

San Simeon by the Sound for Nursing and Rehabilitation

Staff Testing for COVID 19

The facility will offer in house testing to all staff on Wednesdays and Thursdays,
Sign up sheet is hung on the conference room door.

Nasal swabs will be picked up by Bio reference laboratory Wednesday and Thursdays.

When supplies available BD Veritor Rapid test system will be used in place of bio reference laboratory.

Testing week at San Simeon by the Sound is Monday through Sunday. If staff cannot come to the facility for testing, they must furnish proof of testing followed by results of testing. If this is not complete you will be immediately taken off the schedule.

Any questions staff is advised to call Kelly Moteiro DNS 631-477-2110 ext416

Revised9/2020

San Simeon by the Sound

Staff Access to Health Commerce System

The Administrator, Director of Nursing, Assistant Director of Nursing and the Infection Control Preventionist all have the ability to access Health Commerce system.

The daily and weekly COVID surveys are completed by the Administrator and or the Director of Nursing.

4/2020

Policy: Prevention of Influenza Transmission by
Healthcare Personnel

Purpose: To protect residents and other workers from
acquiring influenza from infected healthcare
workers

Procedure:

1. As per new DOH regulations , effective July 31, 2013, healthcare personnel who do not consent to flu vaccine offered by this facility and/or their private physician, to wear a surgical or procedure mask during the influenza season (October 1- March 31) while working in areas where residents are present, unless otherwise designated by the DOH. Influenza vaccines are offered free of charge to employees of this facility.
2. Such masks may be labeled surgical. Laser, isolation, dental or medical procedure face masks. A face shield is not required.
3. Masks should be changed after leaving the room or completing care of a resident on isolation precautions, whenever it is soiled or might have become soiled.
4. Persons included in this regulation are:
 - Persons affiliated with the facility or agency licensed under Article 28,36 and/or 40 of the public health law.
 - Persons who are paid or unpaid, including but not limited to, employees, members of the

medical and nursing staff, students and volunteers

- Persons who engage in activities such that if they were infected with influenza they could potentially expose residents to the disease
- Persons who are food service workers who could potentially expose residents to influenza. This would include persons who deliver trays to resident area or who stock pantries in resident areas

5. Influenza is transmitted primarily through large-particle respiratory droplets that do not remain suspended in the air. Therefore, the facility will consider masks for employees who could potentially expose residents either through sharing a 6 foot space with a resident (person-person contact) or a surface that comes in contact with residents (equipment to resident contact).
6. Masks for unvaccinated personnel must be worn wherever and whenever a resident might be exposed to influenza. This includes, but is not limited to, resident rooms, nurses stations, hallways and elevators where residents might be present.
7. Wearing a mask during the two weeks immediately following receiving the vaccination is not required.
8. Personnel are encouraged to become vaccinated well before influenza season is expected to start. (See attached letter).
9. Persons with medical exemptions to the influenza vaccine will also be required to wear masks as described above.

SAN SIMEON BY THE SOUND

POLICY AND PROCEDURE FOR TERMINAL CLEANING OF RESIDENT ROOMS

Continued:

5. Using facility approved floor cleaner or similar product mop entire floor. Starting at farthest corner of room towards the room's entry.
6. Then repeat mopping if room is heavily soiled...
7. If Rug is on the floor shampooer should be used to clean rug. Discard dirty water clean and sanitize shampoo machine after use.
8. **REPEAT ALL STEPS shall be repeated for cleaning of the Bathroom.**
9. Using company approved cleaners or similar. Housekeeper will sanitizers and clean the toilet bowl and seat and clean and sanitize any dispenser's, faucets door knobs and handles.
Cleaning the bathroom walls and trash cans.
10. Will leave the bathroom fully supplied with hand towels, trash can liners and toilet paper also paper cups.
11. Will inspect room and bathroom report any needed repairs or deficiencies to supervisor.
12. Remove all PPE before leaving room and preform hand hygiene before leaving room.
13. Housekeeper will clean and sanitize tools and equipment used .Then place tools and equipment back into janitor's closet.

Porter Responsibility:

Will perform hand hygiene and Don required PPE equipment if needed, before entering room.

Will then pick up Bio Waste to bio-waste room and make a separate trip to move Resident belonging into the resident storage room or to be picked up.

Supervisor Responsibility:

Will perform hand hygiene and Don required PPE equipment if needed, before entering room.

Will contact Maintenance staff if room needs to be painted or ready to be inspected.

Maintenance Responsibility:

Will perform hand hygiene and Don required PPE equipment if needed, before entering room.

