NYC HEALTH + HOSPITALS
HENRY J. CARTER SKILLED NURSING FACILITY

ANNUAL PANDEMIC EMERGENCY PLAN

Table of Review and Approval

Date Reviewed	Date Approved
9/11/20	9/14/20
6/29/2022	7/11/2022
10/29/2026	11/9/2026

The Annual Pandemic Emergency Plan (APEP) was originally written and approved on 9/14/2020.

As of September 15, 2020, it is required by the New York State Department of Health (NYSDOH) that the Annual Pandemic Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all of the APEP should be changed/updated.

The Annual Pandemic Emergency Plan dated 10/29/2026 has been posted on the facility's website.

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FACILITY INFORMATION

Facility: NYC H+H/Henry J. Carter Skilled Nursing Facility
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I. INTRODUCTION TO THE PLAN

In order to provide for changes in demographics, technology and other emerging issues, this plan will be reviewed and updated annually and/or after incidence of a pandemic. This Annual Pandemic Emergency Plan (APEP) is developed to be consistent with the New York State Department of Health requirement of an APEP, effective September 15, 2020.

Purpose: To describe the actions to be taken in a pandemic to make sure that the residents, staff and visitors of this facility are kept safe from harm. The safety and well-being of the residents, staff, and visitors take first priority over all other considerations.

Demographics:

A. This facility is located at 1752 Park Avenue, New York, New York 10035.

B. The facility is a 164-bed residential health care facility (RHCF), which provides short- term post-acute rehabilitation care and skilled nursing services, including specialized ventilator-dependent care.

C. The facility has on-site hemodialysis services to provide chronic renal dialysis care to residents of the RHCF.

II. EMERGENCY PLAN

Readiness Assessment/Pandemic Influenza/Illness Planning

A. This facility maintains a comprehensive emergency management plan (CEMP) to prepare for, respond to, and recover from natural and man-made disasters. The facility follows an "all hazards" approach in developing the CEMP, with a pandemic identified as one (1) of those hazards.

B. This facility performs an annual readiness assessment of the facility's preparedness for responding to pandemic influenza/illness (see Pandemic Influenza/Illness Planning Checklist Annual Update **Exhibit 1**). This APEP is written and updated based on the readiness assessment. Changes or additions to the APEP will be made based on the annual readiness assessment, gaps identified during exercises or real events or guidance issued by the Centers for Disease Control and Prevention (CDC) and/or the New York State Department of Health (NYSDOH). A copy of the annual updated Pandemic Influenza/Illness Planning Checklist will be kept with the APEP.

C. A copy of the APEP is attached to the facility's CEMP as an Annex document. In addition, a hard copy of the APEP will be kept in the facility and the plan will be posted on the facility's website.

Structure for Planning and Decision-making

A. The facility shall have a multidisciplinary planning committee, which is the facility's Infection Prevention Control Committee, to specifically address pandemic preparedness and response.

B. The Multidisciplinary Pandemic Planning Team consists of the following individuals:

Name	Title
Floyd Long	CEO/Administrator
Michael Schuster, M.D.	Chief Medical Officer
Caroline Araullo	Chief Nurse Officer
Milla Star	Associate Executive Director, LTACH Admission
Rohit Sharma	Associate Executive Director, Quality
Karen Miller	Associate Executive Director, Safety & Emergency Management Coordinator
Jeannette Rosario	Assoc. Executive Director, Patient Services & Outpatient Services
Nyron McLeish	Deputy Director, Patient Relation and Rehab Services

C. The Pandemic Response Coordinator, who is the person responsible for coordinating preparedness planning is: Jeannette Rosario, Associate Executive Director and Karen Miller, Associate Executive Director, Safety & Emergency Management Coordinator.

D. Other Facility Programs that need to be addressed as part of this APEP: Ventilator-dependent services and hemodialysis services

Coordination

A. Local and state health departments and provider/trade associations points of contact have been identified for information on pandemic planning resources, as follows:

Name of Agency/Organization	Phone Number
New York City Department of Health and Mental Hygiene	212-346-7572
New York State Department of Health	518-473-4436
New York City Emergency Management	646-692-3641
New York State Emergency Management	518-292- 2200

B. Local, regional or state emergency preparedness groups, including bioterrorism/communicable disease coordinators points of contact, have been identified, as follows:

Name of Agency/Organization	
NYC H+H Emergency Management	212-788-3525
New York City Emergency Management	212-639-9675
Greater New York Hospital Assn	212-246-7100

C. Area hospitals points of contact have been identified in the event that facility residents require hospitalization or facility beds are needed for hospital patients being discharged in order to free up needed hospital beds, as follows:

Name of Hospital	Phone Number
Mount Sinai Morningside	212-523-4000
NYC H+H/Bellevue	212-562- 4141
NYC H+H/Harlem	212-939-1000
NYC H+H/Metropolitan	212-423- 6262
NYC H+H/Jacobi	718-918-5000
NYC H+H/North Central Bronx	718-519- 5000
NYC H+H/Coney Island	718-372-0275
NYC H+H/Kings County	718-245- 3131
NYC H+H/Woodhull	718-963- 8000
NYC H+H/Elmhurst	718-334-4000
NYC H+H/Queens	718-883- 3000
NYC H+H/Lincoln	718-579- 5000

III. INFECTION CONTROL PROTECTION PLAN

Description of Surveillance and Monitoring Activities

The facility monitors public health advisories (federal**,** state and local) and updates are provided to the Pandemic Response Coordinator and other members of the Multidisciplinary Pandemic Planning Team when pandemic influenza/illness has been reported in the United States and is nearing the New York City Metropolitan Area.

The facility conducts surveillance activities for residents, staff, family and visitors on an ongoing basis. Signage and hand hygiene stations are posted at all entrances, instructing families, visitors and contractors to:

- Perform hand hygiene
- Health screening for Febrile and Respiratory Illness (FRI) symptoms
- No entry if any individual has fever or respiratory symptoms
- No entry if not cleared from quarantine, had recent significant exposure to communicable diseases, or recently confirmed positive (i.e. COVID-19)
- Current CMS or NYSDOH visitation and testing guidelines among residents, staff and visitors are followed.
- All healthcare workers must have completed required COVID-19 vaccinations**.**

The facility asks family and visitors to undergo health screening of FRI prior to visits, practice core principles in the infection prevention and control of communicable diseases such as frequent performance of hand hygiene and physical distancing of at least 6 feet. If ill, they are discouraged from visiting the facility. During a pandemic illness outbreak, the facility will follow CDC, CMS and New York State Department of Health guidelines to limit or restrict entry to the building.

The current Infection Control Program at the facility provides for continuous facility-wide surveillance activities to establish baseline levels of infection on an annual basis. Infection rates above the baseline may be indicative of an influenza/illness outbreak or the arrival of a pandemic illness at the facility. The facility will maintain an ongoing surveillance program to be enhanced during a reported pandemic influenza/illness outbreak in the community (see Table 1 below).

Table 1: Surveillance Objectives by Pandemic Phase

Phase 1 (Interpandemic Period)
Objectives and Actions:
• To assess for seasonal influenza.
• To detect cluster cases of Febrile Respiratory Illness (FRI)/ Influenza-Like Illness (ILI).
• To provide for annual education and provide seasonal flu vaccine and COVID-19 vaccine to residents, staff and volunteers and to maintain immunization statistics and adverse effects information.
• To promote respiratory (cough etiquette) and hand hygiene to residents, families, visitors, volunteers and contractor/vendors.

