

PICKERING MANOR HOME

EMERGENCY PLAN

Updated April 30,2021

COVID 19 FACILITY GUIDANCE

Plan: It's Pickering Manor's plan to ensure the Infection Control Plan is updated with the new Guidelines from CMS and CDC with regards to the COVID 19 virus, to protect our resident's, visitors, families and employee's health.

PROCEDURE: The CEO and the Director of Nursing/Infection Control Preventionist will continue to follow the CMS and CDC recommendations to train and prepare staff to improve infection control and prevention practices.

1. The facility will maintain a person-centered approach to care.
2. The facility will continue to communicate effectively with patients, patient representatives and/or their family, and understanding their individual needs and goals of care.
3. All new admissions are screened for COVID-19 prior 48 hrs. prior to admission to Pickering manor.
4. Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they **are fully vaccinated** and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days (i.e., no known exposure to COVID-19).
5. Individuals who are **not fully vaccinated** against COVID-19 quarantine can end after Day 10 **without testing** and if **no symptoms** have been reported during daily monitoring. However, it is recommended that symptom monitoring continue through day 14. If **diagnostic testing** resources are sufficient and available, quarantine can **end after Day 7** if a diagnostic specimen (i.e., RT-PCR or antigen) **tests negative** and if no symptoms were reported during daily monitoring. **The specimen must be collected and tested within 48 hours before the time of planned quarantine discontinuation** (PCR

- test day 5), **but quarantine cannot be discontinued earlier than after Day 7.**
6. All current in-house residents are monitored every shift for any changes in the health. Vitals are monitored every shift and residents are being encouraged to stay in their rooms. (03/26/20)
 7. In the event Pickering Manor has it's first COVID-19 resident in-house, the maximum temperature for resident screening changes to greater than 99.3 degrees. If resident presents as symptomatic, resident and roommate will be moved to the Isolation/Airborne zone and both will be tested.
 8. Masks, social distancing, hand, and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees. Staff will also utilize a surgical mask and face shield while working.
 9. Facility will continue to use Telemedicine with our consultant Doctors when possible. Primary Physicians and consulting Physicians have returned to facility with Negative covid tests weekly.

LIMITING THE TRANSMISSION OF COVID-19

1. Pickering Manor will monitor or limit by screening all employees and visitors to our facility daily and log. Temperatures will be taken and logged daily.
 - a) Pickering Manor will post signage at all entrances instructing staff not to enter if they have any symptoms of respiratory infections including fever, cough or shortness of breath.
 - b) Anyone who has had international travel within the last 14 days to restricted countries will not be allowed to visit.
 - c) Any persons having had contact with someone with or under investigation for Covid-19 will not be allowed to visit.
 - d) All potential new admissions will be screened per CMS and CDC recommendations prior to acceptance into Pickering Manor. Pickering will not be taking any Covid-19 pending or positive admissions and reviewing respiratory diagnosis. However, Pickering Manor will accept readmissions of any prior Pickering residents that are covid 19 positive.
 - e) All residents that present with any signs of Covid-19 will be tested for both Covid-19 and Flu (during flu season) by trained staff. or lab tech. Samples will be sent to **Acculabs**

Employees:

1. Any employee that has traveled internationally within the last 14 days to restricted countries must **self-isolate for an additional 10 and rapid test prior to returning to work.**
2. Any staff who have signs and symptoms of respiratory infection or fever 100.4 or greater should not come into work until **fever free for 24 hours without use of medications.**
3. All staff will have their temperature taken and screened at the start of their shift and entered in logbook. These logbooks will be kept at the lobby reception area for reference.
4. Only Employees have free access to the facility entrances with their key fobs.
5. All Employee's will have a covid test after returning from vacation prior to returning to their scheduled shifts.
6. Once facility has its first confirmed case of covid-19 in the facility, all employee's temperature checks 99.3 or greater will asked to go home and self- quarantine and follow up with department manager and their PCP.
7. Any staff that develop signs and symptoms of respiratory infection while on-the-job, should:
 - a. Immediately stop working and report to their supervisor and exit the facility.
 - b. Once home, the employee should call the facility to inform the facility's Director of Nursing/Infection Control Preventionist, and include information on individuals, equipment, and locations the person encountered. Instruction will be given for the person to follow up with their PCP. Facility may PCR and or Rapid test said employee.
 - c. Facility will contact and follow the local health department recommendations for next steps (e.g., testing. Locations for treatment).
 - d. Facility will refer to CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work.
 - e. Facility will contact their local health department for questions and review the CDC website dedicated to COVID-19 for health care professionals.