Will perform maintenance check of room and report to maintenance supervisor what may be needed before room is reoccupied.

Will make needed repairs as needed.

Director of Environmental Services Responsibility:

Will perform hand hygiene and Don required PPE equipment if needed, before entering room.

Will inspect room and make any necessary changes before room is approved to be used.

Will inform Nursing unit manager that the room is ready to be used.

San Simeon by the Sound
Department of Nursing
Policy and Procedure

Subject: Unit Based Dining – COVID- 19

Page: 1 of 1

Policy: Unit Based Dining

Procedure: The Good Shepard Dining Room will not be used for dining purposes temporarily due to current COVID-19 pandemic. There will be unit based dining available for residents that are at high risk for aspiration and/or not able to feed themselves. Socially distancing practices should be practiced when residents are dining with no more than ten people in a room at any given time.

- Allow those residents who have been assessed and are able to feed themselves without assistance to dine in their rooms.
- All residents should practice hand hygiene prior to meal.
- Limit number of residents to maintain adequate distance between individuals.
- Separate tables as far apart as possible consistent with the Centers for Disease Control and Prevention's (CDC's) recommendations for "social distancing." (The CDC recommends 6 feet whenever possible.) Prioritize this distance recommendation for residents who are high risk for choking or aspiration.
- Staff members providing feeding assistance to more than one resident at a time should comply with hand hygiene policy and procedure.
- Any residents that are symptomatic with cold symptoms should not use the dining room.

Handwashing and proper hygiene during meal time is absolutely necessary.

DNS
Administrator

Date:
Date:

San Simeon by the Sound
Department of Nursing
Policy and Procedure

Subject: Strategies for Reuse and Extended Use of Personal Protective Equipment (PPE) During COVID-19 Outbreak

Policy No.

Page: 1 of 3

Effective Date: 5/8/2020

Date Revised:

Policy:

In times of severe shortages, such as during the coronavirus disease 2019 (COVID-19) outbreak, administration may consider contingency measures for reuse and extended use of personal protective equipment (PPE). This will be done, only after, all attempts are made to obtain PPE. **In general, extended use is preferred over reuse to reduce the risk of self-contamination from repeated donning (wearing) and doffing (removal) of the same equipment.**

Procedure:

Reuse of PPE

Reuse refers to the practice of using the same PPE for multiple encounters with patients but doffing between each of those encounters. The equipment is safely stored in between patient encounters. Previously used PPE should never be taken outside of patient care areas unless the item is decontaminated or placed in a clean breathable container.

Reuse of eye protection (e.g., disposable face shields or goggles):

- Disposable face shields and non-disposable eye protection should be decontaminated and reused whenever possible provided that the integrity of the equipment remains intact and visibility is not compromised.

- Avoid touching eye protection when wearing as it should be considered contaminated.

Immediately wash hands or use hand sanitizer after touching or adjusting eye protection during patient care.

- Eye protection should be decontaminated when visibly soiled or each time it is removed prior to reusing it. Store in a clean paper bag or other container between use.

- Wipe the inside and outside of the shield with an Environmental Protection Agency (EPA)-registered hospital disinfectant (alcohol-based wipes) and allow for drying before re-donning.

Reuse of isolation gowns:

- During shortages of isolation gowns, consider using washable gowns that are laundered after use.
- Reuse of single-use isolation gowns is difficult due to breakage of ties when removing, and should be avoided.

- Cloth gowns could be considered for reuse without washing if there was minimal to no direct physical contact with the patient or nearby surfaces (e.g., bedrails).

- If single-use gowns must be reused, care should be taken to minimize contact with the outside of the gown to limit self-contamination.

Reuse of face masks:

- For non-COVID-19 scenarios:

- o If a face mask is used for encounters during which droplet precautions were not needed, it may be reused with appropriate donning and doffing between each patient so long as it is not visibly soiled, damaged, wet or hard to breathe through.

- When caring for confirmed or possible COVID-19 patients or other infections requiring droplet precautions:

- o Face masks may be reused with appropriate donning and doffing between each patient so long as they are not visibly soiled, damaged, wet or hard to breathe through.

When reusing face masks, avoid touching the inside surface and use a face shield during patient care, if possible, to limit contamination.

- o After use with patients with confirmed or possible COVID-19, masks should be considered contaminated. As there are no recommended decontamination procedures for masks, between use, masks should be doffed appropriately, folded so that the outside surface is inwards and stored in a clean space.