• To notify NYC H+H of suspected outbreak activity as defined by CDC and NYSDOH guidelines and initiate other notifications, as required, to the local and/or state health departments.
• To communicate updates to residents, families, volunteers, contractors/vendors and staff.
• Active Febrile Respiratory Screening measures for visitors, contractors/vendors, visitors, families, volunteers and contractor/vendors.
• Ensure supplies are readily available or accessible (PPE, hand sanitizers, cleaning and disinfecting products, etc.)
Phase 2 (Pandemic Alert Period - Low)
Objectives and Actions:
• To implement active surveillance measures for FRI/ILI screening for visitors, and vendors/contractors.
• To notify the Infection Control staff or designee of reported or identified FRI/ILL. They will alert, as appropriate,
the local and state health department of cluster of FRI .
• Infection Control will actively monitor residents closely for signs and symptoms by: o Conducting unit rounds o Reviewing shift reports o Auditing and reviewing physician and nurse progress notes o Reviewing the monthly pharmacy antibiotic utilization reports o Reviewing lab reports o Communication with OHS about their clinical observations
• To implement management of respiratory outbreak as required for outbreak activity as defined by CDC, CMS, and NYSDOH guidelines and initiate outbreak reports to local and state health department, as required.
Phase 3 (Pandemic Alert Phase – High)
Objectives and Actions
• To activate the Pandemic Emergency Plan and Emergency Plan (as needed).
• To maintain active surveillance for monitoring of FRI/ILI in residents and staff.
• To finalize plans for pandemic vaccine storage and security (as applicable).
• To establish clinic sites for residents, staff and volunteers.
• To develop plans for antiviral storage, security and administration, including staff prophylactic treatment.
• To follow guidelines for avian/pandemic flu/illness, as issued by CDC and NYSDOH, and provide education and training to staff for personal preparedness, resident care and pandemic influenza/illness management.
• To ensure that availability of equipment and supplies, as required, for the facility.
• To provide educational material and in-services; i.e., Annual Pandemic Emergency Plan; cross training; hand hygiene
Phase 4 (Pandemic Period)
Objectives and Actions
• To implement measures for suspected and confirmed pandemic strain in the facility.
• To implement mandatory active screening of staff, visitors, contractors/vendors and family members (see Sample Surveillance Screening Tool **Exhibit 2**).
• To implement heighted surveillance of residents and staff illnesses for symptoms of the pandemic influenza/illness.
• To implement control and support measures for residents, staff, visitors and families.
• To implement access restrictions for staff, visitors, families, volunteers and vendors.
• To implement protocols for isolation of residents with confirmed or suspected illness.
• To implement protocols for cohorting residents with confirmed or suspected illness.
• To direct staff to cohort to their assigned units as much as possible.

The facility has processes in place to prevent the occurrence of an outbreak and surveillance programs to quickly identify and implement control measures to contain it. The facility also prepares to respond to large-scale epidemics as part of its emergency preparedness plan. The facility's infection prevention and control program staff monitor and maintain a data communication with relevant agencies through the NYSDOH Health Alert Network (HAN) for events happening in the local, national and global community.

Active Surveillance for Respiratory Infection or other Pandemic Illness (e.g. COVID-19)

When there is influenza or pandemic illness activity in the local community, active surveillance for the

influenza/illness is conducted among all new and current residents, healthcare personnel and visitors of the facility until the end of the influenza season and/or pandemic. Daily monitoring will occur once a single laboratory-confirmed case of the influenza/illness has been identified in a resident, as it is likely there are other cases among exposed persons. Daily active surveillance occurs until at least one (1) week after the last laboratory-confirmed influenza/illness case was identified.

When it is not influenza season, influenza testing shall occur when any resident has signs and symptoms of influenza-like illness. If there is one (1) laboratory-confirmed influenza positive case along with other cases of respiratory infection in a unit of the facility, an influenza outbreak might be occurring. In the event that an influenza outbreak is identified in this scenario, daily monitoring will occur until at least one (1) week after the last laboratory confirmed influenza case occurred.

Once an outbreak has been identified, outbreak prevention and control measures will be implemented immediately. As mentioned above, daily active surveillance will be conducted until at least one (1) week after the last confirmed influenza/illness case occurred. Testing for influenza/illness will occur for the following:

- Ill persons who are in an affected unit as well as ill persons in previously unaffected units in the facility; and
- Persons who develop acute respiratory illness symptoms more than 72 hours after beginning antiviral chemoprophylaxis.

It should be noted that elderly persons and other long-term care residents, including those who are medically fragile and those with neurological and neurocognitive conditions, may manifest atypical signs and symptoms with influenza/illness virus infection, and may not have fever.

Identification and Management of Residents with Symptoms

Identification of residents with symptoms will occur through the monitoring and active surveillance activities described above. The facility will implement standard and droplet precautions for all residents with suspected or confirmed influenza/illness. Standard precautions will be applied into the care of all residents, regardless of the suspected or confirmed presence of the influenza/illness.

It is the policy of this facility to protect residents, staff and others who may be in our facility from harm during a pandemic outbreak. To accomplish this, the facility has developed protocols for testing residents and the ongoing surveillance testing of the resident population (see Table 2).

Table 2: Procedures to Test Residents

• Facility will test any symptomatic resident in accordance with guidance and direction of the CDC, local and state health department.
• If the facility has no symptomatic residents, facility will consult with local and state health department and determine testing strategy, if applicable and needed.
• Testing will be done through a testing lab that can provide test results in a timely manner.

• If no testing capacity can be located that meets the timeframe goal for timely turnaround of tests, the facility will document all attempts to obtain testing and keep documents of those efforts for review.
• If an alternative test is approved that could help meet the timely turn-around goals and is approved by the local and state health department, the facility will incorporate those procedures in support of the facility's overarching objective to receive test results in a timely manner.
• For residents with suspected or confirmed COVID-19 or influenza-like illness, the facility will implement protocols for isolation and/or cohorting residents per facility policy.
• Positive residents will be removed from isolation and/or cohorting after two (2) negative tests, a clinical/time-based strategy or as otherwise directed by guidance issued by CDC, local and state health departments for removal of transmission-based precautions.
• The facility will report any positive tests in accordance with local and state health department requirements for the reporting of nosocomial infections.

The facility has also developed procedures for the isolation and/or cohorting for residents during a pandemic outbreak by designating spaces within the facility into three (3) zones, which is based on the residents' testing status, as follows:

Positive (i.e., COVID) – Space designated to be used and occupied by confirmed positive residents and staff assigned to their care. Newly admitted and readmitted residents with confirmed positive results who have not met the criteria for discontinuation of transmission-based precautions and are allowed to be admitted/readmitted to the facility based on CDC and NYSDOH guidance will be admitted to this space.
Unknown (i.e., COVID) – Space designated to be used and occupied by asymptomatic residents with exposure and/or residents who have an unknown testing status and staff assigned to their care.
Negative – Space designated to be used and occupied by confirmed negative residents and staff assigned to their care.

These zones are meant to provide safe care and treatment of residents during the pandemic outbreak (see Table 3). Resident isolation and/or cohorting procedures and locations (zones) will be reevaluated by clinical staff frequently as demand dictates.