When consider transferring a resident with suspected or confirmed infection with COVID-19:

1. If any resident is presenting Covid-19 symptoms, the staff will notify the Director of Nursing/Infection Preventionist immediately and emergency response steps will begin.
2. Staff will place resident in the Red Zone room and all other residents become yellow zones.
3. Pickering Manor has designated two rooms for isolation purposes of any resident(s) that may need droplets/contact isolation. (06/17/2020)
4. These isolation rooms are in the Yates Rehab Unit, Red room is R256 and Yellow Room is R255. Both Rooms are private and will be sealed off with heavy plastic to keep all other staff and residents from entering. At the end of that zone is the fire door which will always remain closed. There will be a dedicated nurse's station set up for the isolation zone and is fully equipped with everything needed to care for those covid-19 positive residents. This area can be expanded if required. (10/07/2020)
5. **Surge Capacity:** If Pickering Manor had a surge of COVID-19 cases that swept through our community campus, and **the residents required a skilled level of care to treat them.** We would transfer all covid-19 positive residents from our personal care unit and cottages to the skilled floor and provide contact precautions and manage their symptoms until tell they recovery or require hospitalization. If personal care resident doesn't require skilled needs, the pc resident would isolate in their own private room. The unit would become yellow and effected resident would become red zone. With the **additional blanket CMS waivers** (April 30) allowing non-SNF building to be temporarily certified, Pickering could use our personal care unit as a temporary SNF unit and transfer all negative Covid-19 residents to the personal care unit and staff appropriately. (05/08/2020)
6. **In case of a fire the plastic barrier can easily be removed.** (04/10/20)
7. Upon admission to the isolation zone, the resident(s) will be swabbed and tested, placing those residents in a pending status. All testing for Covid-19 will be completed by a competent RN or LPN trained in nasopharyngeal swabbing. Any person conducting the swabbing will be dressed in appropriate PPE during the process.
8. The DON will then notify the local health department and report findings on the Department of Health ERS site. The families of the

- affected residents will be notified, as well as a letter to all families notifying them of a pending/positive case.
9. Only essential personnel should enter the room. Implementation of staffing to minimize the number of health care personnel (HCP) entering the room.
 10. Personnel entering the room should use personal protective equipment (PPE), including respiratory protection, eye shields, gowns and gloves.
 11. Pickering Manor will designate a dedicated RN/LPN to staff and care for these residents to minimize risk and exposure to other residents and staff (4/10/20)
 12. Pickering Manor will keep a log of all HCP who enter the isolation area to care for those residents.
 13. Dedicated or disposable non-critical patient-care equipment (i.e. blood pressure cuffs, etc.) will be used. If equipment is used for more than one resident, cleaning and disinfection will be completed as per manufacturer's recommendations prior to use on another resident.
 14. Any nebulizer treatment/order for a resident suspected of Covid-19 should be discontinued and replaced with a Combivent inhaler with a spacer as per physician orders. These inhalers will be added to the emergency box. (3/26/20)
 15. For any positive or suspected Covid-19 resident, hold all NSAIDS, including topical. Replace the topical with BenGay or Aspercreme and discontinue the NSAIDS, as per physician's order. Consult the physician to use Tylenol or Tramadol instead.
 16. If a resident does not require hospitalization, they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially [appropriate](#).
 17. Pending any transfer or discharge, place a facemask on the resident and isolate him/her in their room with the door closed.
 18. Prior to transfer, the emergency medical services and the receiving facility should be alerted to the resident's diagnosis and precautions to be taken including placing facemask on the resident during transfer.
 19. If Resident clinically deteriorates and requires a more acute setting to be properly managed, the RN will notify the residents POA/family and review their wishes.
 20. If residents POA/family wishes them to be sent to the hospital, the RN will ensure proper isolation and full PPE use. The RN will call 911 and notify EMS to wear full PPE. St. Mary Medical Center ER