Reuse of N95 respirator masks (N95s):

- In periods of short supply, N95s should be prioritized for use with patients with positive COVID and using the following treatments:

- o Non-invasive ventilation (BiPAP/CPAP)

- o Manual ventilation before intubation

- o Open suctioning

- o Nebulizer treatments

- o High-flow oxygen via mask

- o Tracheotomy

- N95s can be reused if they remain functional.

- When reuse is necessary, a barrier such as a full-face shield should be worn over the N95 to limit contamination.

- If performing aerosol-generating procedures, practice extended use of N95s over reuse. If reuse cannot be avoided, use a barrier such as a full-face shield (preferable) or face mask over the N95 to limit contamination.

- Avoid touching the inside of the respirator and use clean gloves when donning a used N95 and performing a user seal check.

- Between use, N95s (labeled with the provider's name on the strap) should be stored in a clean paper bag.

Extended use of PPE

Extended use refers to the practice of wearing the same equipment for repeated encounters with patients without removing the PPE. This approach could be used while seeing multiple patients with confirmed or possible COVID-19.

- Eye protection, isolation gowns, face masks and N95s can be considered for extended use.

Gloves should be changed between each patient & perform hand hygiene.

- o Gowns and gloves should be changed between patients if the patient is on contact precautions for different pathogens.

- Extended use of PPE should be done in conjunction with cohorting of patients as described below.

- o PPE equipment should be removed if the integrity is damaged, visibly soiled, wet or becomes difficult to breathe through.

San Simeon by the Sound
Department of Nursing
Policy and Procedure

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SAN SIMEON BY THE SOUND
CENTER FOR NURSING AND REHABILITATION
And ADULT DAY HEALTH CARE

**Distribution to: Administration; Medical Director,
Nursing Management of SNF and ADHC;
Receptionist**

SUBJECT: Handwashing

Subject: Infection Congrol – Handwashing

Policy: ICM- 9

Page 1 of 3

Effective: September 24, 2008

Revised 5/8/2020

PURPOSE: Handwashing will be utilized to prevent the transmission of infection/disease to residents, employees and visitors. Handwashing is generally considered to be the single most important means in preventing the spread of nosocomial infections.

<u>RESPONSIBILITY</u>	<u>ACTION</u>
All Personnel	<ol style="list-style-type: none"> 1. Will wash their hands at the following times: <ul style="list-style-type: none"> • Before and after each patient contact. • Before placement of gloves and following glove removal. • Before, during and after food preparation. • Before and after eating. • After using tissues or handkerchiefs (coughing or sneezing). • After toileting • After touching inanimate sources that are likely to be contaminated with bodily fluid i.e., personal care items. • Before handling resident's food. • Before going home at the end of the day. • Additionally as indicated in specific protocols.
All Personnel	

	<p>2. Will utilize the following techniques to assure effective handwashing:</p> <ul style="list-style-type: none">• Turns on the warm water to a comfortable temperature.• Completely wets hands holding them lower than wrist.• Applies soap.• Lathers hands and wrists using a rotary motion to create friction which aids in the removal of organisms (for approximately 20 seconds). An attempt should be made to remove debris from underneath fingernails.• Hold hands up, above level of elbow during and after rinsing, in order to avoid touching sink.• Dries hands with paper toweling before turning off water.• Uses dry corner of paper toweling to turn off water faucet, as this prevents recontamination of hands.• Disposes of paper towel in trash receptacle.
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N.B. Refer to specific departmental procedures for handwashing during various procedures. When in doubt about the necessity for handwashing, personnel are encouraged to do so. For individuals who may have allergies to dispenser soap and require bar soap, it is to be placed in a container with their name on it.

N.B. Waterless antimicrobial agents are available for use when handwashing sinks are not immediately accessible, however, they are not a substitute for washing with soap and water, i.e., medication carts, speech therapy examination area, etc. The protocol for use should be followed as per manufacturer's instructions.

San Simeon by the Sound
Infection Control
Policy and Procedure

Subject: Infection Control – Disease Specific Precautions

Policy: ICM - 12

Page: 1 of

Effective Date: September 24, 2008

Date Revised: June 13, 2018

Policy: Use of Standard (Universal) Precautions does not eliminate the need for other types of precautions with the exception of those used for handling of blood or body fluid. Other precautions such as stool, wound drainage, etc. may be used additionally. The CDC recommends the category or disease-specific systems of precautions. This facility uses the disease-specific system whereby precautions are taken based on the resident's known or suspected diagnosis and can be adapted on an individual basis.