Table 3: Procedures to Isolate and/or Cohort Residents

Positive Zone
• Residents testing positive will be placed in a single room, if available, or cohorted within a zone designated by the facility as a positive zone.
• Residents testing positive will only be cohorted with other confirmed cases.
• If a resident test positive in a room with roommates who are asymptomatic and negative, the positive resident will be moved to a positive zone, depending on space availability.
• Residents in a positive zone designated for confirmed cases will be treated with contact and droplet precautions until they have a negative test result or deemed recovered as per CDC guidelines.
• If no movement is possible, the facility will isolate the residents to the extent possible within the same unit per CDC guidelines.
• Residents in a positive zone will be assessed twice daily once a shift (twice daily at a minimum) to document respiratory rate, temperature and oxygen saturation.
• The facility will monitor guidance from CDC and adjust procedures for cohorting accordingly.
• The facility will assign staff to work the positive zones exclusively to the extent possible.
• If staff will be shared across the various zones in any way, the staff will fully doff all PPE and leave all dirty PPE in designated receptacles, perform hand hygiene, and don new PPE in accordance with CDC guidance for the area they are entering.
Unknown Zone
• Asymptomatic residents who are exposed to a confirmed case will be cohorted in observation until their test results are known.
• Symptomatic residents with unknown status will be placed in a single room until their test results are known.

• Residents in an unknown zone will be treated with contact and droplet precautions until a negative test result can be achieved or the resident meets the time criteria to return to a negative zone based on current, applicable guidance from CDC and NYSDOH.
• If staff will be shared across the various zones in any way, the staff will fully doff all PPE and leave all dirty PPE in designated receptacles, perform hand hygiene, and don new PPE in accordance with CDC guidance for the area they are entering.
• All residents in an unknown zone will be screened for symptoms of the viral illness and have their vital signs monitored, including oxygen saturation and temperature checks at a minimum of two (2) times per day and documented in the clinical record.
Negative Zone
• Residents in the negative zone will consist of confirmed negative residents or those who have fully recovered from the viral illness.
• Residents will be cohorted with other confirmed negative or recovered residents.
• Residents will be moved to the negative zone only after they have received a negative test or they have met the criteria for the removal of transmission-based precautions per current CDC guidance.
• The facility will change room designations in response to testing results and may need to add or remove unit designations depending on space available/needed.

In cases where the facility may get large amounts of positive cases interspersed within the facility, the facility will designate who is on what precautions for each resident and clearly communicate the procedures to minimize the risk of spreading with the eventual goal of having clearly designated spaces with the building set on the zone groupings outlined above.

The facility, at a minimum, follows the CDC-recommended standard precautions in providing care to residents, regardless of suspected or confirmed infection status (see Table 4). These practices are designed to both protect and prevent health care providers from spreading infections among residents. The use of PPE, and the type of PPE used, under standard precautions is based on the nature of the clinical interaction with the resident and the potential exposure to blood, body fluids and/or infectious materials. All facility health care providers receive ongoing training on and must demonstrate an understanding of:

- When to use PPE;
- What PPE is necessary;
- How to properly don, use and doff PPE in a manner to prevent self-contamination;
- How to properly dispose of or disinfect and maintain PPE; and
- The limitations of PPE.

CDC recommends transmission-based precautions (i.e., contact, droplet and/or airborne precautions) be implemented for residents with documented or suspected diagnoses where contact with the resident, their body fluids or their environment presents a substantial transmission risk despite adherence to standard precautions. During a pandemic outbreak, PPE will be worn by staff at all times during care of residents who are placed in the designated zones for confirmed cases, (positive) and asymptomatic residents with exposure and/or residents with no known status (unknown) of the facility.

Table 4 – Standard Precautions and Transmission-based Precautions

Standard Precautions	
Hand Hygiene	• Use an alcohol-based hand rub or wash hands with soap and water for the following clinical indications: - Immediately before touching a patient. - Before performing an aseptic task or handling invasive medical device. - Before moving from work on a soiled body site to a clean body site on the same patient. - After touching a patient or the patient's immediate environment - After contact with blood, body fluids or contaminated surfaces - Immediately after glove removal • Perform hand hygiene with soap and water when hands are visibly soiled.
Environmental Cleaning and Disinfection	• Routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling. - Clean and disinfect surfaces in close proximity to the patient and frequently touched surfaces in the patient care environment on a more frequent schedule compared to other surfaces. - Promptly clean and decontaminate spills of blood and other potentially infectious materials. • Use of EPA-registered disinfectants that have microbiocidal activity against the pathogens most likely to contaminate the patient-care environment. • Follow manufacturer's instructions for proper use of cleaning and disinfecting products (i.e., dilution, contact time, material compatibility, storage, shelf-life, safe use and disposal).
Injection and Medication Safety	• Use aseptic technique when preparing and administering medications. • Disinfect the access diaphragms of medication vials before inserting device into the vial. • Use needles and syringes for one patient only (this includes manufactured prefilled syringes and cartridge devices such as insulin pens). • Enter medication containers with a new needle and a new syringe, even when obtaining additional doses for the same patient. • Ensure single-dose or single use vials, ampules and bags or bottles of parenteral solution are used for one patient only. • Use fluid infusion or administration sets (e.g., intravenous tubing) for one patient only. • Dedicate multidose vials to a single patient whenever possible. If multidose vials are used for more than one patient, restrict the medication vials to a centralized medication area and do not bring them into the immediate patient treatment area (i.e., patient room).
Appropriate Use of Personal Protective Equipment	• Ensure proper selection and use of personal protective equipment (PPE) based on the nature of the patient interaction and potential exposure to blood, body fluids and/or infectious materials. - Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-contact skin, potentially contaminated skin or contaminated equipment could occur. - Wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions or excretions. - Use protective eyewear and a mask, or a face shield, to protect the mucous membranes of the eye, nose and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields and combinations of each according to the need anticipated by the task performed. - Remove and discard PPE, other than respirators, upon completing a task before leaving the patient's room or care area. If a respirator is used, it should be removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door. - Do not use the same gown or pair of gloves for care of more than one patient. Remove and discard disposable gloves upon completion of a task or when soiled during the process of care.

Minimizing Potential Exposures	• Use respiratory hygiene and cough etiquette to reduce the transmission of respiratory infections within the facility. • Prompt residents and visitors with symptoms of respiratory infection to contain their respiratory secretions and perform hand hygiene after contact with respiratory secretions by providing tissues, masks, hand hygiene supplies and instructional signage and/or handouts at points of entry and throughout the facility. • When space permits, separate patients with respiratory symptoms from others as soon as possible.
Reprocessing of Reusable Medical Equipment	• Clean and reprocess (disinfect or sterilize) reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes) prior to use on another patient when soiled. - Consult and adhere to manufacturer's instructions. • Maintain separation between clean and soiled equipment to prevent cross contamination.

Plan for Preserving Resident's Place if a Resident is Hospitalized and How Hospitalized Residents are Readmitted to the Facility After Hospital Treatment

As required under Section 415.3 of Title 10 of the New York State Codes, Rules and Regulations (10 NYCRR), the facility has an established bed-hold and readmission policy in place to preserve a resident's right to a bed reservation (or bed-hold) while a patient is absent from the facility for a hospitalization and the duration and conditions of the bed-hold policy during which the resident is permitted to return and resume residence to the facility. The policy outlines the conditions under which the resident is returned to their previous room or to an available bed. The resident and their family and/or legal guardian are given this information in writing upon admission to the facility and at their time of transfer to a hospital.

During a pandemic, and if the resident's status is unknown upon readmission to the facility, the resident may need to be placed on a different unit, pending a negative test and/or they have met the criteria for the removal of transmission-based precautions based on CDC guidance or if the resident's previous room is now located in a designated area for positive and symptomatic suspected cases.

