communication Devices**
    1. All shared electronic devices which the facility uses to assist residents with communication with family, friends and



responsible parties will be disinfected with the corporate approved disinfectant in accordance with manufacturer's recommendations before and after each use.

**J. Specimen Collection**

- h. COVID- 19 testing will be ordered by the medical provider, as needed.
- i. Oral/Nasal swabs will be provided by the ECMC Department of Laboratory Medicine.
- j. Specimens will be obtained per ECMC guidelines for obtaining oral/ nasal swab samples, and following facility guidelines for transmission-based precautions.

**K. Resident Admission (see attached Isolation Zoning)**

- 1. To the extent possible, all new and readmissions will be placed in one cohort neighborhood at Terrace View for a duration of at least 14 days. (Those requiring special care ventilation, continuous oxygen/suction, wander-guard ) may be admitted to a specialty neighborhood
- 2. During those 14 days, each resident admission/readmission will be maintained on droplet and contact precautions and monitored for signs of COVID- 19 infection.
- 3. New resident admissions who were previously tested COVID (+), but then have had one COVID (-) tests prior to admission, may be admitted to any neighborhood.

**L. Deceased Resident**

- 1. See Terrace View Policy # TER-074 "Death Management: Pronouncing Death, Death Paperwork, Post-mortem Care, Releasing Human Remains" for guidance.
- 2. Contact the decedent's family members as soon as possible, but in no case later than 24 hours of the decedent becoming deceased.
- 3. Notify the designated representative if any resident suffers a COVID-19 related death, within 24 hours of such positive test result or death.
- 4. Allow visitation of the decedent's body and assure that proper infection control practices, including face covers are followed for all persons involved.

**M. Resident Belongings**

- 1. See Terrace View policy # TER-180 "Personal Belongings (Resident)" for guidance.
- 2. Decedent personal effects can be packaged per facility protocol, but during a surge, personnel should ensure items are well-sealed prior to labeling.
- 3. All personal effects should be tagged with a unique identifier, as well as the unique identifier of the decedent, to allow for re-association.
- 4. General guidelines:
  - a. Wear disposable gloves when handling all PE of the deceased resident. Additional personal protective equipment (PPE) can be

- worn in accordance with your facility's current policies and practices.
- b. Wash your hands with soap and water, for a minimum of 20 seconds, or use alcohol-based hand rub containing at least 60% alcohol, after removing all PPE.
  - c. Waste, including discarded gloves, masks, and gowns, can be disposed of Terrace View's normal practices.
  - d. For clothing and other fabric items:
    - 1. Discard or launder cloth items that are wet or contaminated with bodily fluids.
    - 2. Do not shake clothing or other cloth items. Shaking contaminated cloth items might disperse the virus through the air.
    - 3. For clean, dry cloth items, either pack items directly into bags or launder the items, if feasible. If packing items without laundering, indicate this on the bag, and provide general instructions to the family on laundering items.
    - 4. If possible, launder items. Items from a sick person can be washed with other persons clothing.
  - e. Clean and disinfect clothes bags/hampers.
  - f. Personal items should be wiped with facility approved sanitizer or alcohol before placing in the boxes. If an item cannot be sanitized and is not an important keepsake for the family, consider discarding; however, the item should be recorded as discarded for tracking purposes. Important items or keepsakes that cannot be easily sanitized should be placed in plastic bags before putting them into boxes.
  - g. For electronic devices, follow the manufacturer's instructions for cleaning and disinfection. If no guidance is available, utilize facility approved sanitizing wipes or sprays. Do not saturate devices.
  - h. Family members should be cautioned to wait at least 7 days before unpacking items from bags and boxes.

**N. Role of Infection Preventionist**

- 1. The Infection Preventionist (IP) will be responsible for:
  - a. Managing day to day activities of the COVID-19 surveillance, prevention and control program.
  - b. Monitoring daily neighborhood reports for increased numbers of residents with COVID - 19 symptoms.
  - c. Monitoring Daily staff sick log for staff with COVID - 19 symptoms
  - d. Monitoring/Auditing Infection Control Practices per NYSDOH and CDC guidelines.
  - e. Communicating NYSDOH and CDC recommendations/requirements regarding the COVID - 19 pandemic to facility staff.

- f. Reporting required information regarding COVID - 19 to the NYSDOH and the CDC per NYSDOH and CDC guidelines.

#### O. Testing Staff

1. Staff will be tested for COVID - 19 in compliance with NYSDOH and CDC recommendations/requirements and in compliance with the NYS Governor's mandate for weekly testing, for the mandated timeframe.
2. Staff instruction for positive COVID - 19 results will be in compliance with NYSDOH and CDC recommendations/requirements.
3. Routine testing of all staff, volunteers, and those who provide services under an arrangement with a nursing home, including CNA trainees, at a minimum frequency based on county positivity rates. New York State facilities must continue to comply with New York's more stringent weekly staff testing requirements, unless the positivity rate of the county in which the facility is located rises above 10 percent. If the positivity rate exceeds 10 percent, staff testing must be conducted twice weekly under the federal regulations. There are no counties in New York with a positivity rate of greater than 10 percent at this time.