The diagnosis (or organism which may be causing the infection) should be referred to in order to determine the specific precautions to be taken, the infectious material, and how long the precautions should be taken.

Aside from the specific precautions required, i.e., private room, gloves, mask, gown, etc., the infective material, i.e., secretions, body fluids, etc. is indicated.

Modifications may be made on an individual basis. To communicate the need for disease specific precautions, while assuring resident's confidentiality and dignity, a sign will be placed outside the resident's door (see attachment A). Residents name should not be placed on this sign. The sign will instruct staff and visitors to see nurse before entering room.

There may be cases when an individual is colonized, when organisms are part of a person's own flora, but do not cause a disease at this time. This facility does not use precautions on colonized individuals but modifications may need to be made on an individual basis.

The majority of residents on infection control precautions can attend rehabilitation, clinic appointments etc. A decision will be made on an individual basis by the Medical Director and Infection Control Nurse. If it is decided that a resident will not go on an appointment, the nurse will contact the applicable department. If a resident has an appointment and the hygiene is good, they can wear a mask to attend appointments.

This facilities handwashing protocol is to be followed when caring for all residents.

DNS
Administrator

Date:
Date:

SAN SIMEON BY THE SOUND
CENTER FOR NURSING AND REHABILITATION
And ADULT DAY HEALTH CARE

Distribution to: Administration; Medical Director,
Nursing Management of SNF and ADHC;
Receptionist

SUBJECT: Coronavirus Disease 2019 (COVID-19)

POLICY FOR THE MANAGEMENT AND RESPONSE TO THE POTENTIAL FOR THE
CORONAVIRUS 2019 (COVID-19)

POLICY and history:

It is the policy of San Simeon by the Sound to make every endeavor to limit the possibility of exposure to any communicable disease. The coronavirus is a upper respiratory virus. The facility will work to quickly identify those who might be infected with the disease; follow the appropriate procedure to prevent the exposure of our residents, registrants and staff to the disease. There is no vaccine or specific treatment for the corona virus infection available.

PURPOSE: to identify and respond to the potential presence of an Coronavirus infection in any individual who may come in contact with a resident/registrant or staff member of San Simeon by the Sound Center for Nursing and Rehabilitation. In doing so, prevent the spread of the disease.

PROCEDURE:

Nursing administration: Will see that a sign will be posted by the front entry suspending visitation. All employees and any person entering the facility will complete a Communicable Diseases Screening survey. If any employees answer yes, the persons situation will be assessed and will be sent home or allowed to work depending on outcome. Any employees that have signs and symptoms of a respiratory infection should not report to work. Any staff that develops signs and symptoms of a respiratory infection on-the-job, should immediately stop work, put on a face mask and self-isolate at home; notify infection control nurse and include any residents, equipment and location the person came into contact with.

Admissions persons: Shall ask all potential admissions and the referring agency about the same issues above: anyone out of the country and or have potential exposure to the virus; any symptoms and what they may be or have been. If so, the admissions person will discuss with the Director of Nursing or the Assistant Director of Nursing to give them guidance. The admissions person will not discriminate against any person based on their national origin.

Vendors: those that come in contact with the patients or registrants will be asked to provide SSBS with their staff status in terms of being out of the country or having exposure to the illness. This is especially important with the transportation companies or lab technicians.

Responsibility for contacting such vendors will be the responsibility of the San Simeon by the Sound Administrator or his designee.

Should there be anyone with any symptoms, the facility will follow the CDC guidelines *at the time of the presenting symptoms*, by contacting the CDC.

PREVENTION OF THE SPREAD OF ANY INFECTION: The facility will continue to observe the Infection Control Guidelines of Universal Precautions for standard, droplet, and contact precautions with all in house residents or registrants. This includes the drivers of the SSBS van.

Residents will have their temperature recorded daily.

All staff must wear masks while in facility.

EDUCATION: Nursing will educate staff in the appropriate infection control protocols as dictated by the NYS Dept of Health.

INFECTION CONTROL COORDINATOR:

- If facility is experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among residents or employees, infection control nurse, will contact the local or state DOH for further guidance.
- If the facility is having a suspected COVID-19 infection, the infection control nurse, will contact their local DOH.

Infected Residents:

- Any residents that are exhibiting s/s of corona virus may be treated at facility as long as they do not require a higher level of care.
- If a resident with suspected or confirmed COVID-19 must be transferred to a hospital for a higher level of care, the nurse should notify EMS and the receiving facility so that appropriate measures can be taken.

5/8/2020