Notification to State and Local Health Departments

As required under Sections 2.1 and 2.2 of 10 NYCRR, nosocomial infections are to be reported within 24 hours of recognition. The facility is required to notify the state and local health department as follows:

- New York State Department of Health: Reported via the Nosocomial Reporting Application (NORA) electronic system.
- New York City Department of Health and Mental Hygiene: Reported by phone.

The facility will meet any additional notification requirements that may be put in place by NYSDOH during a pandemic situation, including submission of information and reports through the Health Commerce System.

Criteria to Limit or Restrict Visitors, Volunteers and Non-essential Staff

Residents with multiple conditions are at highest risk of infection and complications, so the facility must use every tool at its disposal to reduce the risk of exposure to and spread of influenza-like or other pandemic illness within the facility. Temporary restricting of visitors and non-essential workers is one method to reduce the risk of virus spread in nursing homes, keeping residents safe. The facility will follow CDC guidelines to limit or restrict entry to the building and any guidance/regulation that may be put in place by the New York State Department of Health regarding visitors to nursing homes, which may include:

- Restricting visitors, volunteers and non-essential staff who are identified as symptomatic or asymptomatic based on screening done at time of entry into the building.
- Restricting all visitors with exceptions for compassionate care, such as end-of-life situations.
- Restricting visitors to the resident's room or other location designated by the facility.
- Restricting the number of visitors allowed per resident (i.e., two (2) visitors at a time).
- Restricting the number of residents who may receive visitors at the same time (i.e., 10% of residents may receive visitors at the same time).
- Restricting all volunteers and nonessential health care personnel and other personnel (i.e., barbers).
- Requiring the wearing of a face covering when in the building.

When the facility implements restriction of all visitors with exceptions for compassionate care, such as end-of-life situations, visitors who enter the facility under this exception will be equipped with personal protective equipment (PPE) like masks, and the visit will be limited to a specific room only.

When the facility limits the number of residents who may receive visitors at the same time, families may be required to schedule their visit in advance instead of just walking in. In addition, the facility may limit the time length of the visit to allow other residents to have visitors.

The facility understands the vital importance of keeping residents connected with their loved ones. When visitation is restricted during a pandemic situation, the facility will facilitate increased virtual communication between residents and families and will also keep residents' families informed about their care. Please refer to **Section IV Communication Plan** below for additional information.

The facility will have signage posted at all entrances instructing all visitors, residents, staff, volunteers and contractors about:

- Any identified risks of virus spread in the facility;
- Any screening procedures in effect, including temperature checks and symptom screening;
- Any restrictions in place (e.g., limitations on who can enter); and
- Any infection protection plan practices required (i.e., cloth face covering, hand hygiene, etc.).

Considerations for Specialty Units/Other Facility Programs

The facility has a 20-bed ventilator dependent unit. During an identified outbreak or periods of high community transmission, caregivers will be encouraged to use face shields regardless of the pandemic illness status (i.e., negative positive, suspected) of the resident. The facility will also review the possibility of changing from nebulizer medications to metered dose inhalers (MDI) to reduce the spread of the pandemic illness and will consider the use of ambu-bags with HEPA filters to decrease the spread of illness when bagging residents.

The facility also has an on-site hemodialysis (dialysis den) program to provide chronic renal dialysis care to residents. During an identified outbreak, caregivers in the hemodialysis unit will be encouraged to use face shields regardless of the pandemic illness status (i.e., negative, positive, suspected) of the patient. Consideration will be given to creating a "late shift" for hemodialysis for those identified as positive residents to allow for additional disinfecting prior to the next day's dialysis sessions. In addition, a staffing and dialysis capacity plan has been developed by Dialyze Direct, the contractor that provides the on-site hemodialysis services to residents **(see Staffing and Dialysis Capacity Plan** Exhibit 3**).**

Resources and Supplies to Adhere to Infection Control Policies

During a pandemic, health care settings will need large quantities of equipment and supplies to provide care and to protect health care workers. It is anticipated that the demand will be high and traditional supply chains may break down. In preparation for a pandemic, the following measures will be instituted by the facility:

1. The facility will maintain a 60-day (2 months) supply of personal protective equipment (PPE). PPE supplies include N95 masks, surgical masks, face shields or goggles, medical gowns and medical gloves. The amount of PPE need for a 60-day supply will be based on the PPE burn rate/average consumption rate and will be adjusted accordingly if the burn rate/average consumption rate increases or decreases.
2. A 30-day stockpile of essential supplies needed to adhere to infection control policies. Essential supplies include environment cleaning and disinfection supplies, disposable masks, disposable gloves, tissues, hand soap, paper towels and alcohol-based hand sanitizers.
3. All supplies will be checked for expiration dates and rotated on a regular basis to prevent stock expiration. The facility Administrator will determine the frequency of the stock rotation.

<u>Environmental Infection Control</u>

The facility has policies and procedures in place for cleaning and disinfection of the building and medical equipment. EPA-registered, hospital-grade disinfectants are used for cleaning high-touch surfaces and shared resident care equipment. During a pandemic, the facility will follow CDC guidelines for any increased environmental cleaning and/or frequency of cleaning. Environmental services personnel who clean and disinfect rooms will be equipped with appropriate PPE for cleaning within the spaces of each color-coded zone used for the cohorting of residents as recommended by

CDC and NYSDOH guidelines. While alcohol-based hand sanitizer (ABHS) is the preferred method of hand hygiene, sinks throughout the facility will be stocked with soap and paper towels to encourage hand hygiene.

Management of laundry, food service utensils and medical waste will be performed in accordance with routine procedures and supplemented with additional processing, based on recommendation and/or requirement of CDC guidelines and/or any guidance or requirements issued by NYSDOH.

Tissues and facemasks will be available for residents and visitors and placed near entrances and in common areas of the facility along with no-touch receptacles for disposal. Necessary PPE for health care provider use will be available outside of resident rooms and in other areas where resident care is provided. No-touch receptacles for disposal of used/soiled PPE are placed outside of resident rooms and in other areas where resident care is provided for the safe doffing of PPE. These receptacles are "designated" for the disposal of used/soiled PPE.

IV. COMMUNICATION PLAN

The facility has in place a communication plan as part of its emergency preparedness plan. This communication plan can be enhanced and supplemented with additional elements and information to ensure that all parties are provided with updated information on the status of the facility's situations and the status of residents during a pandemic outbreak. The communication plan provides a framework to manage and coordinate the wide variety of communications that take place during a pandemic. It covers who will receive communications, how the communications will be delivered, what information will be communicated, who communicates and the frequency of the communications.

Internal Communication

Target audiences for internal communications include:

- Nursing Staff to ensure continuity of patient and resident care;
- Physicians to ensure continuity of patient and resident care;
- Respiratory Therapists to ensure continuity of patient and resident care;
- All other clinical staff to assist nursing staff on the units; and
- All non-clinical staff to ensure that essential services continue.

The key communication messages delivered to internal target audiences include topics such as trainings and in-services for the pandemic response, testing of employees, availability of transportation for late night staff, and hotel accommodations (see Table 5). The messages can be made over the public address system, blast emails and/or calls to units and department heads.

Table 5 – Communication Message Contents

Message Topics	Message Content to be Delivered	Delivery Methods
Pandemic Illness Training and In-services for: 1. Explanation of the pandemic illness 2. PPE requirements and proper use, donning and doffing 3. Cohorting of units	• Training for new agency staff, clinical and non-clinical and all facility staff • On-going schedule of in class training with PowerPoint presentations and/or online training	• Blast emails • Scheduling through departments • PA announcements
Donations Received by Facility for Staff	Types of donations received for all shifts: • Meals – breakfast, lunch, dinner • Groceries/Snacks • Toiletries	• PA announcements • Calls to units and department heads
Employee Testing	On-site testing available on all shifts by medical staff and/or contractors: • Location • Times • Frequency of testing	• Blast emails • PA announcements • Everbridge
Transportation	Taxi service for late night staff	• Blast emails • Everbridge
Hotels	Arrangements for those who chose to: • Stay close to the facility • Self-quarantine	• Blast emails • Everbridge

External Communications

External communications with community stakeholders, elected officials and the press are coordinated with the NYC Health + Hospitals Communications Office.

