

## SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

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### PANDEMIC (COVID-19)

#### OVERVIEW

An Epidemic situation is defined as an outbreak of an infectious disease process that can affect the immediate facility or the community within the geographical area. A Pandemic is literally defined as affecting all people. This situation in our history and in the situation of COVID-19 is a virus that is spreading at a rate that is unprecedented and there is no vaccine.

#### GENERAL ACTIONS APPLICABLE TO ALL STAFF and RESIDENTS

##### Immediate Threat

- The facility will be responsible to react to information, guidance, and cooperation from:
  - Public Health Agencies such as NY State Department of Health, Montgomery County Public Health and/ or CDC
  - Local and referring Hospitals.
  - St. Mary's Urgent Care which is housed in STJRNC facility
- Despite the complexity of this situation; personnel, residents and visitors may be affected and communication will be paramount.
- This communication will need to be distributed in many different forms:
  - Memo and meetings internally
  - Phone calls to family and staff members and other emergency providers
  - Email, text, and fax communication can also be utilized
- Once the immediate threat is communicated a plan to protect, slow or stop the spread needs to be implemented. In the case of SARS-V 2 or commonly known as COVID-19 it has been identified as a virus that can kill those of significantly suppressed immune systems and the elderly.
- Infection Control procedures need to be enforced to the highest levels
  - This includes referring to the Infection Control Policy and Procedure Manual for guidance.
  - Conducting in services with staff to refresh the procedures of proper hand washing, don and doff of PPE, and identifying symptoms to report accurately information so treatment and isolation can occur.
  - Administration will be assigned to supply chain procedures to identify if there will be an interruption in products or services provided.
  - Respiratory Protection Program will be enacted for any staff exposed to infectious disease. (For more information on the facility's Respiratory Protection Program Reference the Infection Control [Policy "RESPIRATORY PROTECTION PROGRAM"](#))

#### IF RESIDENT IS IDENTIFIED TO HAVE SYMPTOMS OR TESTED POSITIVE FOR VIRUS

- The resident will be immediately isolated away from other residents if identified as having COVID- 19.

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- St. Mary's Urgent Care will be vacated and closed for regular operation and would be taken over by the operations of the Nursing Home by eminent domain.
  - The Urgent Care Operation Management needs to be notified that the possibility of this process may take place. If the necessity arises the staff of the Urgent Care would need to vacate the premises.
  - The Urgent Care is comprised of a reception area, waiting room, 3 examination rooms, 2 supply areas 2 offices an X-Ray radiology room, 2 bathrooms, and a break room. Please see procedure sheet for treating residents in isolation in the Urgent Care
- Staffing Patterns and Personnel will be assigned to this isolation area to fit the needs of the resident(s) in this area. All staff assigned to this location will have appropriate PPE related to the Respiratory Protection Program.
- Staffing Patterns and Personnel will be adjusted on the Resident Care Units as well, to adjust for the staffing moved to isolation.

### ADMINISTRATOR / INCIDENT COMMANDER

- Ensure that Communications procedures are followed, for example signage on entry ways, tele-meetings and tele-conferences with providers, Health Agencies, Associations, residents, staff, families, and media if necessary.
- Data collection and reporting to appropriate destinations
  - Tracking data of resident health
  - Tracking data of staff and community health
  - Tracking data of supplies and Protective Equipment for staff
  - Staffing responsibilities and adjustments of job responsibilities may need to be modified due to shortages or where the need is greatest
- Modify Policy and Procedures where necessary and applicable
- Establish an internal Command Center when the situation permits.
- Determine the need for an off-site Command Center if the designated internal site cannot be used.
  - In the event the primary Command Center cannot be used, an off-site Command Center may be established at the Business Office/ White House. Leadership staff notified afterhours of the incident and responding back to the facility should report there, as directed.
  - The following Leadership staff should respond to the off-site Command Center location if notified:
    - Administrator
    - Director of Nursing
    - Director of Environmental Services

### RECEPTIONIST / SECURITY

- Initiate visiting hours when and or if modified or closed
- Monitor all medically necessary staff (besides staff) that may be coming in the front door for documentation and monitoring of symptoms
- Be the point personnel to update and create documents necessary

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### **ENVIRONMENTAL SERVICES/MAINTENANCE**

- Infection Control and touch surfaces to slow and or stop the spread of the virus is the Environmental Services primary function.
- Room changes may become an issue and to disinfect and alter units to accommodate the best operation and management of the disease we will need the full cooperation and flexibility of the Maintenance, Laundry.