- Supervisor will also be contacted and made aware of the potential risk of Covid-19 exposure. (04/10/20)
21. If Resident clinically deteriorates and family wishes them **not** to be sent out 911 to hospital for life saving measures, the RN supervisor will review palliative measures with POA/family and notify Physician for appropriate medications for comfort only. (04/10/20)
 22. All staff will continuously be educated on appropriate usage of PPE with confirmed COVID-19 or person under investigation (PUI).
 23. The PPE will be counted and secured. N-95's are to be used only on residents pending/positive of COVID.

Prevent the spread of respiratory germs WITHIN your facility:

1. Keep residents and employees informed of the Covid-19 Plan and any changes that are made to the Plan. Answer questions and explain what can be done to also protect themselves and fellow residents. Remind staff to monitor the Covid-19 information center located on the cross-hall bulletin board.
2. Restrict all non-essential consulting Physicians such as podiatry, Dental, ENT, Psychology, Psychiatry, and Dermatology unless an emergency and utilize Telemedicine services instead. Negative covid tests prior to each scheduled visit and with use of PPE.
3. Monitor residents and employees for fever or respiratory symptoms daily and log.
4. Nursing will monitor and report clusters of residents' showing respiratory signs and symptoms, isolate them and test for covid-19 and flu.
5. Cancel all communal dining, all group activities internal and external (03/16/20). Re opening plan
6. Remind all resident's and staff to practice social distancing.
7. All staff are in-serviced on donning and doffing PPE.
8. Universal masking policy is in effect for all staff and protective eye shields for direct care givers.
9. All residents should wear a facemask or cloth face covering whenever they are out in common areas or going out to necessary Physician appointment out of the facility. Residents should also wear while in their rooms when HCP are providing care. (04/21/20).
10. Facemasks and cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious,

- incapacitated or otherwise unable to remove the mask without assistance.
11. All resident's will be monitored every shift for temperature and pulse ox and any signs of shortness of breath, sore throat, fever, or coughs.
 12. In general, for care of residents with undiagnosed respiratory infection, use standard, contact, and droplet precautions with eye protection unless suspected diagnosis requires airborne precautions (e.g. TB).
 13. Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors and employees.
 14. Ensure Housekeeping monitors all liquid hand sanitizer dispensers daily.
 15. Ensure employees clean their hands according to CDC guideline, including before and after contact with residents, after contact with contaminated surfaces or equipment, and removing personal protective equipment (PPE).
 16. Clinical liaison and admission staff will refrain from going into area hospitals until further notice.
 17. Ensure all staff, visitors, residents and families have access to Alcohol-based hand rub at every entrance and exit of the building and prior to entering resident's rooms.
 18. Tissues will be available, and all sinks and bathrooms are well stocked with paper towels and soap.
 19. All Physicians will now be required to wear PPE (facemasks) when entering the facility after hand washing and screening are completed.

Hospital Stays:

1. Hospitals treating inpatients who will be discharged to a SNF must test the patient for COVID-19 prior to discharging the patient Pickering Manor unless one of the following exceptions applies:
 - a. Patients who are not currently exhibiting symptoms of COVID and who tested positive for COVID-19 within the last 90 days do not need to be tested prior to discharge.
 - b. If a test is administered upon admission to the facility, and the resident is discharged within the 72-hour period, a second test is not required.
 - c. The test must be administered within the 72-hour period prior to discharge, and the result must be obtained and communicated to the SNF prior to discharge.