Communications with Residents, Families and Visitors

The facility has developed a plan to maintain routine communication with residents, families and visitors during a pandemic outbreak. Communication methods include signage, letters, emails, in-person communication, video conferencing and updates on the facility's social media accounts. The messages delivered through these communication methods include:

- Current precautions being taken in the facility to prevent and/or contain infection;
- Actions residents, families and visitors can take to protect themselves;
- Reinforcing adherence to standard infection control precautions, including hand hygiene, respiratory hygiene and cough etiquette;
- Reminding families and visitors not to visit when ill or if they have a known exposure to the pandemic illness; and
- Any limitation and/or restrictions on visitors that are in place.

The facility has a procedure in place to maintain up-to-date contact information on family members and/or legal representatives of residents. This contact information is obtained upon admission to the

facility and confirmed or updated through the quarterly comprehensive care plan meeting process and upon a significant change in the resident's medical condition. In addition, contact information is updated upon notification from staff or family that information has changed.

The following table (Table 6) outlines the targeted audiences, the key communication messages to be delivered, the method for delivery of the information and the frequency of communication.

Table 6 – Communication with Residents, Families and Legal Representatives

Audience	Message	Delivery Method	Frequency
Residents	• Updates on visitation • Updates on status of pandemic outbreak	• Resident Council meeting • Town Hall/Unit meetings	• Monthly • As needed
Authorized Family Members and Legal Representatives	• Updates on visitation • Updates on status of pandemic outbreak or any other related updates	• Virtual town hall meetings • Telephone hotline for families	• As needed
	• Status of infected and non-infected residents, as well as any expirations due to pandemic illness	• Letters • Emails • Calls	• Daily for infected residents and more frequently if the condition changes • Weekly for non-infected residents
	• Provision of alternate means of communicating residents	• Video conferencing (i.e., Facetime, Skype, Zoom)	• Upon request by families Note: During pandemic outbreak, daily access will be provided if requested.

Communication with Other Healthcare Providers

The facility will consult and collaborate with NYC Health + Hospitals, NYC Emergency Management, local and state health departments, network institutions with NYC Health + Hospitals and affiliates with mutual support (EMS) relationships to ensure that coordinated, system-wide consistent efforts are implemented to minimize the impact of any service disruptions while acting to reduce the risk of disease transmission. Key contact information for all of the above entities has been identified and is maintained by the facility as part of this plan and the facility's emergency preparedness plan.

V. OCCUPATIONAL HEALTH

Monitoring of Staff for Symptoms of Respiratory Illness/Pandemic Illness

To protect residents, staff and others who may be in the facility from harm during a pandemic outbreak, the facility has developed procedures for monitoring staff for symptoms of influenza-type or other pandemic illness, testing staff members who present with symptoms and the ongoing testing of staff, as needed and may be required by NYSDOH (see Table 7).

Table 7 Procedures to Monitor and Test Staff

• Facility will test staff in accordance with guidance and direction of the CDC, local and state health department.
• Testing will be done through a testing lab that can provide test results in a timely manner.
• If no testing capacity can be located that meets the timeframe goal for timely turnaround of tests, the facility will document all attempts to obtain testing and keep documents of those efforts for review.
• If an alternative test is approved that could help meet the timely turn-around goals and is approved by the local and state health department, the facility will incorporate those procedures in support of the facility's overarching objective to receive test results in a timely manner.

• The facility will rely on the staff to self-identify their illness status.
• The facility will follow CDC, local and state health department guidance for sending directly exposed staff home for the incubation period of the novel agent (if known).
• The facility will follow CDC, local and state health department guidance for the return-to-work criteria for staff testing positive.
• The facility will report any positive tests in accordance with local and state health department requirements for the reporting of nosocomial infections.
• Staff who refuse to be tested shall be prohibited from providing care or services to the facility until testing is performed.

As referenced above under **Section III Infection Control Protection Plan**, staff will be monitored for influenza-like or other pandemic illness through self-monitoring/self-reporting pre-pandemic and through mandatory screening upon staff arrival for work (see Sample Screening Tool **Exhibit 2**).

Work Restrictions for Ill/Exposed Staff

The facility will follow CDC, local and state health department guidance and requirements as to the use of ill/exposed staff and any work restrictions placed on staff to work while ill/exposed. As reflected in Table 7 above, if a staff member tests positive, is not symptomatic, is willing to work and the CDC and NYSDOH guidance/regulations allow, they will only be assigned to areas designated for positive residents for cohorting confirmed positive and symptomatic residents.

NYC Health + Hospitals has implemented a policy to outline the criteria for healthcare personnel to return to work from suspected, confirmed or exposure to COVID-19 (see **Exhibit 4** - Return to Work Criteria for HCP with Suspected, Confirmed or Exposure to COVID-19). This policy will be updated/revised based on any guidance and/or restrictions put in place by NYSDOH.

Sick Leave Policies/Leave Policies

The facility follows the leave policies issued by NYC Health + Hospitals. These policies are non-punitive, flexible and consistent with public health policies that allow ill health care providers and facility staff to stay home.

Respiratory Protection Plan for Healthcare Providers and Other Facility Staff

The facility has a respiratory protection plan in place for healthcare providers and other facility staff. This plan identifies work areas, processes or tasks that require respiratory protection for infection control purposes during normal work operations and during non-routine or emergency situations, like a pandemic outbreak. This program is limited to the use of disposable particulate respirators (minimum N95). The types of work activities, which require facility staff to wear disposable N95 respirators, are:

Table 8 – Work Activities that Require N95 Respirators

Work Activity to be Performed	Where, When, Other Factors
Having any patient contact	When entering room of patient(s) on airborne precautions
Providing direct patient care and/or having close patient contact	In patient care areas when either CDC or NYSDOH recommend the use of N95 precautions.

Routine infection control and isolation for typical care situations are well known and tend to remain consistent over time. However, during an outbreak of a new virus type or pandemic flu, infection control guidance may change as the situation unfolds, based on epidemiological data. In these situations, the facility will keep current with CDC/NYSDOH recommendation and the program will be adjusted and employees kept informed as changes occur.

Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) are used by the facility. Staff assigned to tasks that require respiratory protection are provided a medical evaluation to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace. All staff using N95 respirators must have been fit tested prior to using them and fit testing is conducted at least annually after initial fit testing to ensure proper fit.

Staff use their respirators under the conditions specified in Table 8 above and in accordance with the training they receive on the use of the respirator issued. The respirator is not used in a manner for which it is not certified by NIOSH or by its manufacturer. Staff is trained upon initial assignment to job tasks where a respirator has been determined necessary and at least annually thereafter.

As mentioned above, the facility keeps current on CDC/NYSDOH recommendations that could affect respirator use. In those instances, the Respiratory Protection Plan is updated as needed to implement any changes needed in the respiratory protection program. Staff that use N95 respirators are informed of the changes and in-services are scheduled, as needed, to train staff as to the changes/updates to the respiratory protection program and use of N95 respirators.