### **NURSING / RESIDENT CARE STAFF**

- Monitoring any symptoms of infection will happen 3 times a day per resident.
  - This includes temperature check- anything 99 degrees or higher twice within 24hours, or 100 degrees or higher once is required to be reported to the provider for a full evaluation which will include a Chest X- Ray, CBC, CMP, COVID-19 lab tests.
- Proper Infection Control procedures are a crucial element that the Nursing and Resident Care staff will need to observe and enforce.

### **ALL STAFF**

- Wear mask when required or in close proximity of residents
- Wear a mask when around staff members when possible and reasonable
- Comply with all Infection Control initiatives either by Public Health Agency or Facility
- Wash Hands auspiciously, soap and water are best but alcohol-based sanitizer is an acceptable alternative
- Will not enter the "Covid" area unless fit tested and wearing appropriate N95.

### **RETURN TO NORMAL OPERATIONS / RECOVERY**

Leadership and key personnel should plan for an extended, evolving situation, and the internal disaster plan may be activated to manage the continuing situation.

### **HIPAA (as applicable)**

For circumstances that may necessitate the disclosure of protected health information during an emergency, the Privacy Rule includes several permissions. These issues will be handled on a case by case basis and will be in consultation with facility law counsel.

### **Procedure for Isolating COVID 19 positive Resident.**

If St. Johnsville Rehabilitation and Nursing center is found to have any Resident that is positive for COVID 19 and hospitalization is not required, the following steps will be followed to care for the Resident in the facility.

1. Administrator will have the Urgent care closed and that area will be used for care the COVID positive Resident.
2. Resident will be brought into the Urgent Care where the 3 exam rooms, breakroom, and one office will be converted to the into Resident care rooms.

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The Resident will be transported to this area. During transport from their unit to the Urgent care area they will be transported in their bed wearing a facemask throughout the transfer. Staff will be alerted to the transfer and have all other Residents will be out of the area of transport.

3. Housekeeping will be advised of the transfer and advised to disinfect the Residents room that they are leaving.
4. Designated staff will be assigned to this area. The windows in the front of the Urgent care will be blocked. What is presently the waiting area of the urgent care will now be used for a place where the staff assigned will change out of their scrubs in this area. The scrubs will be bagged and labeled and our laundry will do the washing/drying of the scrubs. Staff assigned to this area should bring other clothes to change into when leaving.
5. Designated staff will apply/remove their N95 respirators in the waiting area as well. This is the only room of the "Covid" area that removal of the N95 respirator will be allowed. For more information regarding the facility's Respiratory Protection Program see Infection Control Policy entitled "[RESPIRATORY PROTECTION PROGRAM](#)".
6. Staff assigned to this area cannot leave this area until the end of their shift. Staffing patterns will be modified to accommodate the cohorting of COVID 19 Residents to this area.
7. This area will be stocked with appropriate PPE
8. There will be signage located outside of the doors to the area so no other non-assigned staff can enter the area.
9. Central Supply will be advised of the amount of PPE used daily to replace without coming into the area, PPE equipment will be left outside of the door and staff inside the area will retrieve.
10. Dedicated non disposable equipment will be available in the Residents rooms that are in this area.
11. Resident will remain in this area until they have had testing for release of isolation that will begin in a minimum of 14 days from the first positive test. The testing cannot begin until the Resident has had 72 hours without symptoms following the minimum of 14 days isolation. The Resident will have to have negative results of an authorized COVID 19 molecular assay for the detection of SARS-CoV-2 RNA. Resident will require two consecutive nasal and oropharyngeal or nasal/ saliva collected greater than or equal to 24 hours apart. If Resident is asymptomatic and has had two non-detected tests they may at this time be released from isolation.