#### P. Color Coded Isolation Zoning

##### Red Zone

1. Is a **critical zone, wear full PPE.**
2. All residents within the Red Zone are placed on Contact and Droplet Precautions.
3. All residents will be offered a surgical mask to don while employees are in the room, unless care planned for non-tolerance or refusal.
4. Hand hygiene must be performed, gowns, gloves and goggles/ face shield must be donned and/or doffed before entering or leaving the room of each individual resident in the Red Zone. A fit tested N95 must in be used and a surgical mask over to cover the fit tested N95. Discard surgical mask before leaving each room to extend the use of the fit tested N95.
5. For residents within the Red Zone, mandatory PPE includes:
  - Use disposable single-use isolation gown
  - Fit tested N-95 mask with surgical mask over
  - Eye protection (goggles or face shield)
  - Gloves which are changed and hand hygiene performed in between residents
6. If you need to move equipment or carts from the Red Zone:
  - End user wipes - terminal wipe down before moving equipment off the red zone
  - Runner wipes - wipe down equipment, if you are sent to pick up from the red zone

##### Yellow Zone

1. Residents with exposure to a **COVID-19 positive resident (roommate of a positive resident), new admission, PUI (patients under investigation)** or other as determined by the care team may be transferred to the Yellow Zone.
2. All residents within the Yellow Zone are placed on Contact and Droplet Precautions.

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3. All residents will be offered a surgical mask to don while employees are in the room, unless care planned for non-tolerance or refusal.
4. Hand hygiene must be performed, gowns and gloves goggles/face shield must be donned and/or doffed before entering or leaving the room of each individual resident in the Yellow Zone and before moving to another non-positive resident in the Yellow Zone. If a K N95 or fit tested N95 in are used, you may use a surgical mask to cover the K N95 or fit tested N95 and discard surgical mask before leaving each room to extend the use of the N95.
5. For residents within the Yellow Zone, PPE use includes:
  - Use disposable single-use isolation gown
  - Surgical mask K N95 OR fit tested N-95 mask with surgical mask over
  - Eye protection (goggles or face shield)
  - Gloves are changed and hand hygiene performed in between residents regardless of resident status

### Green Zone

1. **Safe zone. Surgical masks and eye protection (goggles or face shield).**
2. All residents will be given a surgical mask to don while employees are in the room.
3. Hand hygiene must be performed, gloves must be donned and/or doffed before care routines or leaving the room of each individual resident in the Green Zone.

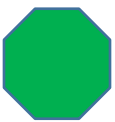
### Neighborhood quarantine

1. When a neighborhood has been identified as having possible contact with a resident/staff member who is a PUI or a COVID-19 + person, follow PPE requirements for **Green Zone**.  
**Safe zone. Surgical masks and eye protection (Goggles/face shield).**
2. All residents will be given a surgical mask to don while employees are in the room.
3. Gloves continue to be worn for all care routines, hand hygiene after removal of gloves.
4. Residents will remain on the neighborhood and will be monitored for the development of COVID-19 symptoms.

### **Additional Points to remember:**

1. To the extent possible, staff should limit their movement off the neighborhood while on duty.
2. Remember to change PPE immediately if cross-contamination occurs. “Touch something - Do something!”
3. Residents outside of their rooms, in common areas should be encourage to wear a surgical mask, including dining rooms and living room areas on each neighborhood.

### **Q. Holiday Guidance:**



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1. Terrace View recommends against residents leaving the facility for gatherings. Video chats and other alternatives will be encouraged.
2. Residents and families will be educated on the risk of COVID-19 transmission and requirements to be met upon return, visitation alternatives and obtain an attestation from the resident and the individual taking the resident out of the facility of their understanding of these requirements.
3. The resident will not be permitted to return until they present a negative COVID-19 diagnostic test result from a test taken within the preceding 24 hours. Facilities should make families aware of local options for COVID-19 testing.
4. Terrace View and families will coordinate arrangements for residents who do not have a negative test result from the preceding 24 hours upon the resident's return. Any family or friend attempting to return a resident with a positive result must find other appropriate accommodations to properly isolate the resident. Any family or friend attempting to return an untested resident, where the facility is not able to test the resident and obtain a negative result prior to re-entry, must take the resident to another appropriate setting. Terrace View will ensure that residents have several days of medications and supplies sent with them.

Approved By: \_\_\_\_\_

\_\_\_\_\_

Name and Title

Date

\_\_\_\_\_

Date

\_\_\_\_\_  
Name and Title

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Name and Title



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ECMCC has developed these policies and procedures in conjunction with administrative and clinical departments. These documents were designed to aid the qualified health care team in making clinical decisions about patient care. These policies and procedures should not be construed as dictating exclusive courses of treatment and/or procedures. No health care team member should view these documents and their bibliographic references as a final authority on patient care. Variations from these policies and procedures may be warranted in actual practice based upon individual patient characteristics and clinical judgment in unique care circumstances.