VI. EDUCATION AND TRAINING PLAN

The facility has a policy and procedures in place for the education on the prevention and control of infections with the facility. Education on the basic principles of infection prevention and control within the facility is provided to all healthcare providers, other facility staff, volunteers, residents, family members and guardians of residents. For facility staff, infection control prevention and control education occur upon hire, annually thereafter and when there is a need to provide more in- depth education when surveillance findings identify a need for a focused in-service; for residents, family and visitors, education occurs upon admission, when there is a change in the resident's condition and when surveillance findings identify a need for a focused in-service.

As discussed under **Section III Infection Control Plan** above, the facility will provide training/in-services as part of its ongoing surveillance program. Education and training efforts will be enhanced and expanded during a reported pandemic outbreak in the community as follows:

Facility Staff

Before the pandemic: Staff will be educated and trained about the facility's containment plan before

it needs to be implemented. Examples of containment measures that will be discussed include, but are not limited to, the following:

- Screening procedures the facility expects to implement;
- Importance of self-assessing and reporting influenza or other pandemic illness symptoms before coming to work;
- Information about cohorting of residents and assigning staff;
- How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and
- How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.

In addition, leave policies, sick time, PPE and any other policies and procedures that may be implemented during the pandemic will be reviewed with staff. Staff will also be educated about the roles they will play during the pandemic phase. As part of the preparation for the pandemic, staff will be in-serviced on transmission-based precautions, and the requirements for use and correct usage of PPE.

During the pandemic: Staff will receive training and education to update them on pandemic-specific information and any guidance issued by CDC and/or NYSDOH on containment of the pandemic illness or treatment of residents during the pandemic. In addition, staff will be updated and educated on any change in policies or additional containment measures that may be put in place.

Education and training will be provided through department staff meetings and scheduled employee meetings as well as through assigned on-line training modules.

Residents

Before the pandemic: Residents will receive focused training regarding the actions the facility is taking to protect them and why they are important. Training topics to be reviewed with residents include, but are not limited to, the following:

- Importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette;
- Screening procedures for residents the facility expects to implement;
- Information about the potential cohorting of residents;
- How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and
- How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.

During the pandemic: The facility will continue to provide focused education and training to update

residents on the pandemic status of the facility as well as any updated information regarding the necessary restrictions on movement within the facility and any restriction/limitation on visitors to the facility. Education materials and information will be adapted to the language needs and cognitive levels of the residents and will include, but not be limited to, signage, posters, pamphlets, letters, and one on one or small group discussion/presentation.

Visitors, Family Members and Guardians of Residents

Before the pandemic: Visitors, family members and guardians of residents will receive focused training regarding the actions the facility is taking to protect residents and anyone who enters the facility and why they are important. Training topics to be reviewed include, but are not limited to, the following:

- Importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette;
- Screening procedures for residents the facility expects to implement;
- Information about the potential cohorting of residents;
- How residents' movement may be limited (e.g., temporarily closing the dining room and serving meals on units, canceling social and recreational activities, etc.); and
- How visitation by family and others may be restricted/limited and communication alternatives that will be put in place (i.e., video conferencing) in the event that visitation is not allowed.

During the pandemic: The facility will continue to provide focused education and training to update visitors, family members and guardians of residents on the pandemic status of the facility as well as any updated information regarding the necessary restrictions on movement within the facility and any restriction/limitation on visitors to the facility.

Education materials and information will be adapted to the language needs and cognitive levels of the visitors and family members and will include, but not be limited to, signage, posters, pamphlets, and letters.

VII. VACCINE AND ANTIVIRAL USE PLAN

Influenza

Influenza transmission and illness can be dramatically reduced when a vaccine is available and vaccine guidelines are carefully followed. As part of the facility's seasonal influenza plan, the seasonal flu vaccine is offered to residents and staff of the facility. Prior to the start of a new pandemic, and for some time into it, no vaccine may be available for that particular pandemic-causing strain of influenza. When a vaccine becomes available, it may be in limited supply. The facility will distribute and administer vaccine and antiviral medications (if available) according to CDC and NYSDOH directives and following the governmental/public health mandated order of priorities for giving the vaccine and antiviral medications.

Obtaining Most Current Recommendations and Guidance for Use, Availability, Access and Distribution of Vaccines and Antiviral Medications

The facility monitors public health advisories (federal and state) and guidance issued by CDC and NYSDOH as it relates to influenza outbreaks and the use, availability, access and distribution of influenza vaccines and antiviral medications. As mentioned above, the facility will follow the governmental/public health mandated order of priorities for giving the vaccine when the vaccine for that particular pandemic-causing strain of influenza becomes available. CDC guidance will be followed for the use of antiviral medication, with the final decision on whether or not to treat with antivirals resting with the treating physician.

Estimating the Number of Staff and Residents Who Would Be Targeted As First and Second Priority for Receipt of Influenza Vaccine or Antiviral Prophylaxis

The criteria for determining the number of staff and residents who would be targeted as first and second priority for receipt of the pandemic-influenza vaccine or antiviral prophylaxis will be based on CDC and NYSDOH guidance and will most likely be tailored to fit the need of the population for that particular strain of influenza causing pandemic.

Receipt of Pandemic Influenza Vaccine: It is expected that healthcare personnel and first responders will be among those with first priority to receive the vaccine when it becomes available. First priority will be given to pregnant employees, staff involved with direct patient care and staff identified as having health conditions associated with higher risk of medical complications resulting from the pandemic influenza. Second priority will be given to the remainder of the facility staff. Priority for the vaccine among residents will be determined by guidance issued by CDC and NYSDOH and the availability of the vaccine. The most important strategy is to keep the pandemic virus out the facility through vaccination of the staff.

Receipt of Antiviral Prophylaxis: As mentioned above, the final decision on whether or not to treat a specific patient with antivirals rests with the treating physician and will be based on the review of the resident's medical history and existing condition. Notwithstanding the treating physician's decision, the following patient categories will be given higher priority in receiving antivirals:

- Residents with more severe illness with suspected or confirmed influenza; and
- Residents with suspected or confirmed influenza who are a high risk for complications due to chronic medical or immunosuppressive conditions.

In addition, residents presenting with suspected influenza who have symptoms of lower respiratory tract illness or clinical deterioration should also receive prompt empiric antiviral therapy, regardless of previous health or age. It should be noted that in a pandemic situation it may be quite difficult to take antivirals prophylactically due to the large amount required to be ingested in order for the drug to be effective, as well as the likelihood that exposure to the virus may be ongoing and therefore making a single prophylaxis regimen ineffective. Antiviral medication may help lessen the effect of influenza

when given to residents who already have the disease, thereby lessening the severity and duration of symptoms, and thereby possibly limiting the spread of the virus in the facility.

Plan to Expedite Delivery of Influenza Vaccine or Antiviral Prophylaxis to Residents and Staff

The facility will remain alert for any changes of the CDC's guidance and recommendations on the use of influenza vaccine and antiviral medications in a nursing home setting. Based on this guidance, the facility will work to obtain vaccines and/or antivirals through its purchase arrangements for pharmaceuticals. In addition, during the pandemic phase, vaccines and antivirals may be made available through the local health department and/or NYSDOH. This will depend on the availability of, and rank on, the federal vaccine priority list and the federal antiviral priority list with relation to other groups requesting vaccines and/or antivirals. In the event that vaccines and/or antivirals are made available to the facility, the facility will work to expedite delivery of the vaccine and/or antiviral prophylaxis for use with residents and staff.

