

HUDSON PARK REHABILITATION AND NURSING CENTER

POLICY AND PROCEDURE MANUAL		
CATEGORY:	Administration	
Title:	Re-opening after COVID epidemic/ NY Forward Plan	
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POLICY: It is the practice of Hudson Park Rehabilitation and Nursing Center to follow all Department of Health and CDC guidelines relate to the COVID epidemic.

PURPOSE: To protect our residents, staff, consultants, and the community from infection with the virus and to establish a systemic plan for the return to normal operations as the pandemic resolves.

As the novel virus epidemic stabilizes, it will be necessary to start opening the facility back up and resuming normal operations. This will be done in a methodical and planned method to reduce the likelihood of new outbreaks of illness.

The Federal and State governments have conflicting recommendations at times. A guiding principle is that the facility will generally follow the more stringent recommendations. There will be 4 ‘phases’ of reintroduction of services and practice standards. Each phase will be initiated with a 14-day lag time to the community graduation to the next phase.

This plan (including the stocking up of medications, environmental cleaning agents, and PPE) is developed with the input and recommendations from the facility’s medical director, Infection control practitioner, safety officer, human resource director, local and state authorities, and others as appropriate to the process.

This plan includes elements for the protection of staff, residents, families and other pertinent persons associated with the facility against infectious processes.

A COMMUNICATION policy and procedure is in place. See “Communication During an Emergency Policy.”

COHORTING: Residents are cohorted based on their infectious status with those testing positive together, those testing negative together, and those who are of unknown status in rooms by themselves. Residents may be transferred to other facilities if cohorting cannot be maintained. The facility will have a dedicated end of one unit for positive cases of COVID. See Cohorting policy. The IPC manages and recommends room changes with input from the IDT, medical providers, and the Epidemiologist.

SUPPLIES including food, water, medications, other supplies, and sanitizing agents are maintained with a 72 minimum for food, water, and medications, and a 60 day supply of PPE and sanitizing agents. Supplies are reordered no less than weekly. Some supplies are maintained

at an off-site location (Evergreen). (See medical supplies during an emergency and medications during an emergency policies.) The state and local emergency offices will be contacted for critically low levels of PPE or any other necessary supply.

READMISSION: Residents who are transferred to the hospital will have their place preserved at the facility in compliance with 42 CFR 483.15(e). They will have priority over new admissions for bed placement and return to the same room or unit whenever possible, if they choose.

PROCEDURE/IMPLEMENTATION:

Phase 1

There remain significant restrictions in place with the resumption of some services. The community (Albany County) has entered phase 2 of reopening. Adequate staffing is in place. There is a need to resume some medically necessary visits.

- I. Staff will communicate with Albany Medical Center to verify adequate beds are available for a possible surge in cases.
- II. The County will have entered phase 1 of reopening:
 - a. 14-day decline in coronavirus hospitalizations and deaths, 15 or fewer total new cases in a 3-day rolling average, fewer than 2 new admissions to area hospitals.
 - b. The following site can be reviewed to check on the community's status.
<https://forward.ny.gov/regional-unpause-dashboard>
- III. There have been no new staff members or residents testing positive in 14 days.
- IV. Medical consultants/providers will be allowed back in the building for medically necessary services. Medically necessary services include podiatry, dental, ophthalmology, wound care, physiatry, and psychological services. Others may apply based on medical need and review by the infection control nurse. See below for Hospice. Ombudsman will be allowed in the building.
 - a. Consultants must provide evidence of weekly COVID testing and negative results.
 - b. Consultants will be required to wear N95 masks and gowns upon entering. Gloves and face shields will be used for any contact within 6 feet of a resident.
 - c. Care and services will be provided in resident rooms.
 - d. Only those items needed to complete the visit will be allowed in the facility. All equipment will be sanitized by the provider prior to entry and prior to leaving the facility.

- V. Hospice visits will remain restricted as it is their policy to not test staff. This may be reviewed if their policy is revised.
- VI. All essential persons coming into the building will continue to be screened at the reception desk with those showing signs of illness not being allowed into the building. They will present a baseline negative COVID test within 7 days of entry and weekly thereafter.
- VII. Admissions will resume to the admission unit. Residents will remain in their rooms for 14 days of quarantine or until two negative tests have been conducted. The first test will be obtained in the hospital prior to admission. The second test is collected within 24 hours of admission.
- VIII. Any resident who must leave for a medically necessary appointment must wear a face mask and the facility will notify the transportation company of the person's status.
- IX. Residents will be allowed to leave their rooms while remaining on their unit. Social distancing will continue to be enforced. Residents will wear face masks. Community dining will remain restricted. Group activities remain restricted. Residents who refuse or cannot tolerate a face mask will remain in their rooms.

Phase 2

Additional opening of the facility to residents will occur. A wider range of services may resume. The surrounding community must have (Albany County) entered phase 3 of reopening. There must be no positive results in residents or staff in the past 28 days to enter phase 2. The facility must have adequate supplies of all PPE and cleaning products (minimum 1-week PAR level). There will be a 14-day lag behind the implementation of Phase 2 in the county.

