

Pandemic Emergency Plan (PEP)

1. Communication

Residents and/or Responsible parties will be notified every time there is a new positive case of COVID -19 identified in a resident or employee and if a resident is considered a direct contact to the newly identified COVID - 19 case.

Responsible parties will be notified if a resident becomes symptomatic and testing for COVID-19 is required and if those results are positive for COVID-19.

The Weinberg Campus website will be updated daily with the number of presumed, confirmed and deaths of residents/employees related to COVID-19.

The facility provides resident with access to remote videoconferencing through the Social Work and Activities Department. This is available 7 days a week.

The responsible party/designated representative has access to the facility webpage that is updated on a daily basis. A family letter is sent out to all responsible party/designated representative with facility updates as needed. If a family member chooses an alternative form of communication the facility will accommodate the request.

2. Infection Control

Rosa Coplon Jewish Home and Infirmary will work with federal, state and local agencies as needed to monitor and prevent/minimize the spread of coronavirus among our residents and staff.

Policies and procedures have been created in order to provide structure and guidance for Rosa Coplon Jewish Home and Infirmary staff in the event of a pandemic COVID-19 outbreak for residents and/or staff.

The Management Team and Medical Director will meet to review policies/procedures based on current guidelines provided by Federal, State and local agencies. The Management Team will follow guidelines for residents and staff that may have had exposure, symptoms and/or tested positive for COVID-19. Interim guidelines will be based on CDC Guidelines, NYS DOH guidance.

Communication with NYSDOH will be ongoing, in order to receive guidance and best practice in order to ensure our residents and staff remain as safe as possible. The Director of Nursing or designee will stay in contact with the NYSDOH frequently to obtain further guidance.

Assessment and treatment plans will be on a case-by-case basis and will be determined by the provider, Medical Directors, Infection Preventionist and Director of Nursing. These decisions will be made based on the guidelines from the CDC and NYSDOH.

The Medical Director, Administrator, Infection Preventionist and Director of Nursing are

responsible for ensuring facility is following up to date recommendations/regulations from the CDC, NYSDOH and for communicating this information to the management team and other appropriate staff.

3. Admission and Readmission

New admissions and readmissions and any resident that has been out of the building for more than 24 hours that are not up to date on COVID-19 vaccinations will be placed on Contact/Droplet precautions and their room will be designated a YELLOW ZONE and these residents will continue to be monitored for symptoms of COVID 19 and will be tested for COVID - 19 per NYSDOH and CDC guidelines.

4. Surveillance

All residents are monitored for respiratory symptoms, elevated temperatures per NYSDOH and CDC guidelines. The medical provider will be updated with any elevated temperatures and a RN respiratory assessment will be completed.

All residents who are considered under suspect for COVID 19 will be tested for COVID 19 per NYSDOH and CDC guidelines and if not up to date on COVID-19 vaccinations will be put on droplet/contact precautions. If the resident under suspect for COVID 19 has a roommate and the roommate is not up to date on COVID-19 vaccinations, the roommate will also be placed on droplet/contact precautions. Despite vaccination status the roommate will be tested for COVID 19 following the NYSDOH and CDC guidelines.

5. Cohorting

Residents will be placed in zones identified as Red zones or Yellow zones based on risk level following guidance from the NYSDOH and CDC or NYSDOH Public Health Duty Officer.

Any resident who tests positive for COVID-19 will be placed in the “Red Zone.” The “Red Zone” maybe a designated room or designated unit within the facility based on the number of confirmed COVID-19 positive residents; following NYSDOH and CDC guidance for co-horting.

Residents that are not up to date on COVID 19 vaccinations that are potentially exposed to COVID-19 will be placed on contact/droplet precautions designated a “YELLOW ZONE”. This maybe a designated room or designated unit within the facility based on the number of residents affected by the exposure to COVID-19.

Signage indicating RED or YELLOW ZONE precautions will be placed on each individual door leading into residents’ room. In the event the entire unit is designated a RED or YELLOW ZONE signage will additionally be placed at entrance way of unit designating what type of ZONE the unit is currently designated.

Red tape will be placed on the floor entering the designated room or unit. This will alert the staff and visitors the room or unit is a RED ZONE with positive COVID-19 residents.

Yellow tape will be on the floor entering the designated room or unit. This will alert the staff and visitors the room or unit is a YELLOW ZONE with residents that have been potentially exposed to COVID-19.

If the facility is no longer able to set up co-horting for residents during the pandemic, the facility will contact the regional department of health's epidemiologist to obtain guidance on the next steps in order to possibly transfer residents from the facility to a more appropriate healthcare setting that may be better able to meet their needs.

In the event of a positive COVID-19 resident, if the facility is not able to provide adequate care the facility will contact the regional Department of Health to provide necessary information to assist with any relocation needs, including but not limited to assistance with arranging transportation to an alternate facility that can provide adequate care needed for the resident.

This applies to resident transfers to the emergency room, where the main purpose for the transfer is hospital admissions related to the nursing home's inability to manage and provide adequate care to the residents due to their COVID-19 status.

All staff and visitors will be screened daily for symptoms of COVID 19 per NYSDOH guidelines/regulations and CDC guidelines.

All staff and visitors will be tested for COVID 19 per NYSDOH guidelines/regulations and CDC guidelines.

All visitors will be required wear a mask when visiting the facility and follow facility Infection prevention protocols.

All residents will be required to wear face mask (if tolerated) when in common areas within the facility. All residents are encouraged to wear mask during visitation; but a resident may choose not to wear mask when other residents are not present.

Any confirmed positive COVID-19 residents will wear a procedure mask while receiving care (if tolerated.)

6. Personal Protective Equipment

The facility will store in a designated storage area within the facility, the required personal protective equipment supply in order to meet the needs of the residents and to protect the employees caring the for residents. The personal protective equipment includes: N95/KN95, face shields, eye protection, isolation gowns, gloves, masks and sanitizer.

The supply need is based on the facilities census and not capacity. The facility shall possess and maintain a supply of all PPE for at least 60 days at a rate of usage equal to the average daily rate that PPE was used between April 19, 2020 and April 27, 2020.

Personal protective equipment will be available for the precaution rooms/areas.

Any residents confirmed positive for COVID-19 or under suspect for COVID-19 (that are not up to date with COVID 19 vaccinations), these residents will be put on contact/droplet precautions and the staff entering those rooms will utilize appropriate PPE as outlined in NYSDOH and CDC guidelines and per facility policy.

7. Bed Preservation

If a resident is hospitalized due to COVID-19, the resident's bed shall be preserved in compliance with applicable state and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e), and in accordance with the facility's bed reservation policy.