COVID-19 (SARS-CoV-2 infection)

COVID-19 transmission and severity of illness can be significantly reduced when a vaccine and antiviral medications are available and administered according to evidence-based guidelines. As part of the facility's pandemic COVID-19 plan, COVID-19 vaccines and antiviral medications are offered to residents and staff of the facility according to current governmental/public health guidelines.

Obtaining Most Current Recommendations and Guidance for Use, Availability, Access and Distribution of Vaccines and Antiviral Medications

The facility monitors public health advisories (federal and state) and guidance issued by CDC, FDA, CMS, and NYSDOH as it relates to the procurement, use, availability, access and distribution of COVID-19 vaccines and antiviral medications. As mentioned above, the facility will follow the governmental/public health mandated order of priorities for vaccine administration. The final decision on whether or not to treat with antivirals resting with the treating practitioner.

Receipt of COVID-19 Vaccine: Consideration for vaccine administration to residents and staff will be evaluated according to regulatory and evidence-based guidelines as mentioned above. Tracking and reporting of statistics related to eligibility, acceptance, and receipt of vaccine will be performed by facility Infection Control and Occupational Health Service departments as appropriate.

Receipt of Antiviral Treatments: As mentioned above, the final decision on whether or not to treat a specific patient with antivirals rests with the treating physician and will be based on the review of the resident's medical history, results of diagnostic testing, age, and underlying medical conditions.

VIII. ISSUES RELATED TO SURGE CAPACITY DURING A PANDEMIC

Contingency Staffing Plan/Planning for Staff Shortages

It is the policy of the facility to maximize its staff availability to ensure the provision of safe resident care during a health care disaster. As described above, the facility has developed a procedure for the safe care and treatment of residents during a pandemic outbreak by designating spaces within the facility into three (3) zones, which is based on the residents' testing status, as follows:

Positive (i.e., COVID) – Space designated to be used and occupied by confirmed positive residents and staff assigned to their care. Newly admitted and readmitted residents with confirmed positive results who have not met the criteria for discontinuation of transmission-based precautions and are allowed to be admitted/readmitted to the facility based on CDC and NYSDOH guidance will be admitted to this space.
Unknown (i.e., COVID) – Space designated to be used and occupied by asymptomatic residents with exposure and/or residents who have an unknown testing status and staff assigned to their care.
Negative – Space designated to be used and occupied by confirmed negative residents and staff assigned to their care.

Staff assigned to work in positive zones will not be assigned to work in either unknown or negative zones. The facility can assign staff to work in unknown or negative zones but that staff will not be assigned to work in a positive zone. Implementing the zone system, which are meant to manage resident flow, and assigning dedicated staff to the zones should help to minimize the number of staff exposed to those with suspected or confirmed pandemic influenza/illness.

It is the expectation that all staff will continue to report to their normal duties unless specific directions are given otherwise. All staff will be mobilized to assist with essential job duties to provide care to the residents and to maintain the facility. During a pandemic outbreak, the facility will implement the following, considering the absenteeism due to illness and other factors, to deal with immediate staffing needs safely:

- Mandatory overtime;
- Calling on per-diem staff;
- Use of agency staff;
- Requesting an additional day of work from off-duty employees;
- Seeking voluntary overtime;
- Alternate work assignments as deemed necessary to maintain essential services; and
- Use of volunteers in the event of extreme staffing shortages.

The facility will consider the following essential elements when utilizing temporary staff (i.e., agency staff, volunteers, etc.) in an emergency staffing shortage in providing care safely:

- Staff/personnel receives training;

- Staff is oriented/familiarized with equipment and supplies;
- Staff is oriented/familiarized with the facility structure, space and set-up; and
- Staff is oriented to policy and procedures of the facility.

Identification of Essential Materials and Equipment/Plan to Address Likely Supply Shortages
During a pandemic, health care settings will need large quantities of equipment and supplies to provide care and to protect health care workers. It is anticipated that the demand will be high and that traditional supply chains may break down. In preparation for a pandemic, the following measures will be instituted:

1. The facility will maintain a 60-day supply of PPE, which will be based on the PPE burn rate/average consumption rate and will be adjusted accordingly if the burn rate/average consumption rate increases or decreases.
2. A 30-day supply of essential supplies (i.e., tissues, hand sanitizer, etc.) needed to adhere to infection control policies will be maintained.
3. The normal restocking/reordering of other supplies will remain in place unless a new need for a supply item, delay in receiving or a shortage is anticipated.

All stockpiled supplies, which are kept secured in the central storeroom and, when needed, in an additional secure location, are checked for expiration dates and rotated on a regular basis to prevent stock expiration. The facility administrator will determine the frequency of the stock rotation.

Working collaboratively with the NYC Health + Hospitals centralized materials management office and using NYC Health + Hospitals' supply chain tracking/monitoring software package, the facility's Manager of Materials Management can place orders routinely or on a stat basis to obtain the necessary supply or equipment item. During a pandemic, PPE availability is reported on a daily basis to the New York City Health + Hospitals centralized materials management office and the New York State Department of Health through the Health Electronic Reporting Data System (HERDS) so that anticipated shortages can be identified and the shortage addressed through either ordering of additional supplies or identifying the availability of PPE from other health care facilities.

Alternative Care Plans for Residents Who Need Acute Care
During a pandemic surge, mildly to moderately symptomatic confirmed positive and suspected positive residents may need acute care (hospital) services. The non-availability of hospital beds may require alternate care plans for these residents to include:

- Providing the low-level or mid-level care for mild to moderately symptomatic residents within the facility, which may include the provision of oxygen, if needed. The level of alternate care shall not exceed Level 3 (medical-surgical care).
- Transferring the resident to an established alternate care site (i.e., mobile field medical unit) where the resident can remain and receive low-level and mid-level medical care, including the provision of oxygen, if needed, for the duration of the isolation period. The level of alternate care shall not exceed Level 3 (medical-surgical care).

Where possible, the facility will strive to meet the clinical needs of a mild to moderately symptomatic confirmed positive or suspected positive resident in order to keep the resident at the facility. If the facility cannot meet the clinical needs of the resident; the facility will request to transfer the resident to another alternate care site/provider as required by NYSDOH directives to do so.

Higher acuity care patients requiring significant ventilator support, including intensive monitoring on a ventilator (care corresponding to Level 2 (step-down care) and Level 1 (intensive care unit care), will be transferred to an acute care hospital for care.

It is the policy of the facility to notify the emergency contact/next of kin in the event of a significant change in the resident's medical condition and/or the transfer of the resident to another facility, in this case either to a hospital or an established alternate care site. Please refer to **Section IV Communication Plan** above, for additional information on communication with authorized family members and legal representatives.

Surge Capacity Plan to Help Increase Hospital Bed Capacity

NYC Health + Hospitals has a centralized admission function to assist in the nursing home placement of patients being discharged from one (1) of the 11 NYC Health + Hospitals acute care hospitals. In addition, the facility reports the number of available beds to NYSDOH on a weekly basis through the Health Commerce System and through the SMART system during an emergency situation to assist other acute care hospitals with information as to the availability of beds for patients needing placement in order to help increase hospital bed capacity during a pandemic. The facility will follow NYSDOH directives regarding the transfer and acceptance of patients from hospitals during a pandemic, including any directives that may be issued on not accepting patients with confirmed positive status of the pandemic illness.

The facility works collaboratively with discharge planners from hospitals to obtain the necessary documentation to facilitate the clinical review for appropriate placement of discharged hospital patients in an available bed. During a pandemic, placement in an available bed at the facility will be determined by the patient's testing status and/or health status as a result of the pandemic, which may result in the declination of placement by the facility if a bed is not available in the correct designated cohorting spaces established by the facility.