2. Patients with a positive COVID-19 test result should only be discharged to a SNF with the ability to adhere to infection prevention and control recommendations of the Department and the CDC for the care of COVID-19 patients. SNFs that meet this criterion may not refuse to accept or readmit a patient or resident with a positive COVID-19 test result but may refuse to accept a patient-resident if a COVID-19 test has not been administered.

Communal Activities and Dining:

1. While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.
2. The CDC has provided additional guidance on activities and dining based on resident vaccination status:
 - a. **Residents** who are **fully vaccinated** may dine and participate in activities without face coverings or social distancing if all participating residents are fully vaccinated.
 - b. **Residents** that are **unvaccinated** should use face coverings when not eating and unvaccinated residents should physically distance from others.

On-site Beauty Shop:

1. Per CMS guidance provided to the states, facilities should continue to screen visitors and contractors, including beauty and/or barber shop staff and implement source control measures.
2. Additionally, the facility must ensure that residents participating in the beauty and/or barber shop must also adhere to infection control practices by wearing a face covering and maintaining distance from other residents.
3. If an outbreak occurs in the facility, the guidance in QSO-20-39-NH (as updated March 10, 2021) regarding outbreaks applies to accessing services in beauty and/or barber shops as well.

Medical Appointments:

1. Residents should continue to receive necessary medical care that is needed outside of the SNF. Typically, transportation for medical appointments is provided by the SNF.
2. If the resident chooses to have a family member or friend transport them to the appointment, there should be no known risk of COVID-

19. transmission in keeping with the facility's current screening and testing protocols.
3. Resident and those involved in the transportation should adhere to appropriate infection prevention and control protocols as outlined in [PA-HAN 524](#) including universal masking.
4. If a face covering or mask can be tolerated, the resident should wear one during transport and the driver should be wearing a face covering as well.
5. If a resident has been fully vaccinated, that resident may choose to have close contact (including touch) with the family member or friend who is transporting them. If close contact occurs, hand hygiene should be performed before and after (in addition to universal masking).
6. All should be screened upon return to the SNF as well. If there is no known exposure, testing is not necessary.

Cross-over Visitation Precautions

1. Cross-over visitors must adhere to the same infection prevention precautions as other visitors. If there is an outbreak in the facility from which the cross-over visitor originates, cross-over visitation is permissible only if the cross-over visitor resides in a green zone (per [PA-HAN 530](#)).

Non-medical Outings:

1. Resident's family members may choose to take them out for non-medical outing/visits (examples: shopping/stores, restaurants, Parks, picnic/party, family home). These Non-medical outings/visits will be allowed however some scenarios may need to be assessed on a case by case basis.
 - a. The extent to which infection prevention and control precautions (including universal masking, hand hygiene, and physical distancing) are achieved based on the circumstances of the outing
 - b. **Whether the resident is fully vaccinated.**
 - c. The resident's level of vulnerability due to any chronic or immunocompromised conditions; and
 - d. Duration of the outing, including whether it includes an overnight stay.
2. If the outing poses a high risk based on several factors (below), testing may be appropriate. Ideally, wait at **least 2-3 days** following the

outing to **perform testing**. Residents with this type of high-risk outing do not need to be placed under transmission-based precautions unless exposure is known or highly suspected¹. Factors of a high-risk outing include:

- a. Substantial community spread in the area(s) visited or home county ($\geq 10\%$ county positivity rate or incident rate $\geq 100/100,000$ incidence) **AND**
- b. A gathering of more than 10 people **AND**
- c. Failure of consistent universal masking for the duration of the outing **OR**
- d. Failure of physical distancing from resident (for example, hugging or riding in a vehicle with persons not wearing face coverings or masks).

¹.