- I. At any time that a new case is discovered in residents or staff, the facility will go back to phase 1
- II. The facility has not experienced nursing shortages for 14 days and does not expect staffing issues in the immediate future.
- III. Residents will continue to be restricted to medically necessary outside appointments.
- IV. Universal unit-wide isolation procedures (droplet and contact) precautions have been discontinued on units that have not had covid or all residents have recovered. Isolation may continue on the covid unit if one is still needed and individual isolation may continue per policy with appropriate signage and precautions such as infection with non-covid illness. Quarantine remains in place for new admissions and readmissions.

- V. Residents will be allowed to move about their units. Residents will continue to wear masks and social distance.
- VI. The facility will have a system of separating residents into cohorts if new positives are discovered.
- VII. Window visits may resume when the resident is accompanied by staff, one at a time, for scheduled visits. Visits will be scheduled, and staff will ensure social distancing.
- VIII. Outside visitation will restart. Families and visitors will be restricted to two at a time visiting one resident at a time, weather permitting. The front porch area is the designated area which will allow staff to ensure social distancing and mask wearing is maintained. The area will be cleaned and disinfected twice daily and as needed. (See Fact Sheet about visitation).
- IX. Visitors must pass screening questions. They must provide: First and last name, physical address, daytime and evening phone numbers, date and time of visit, and email address if available.
- X. All visitors, including Ombudsman, must present a negative Covid swab from the prior 7 days before visiting. Visitors under the age of 18 are prohibited at this time.
- XI. Visitors will be screened for symptoms and required to wear a mask. Alcohol rub will be available and use encouraged.
- XII. Residents will be allowed to use the elevators, one at a time per therapy policy. Staff will accompany resident on the elevator and one resident may be on the elevator at a time. Elevator use will be limited to therapy use, patio use, window and outside visits.
- XIII. All necessary consultants will be allowed to enter the facility while maintaining the screening and precautions outlined in phase 1.
- XIV. Therapies may resume in the gym per therapy policy.
- XV. Staff testing is in place, unrestricted by supply or staffing constraints. The ability to receive results within 48 hours is unimpaired. Within 48 hours
- XVI. Residents have adequate testing available.

Phase 3

The nursing home continues to re-introduce services. There have not been any positive cases in residents or staff in 30 days. All units have discontinued universal isolation. The surrounding community (Albany County) has entered phase 3. There are no active new cases in the community, or increase in prevalence in the community. The need to move towards re-opening

has outweighed the need to isolate all residents. There will be a 14-day lag behind the implementation of Phase 3 in the county. These steps will require department of health approval in some instances. All department staffing has returned to baseline with no shortages in nursing x 30 days. Agency will have been eliminated if it was not in place prior to the epidemic. At any time that a new case is discovered in residents or staff, the facility will go back to phase 1. The facility will be in compliance of all Executive orders and guidance.

- I. Protocols for cohorting residents must be in place. Positive residents must not be with negative residents. PUIs will be in single rooms whenever possible.
- II. This plan has been submitted to DOH “NY Forward Safety Plan”. covidnursinghomeinfo@health.ny.gov. Changes will be communicated.
- III. Communal dining may resume with social distancing in place once approved by the DOH.
- IV. Residents will be allowed to move about the unit while wearing face masks. Staff will accompany resident and remain within eye sight to ensure social distancing if off the unit. Residents will be kept six feet apart. Visual markings will be placed on the floor and outside on the patios.
- V. Small group activities with residents wearing facemasks and where social distancing can be provided will be allowed on the unit once approved by the department of health, with required restrictions per DOH updates.
- VI. Family visits may resume with no more than one visitor at a time. They must continue to following screening procedures and wear PPE. Family members will not be allowed in the building except for compassionate care situations. Visiting hours will be offered during specific timeframes seven days per week to ensure time to transport the residents and the clean and disinfect the area as needed in preparation for the next scheduled visit and to ensure the residents are on the units for their meals. No visitation will be allowed outside the posted hours and no visitation without a scheduled appointment. Visits will be limited to 15 minutes. Visits will take place on the front entrance patio where staff can visualize the visit to ensure social distancing is maintained. 2 Resident visits may take place at a time if social distancing can be maintained. Any visitation indoors must be in the resident’s room for end of life or therapeutic reasons. Hours will be posted on the facility website and on a fact sheet posted in a public area.
- VII. The visiting plan will be posted on the website and reception area.
- VIII. Scheduled Window visits and electronic communications will continue to meet the needs of the residents and their families.
- IX. Patios may re-open with visual markings of social distancing and staff monitoring. Visual cues will be placed on the ground to encourage social distancing. Staff will remain within eye sight to enforce restrictions. There is no visitation allowed while the residents are on the patio for personal outdoor time.

- X. Additional visitation with up to 3 families at one time, one on the porch and two on the patio may begin with all precautions in place. Staff will monitor compliance with protocols.

Phase 4

A resumption of all services and procedures prior to the outbreak will take place. This is essentially the end of the epidemic and may not occur at all or may not occur in the immediate future. The community must be in phase 4 with a resumption of all community activities. The national 'pandemic' must have ended. There may continue to be some restrictions in place based on department of health guidelines.

- I. A vaccine for COVID-19 is available and the residents and staff have been immunized.
- II. At any time that a new case is discovered in residents or staff, the facility will go back to phase 1.
- III. Enhanced housekeeping services will continue.
- IV. Scheduled visitation will continue.
- V. All visitation and access to the facility will resume only when there is no risk to the residents for COVID-19 transmission. Screening will continue to be maintained based on current recommendations.