During a pandemic, the facility will assess residents admitted to the facility for short-term rehabilitative services to determine if they can safely be discharged home in order to free up beds that may be needed to address placement of discharged hospital patients in need of low level medical/surgical care at the facility.

Increased Need for Post Mortem Care/Disposition of Deceased Residents

At the present time, there is limited morgue capacity at the facility. During a pandemic, there could be an increased need for surge morgue capacity. In the case of surge morgue capacity need, the facility will establish a Body Collection Point (BCP) with the NYC Office of Chief Medical Examiner

(OCME). A BCP is a temporary refrigeration unit used to store decedents until transport is arranged. It allows the facility to store deceased residents until they can be released to funeral homes or until OCME takes possession if a body is not claimed. The purpose of the BCP is to decompress the facility's morgue to give funeral homes the time to get to the facility to make the removal and follow the wishes of the family.

A BCP is obtained by submitting a request for one (1) to NYC Emergency Management (NYCEM). The management of the BCP is the responsibility of the facility and is an extension of the facility's morgue space. As such, the facility is responsible for the following:

- Case Transport: Movement of the deceased from patient care areas to the BCP for temporary storage;
- Family Management: Communicating with families to make notification of death and enable arrangement for final disposition;
- Release Cases: Release of cases to funeral homes on demand and in accordance with normal procedures;
- Temperature Monitoring: Remains should be stored between 37-44°F. The facility will monitor the ambient temperature inside the BCP to ensure the temperature range is maintained;
- Fuel Management: The facility is responsible for monitoring fuel levels. NYCEM has facilitated refueling operations;
- Case Management/Tracking: The facility maintains a morgue census for all cases stored in the BCP. A daily morgue census of the facility's fixed morgue and the BCP is provided to OCME to assist in monitoring case storage capabilities and manage transport resources Citywide.
- Security: The facility ensures that the unit is secure 24 hours a day. Depending on the placement of the unit, this may include taking measures to ensure privacy, deploying lighting elements or cameras, deploying tents or covered walkways, etc.; and
- Personal Effects: The facility is responsible for the management of personal effects and for maintaining a chain of custody and document form for when the items are collected after death to their release to family members.

EXHIBIT 1

Pandemic Influenza/Illness Planning Checklist – Annual Update

1. Structure for planning and decision-making.

Reviewed	No Update Needed	Updated	
		10/28/2026	Pandemic influenza/illness has been incorporated into emergency planning and exercises for the facility. A multidisciplinary planning committee or team has been created to specifically address pandemic influenza/illness preparedness planning. Committee's name: Infection Prevention Control Committee A person has been assigned responsibility for coordinating preparedness planning, hereafter referred to as the pandemic influenza/illness response coordinator: *Jeannette Rosario, AED and Karen Miller, Associate Executive Director, Safety* Members of the planning committee include (as applicable to each setting) the following: Facility administration: *Floyd Long, CEO* Consultative Services: *TBA, Floyd Long, CEO* 1Pharmacy services: *TBA, Floyd Long, CEO* 1Rehabilitation services; *Nyron McLeish, Dep. Director* Medical Director: *Michael Schuster, M.D.* Nursing administration: *C. Araullo, CNO,RN* Infection Prevention and Control: *C. Sino-Ag-Pascal, RN, IP* Occupational Health: *C. Araullo, CNO* Staff Training and orientation: *C. Araullo, CNO* Engineering/maintenance services: *Karen Miller, AED* Emergency Management Coordinator: *Karen Miller, AED* Environmental Safety: *Karen Miller, AED* Dietary services: *Rohit Sharma, RN, AED* Transportation services: *C. Araullo, CNO* Purchasing Agent: *Central Office Finance* Other: ✓ Patient Relations: Nyron McLeish, Dep. Dir ✓ Volunteers: Pamela Hargrow

1. Structure for planning and decision-making (continued)

Reviewed	No Update Needed	Updated	
		10/29/2026	Local and state health departments and provider/trade association points of contact have been identified for information on pandemic influenza/illness planning resources. 1Local health department contact: *212-346-7572* 1State health department contact: *518-473-4436* 1New York City Emergency Management: *212-639-9675* 1NYS Emergency Management: *518-292- 2200* Local, regional, or state emergency preparedness groups, including bioterrorism/communicable disease coordinators points of contact have been identified: 1City: *NYCH+H Emergency Management; New York City Emergency Management* 1County: *NYC Emergency Management* 1State: *NYS Emergency Management* Area hospitals points of contact have been identified in the event that facility residents require hospitalization or facility beds are needed for hospital patients being discharged in order to free up needed hospital beds: 1*Mount Sinai Morningside 212-523-4000* 1*NYC H+H/Bellevue 212-562- 4141* 1*NYC H+H/Harlem 212-939-1000* 1*NYC H+H/Metropolitan 212-423- 6262* 1*NYC H+H/Jacobi 718-918-5000* 1*NYC H+H/North Central Bronx 718-918-5000* 1*NYC H+H/Coney Island 718-372-0275* 1*NYC H+H/Kings County 718-245- 3131* 1*NYC H+H/Woodhull 718-963- 8000* 1*NYC H+H/Elmhurst 718-334-4000* 1*NYC H+H/Queens 718-883- 3000* □*NYC H+H/Lincoln 718-579-5000*

2. Development of a written pandemic plan.

Reviewed	No Update Needed	Updated	
			Copies have been obtained of relevant sections of the HHS Pandemic Influenza/Illness Plan (available at ww.hhs.gov/pandemic flu/plan) and available state, regional, or local plans are reviewed for incorporation into the facility's plan.
			The facility plan includes the elements listed in #3 below.
			The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used.

3. Elements of a pandemic plan

Reviewed	No Update Needed	Updated	
			A plan is in place for surveillance and detection of the presence of pandemic influenza/illness in residents and staff. 1A person has been assigned responsibility for monitoring public health advisories (federal and state), and updating the pandemic response coordinator and members of the pandemic influenza/illness planning committee when pandemic influenza has been reported in the United States and is nearing the geographic area. For more information, see www.cdc.gov/flu/weekly/fluactivity.htm. Insert name, title and contact information of person responsible) _____
			1A written protocol has been developed for weekly or daily monitoring of seasonal influenza-like illness in residents and staff. For more information, see www.cdc.gov/flu/professionals/diagnosis/. (Having a system for tracking illness trends during seasonal influenza will ensure that the facility can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.) 1A protocol has been developed for the evaluation and diagnosis of residents and/or staff with symptoms of pandemic influenza/illness. 1Assessment for seasonal influenza is included in the evaluation of incoming residents. There is an admission policy or protocol to determine the appropriate placement and isolation of patients with an influenza-like illness. (The process used during periods of seasonal influenza can be applied during pandemic influenza/illness.) 1A system is in place to monitor for, and internally review transmission of, influenza among patients and staff in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting). (This system will be necessary for assessing pandemic influenza transmission.)
		10/29/2026	**A facility communication plan has been developed.** For more information, see www.hhs.gov/pandemicflu/plan/sup10.htm. 1Key public health points of contact during a pandemic have been identified. 1Local health department contact: ***212-346-7572*** 1State health department contact: ***518-473-4436*** 1A person has been assigned responsibility for communications with public health authorities during a pandemic: **CMO**

3. Elements of a pandemic plan (continued)			
Reviewed	No Update Needed	Updated	
			1 A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of pandemic influenza/illness in the facility. (Having one voice that speaks for the facility during a pandemic will help ensure the delivery of timely and accurate information). 1 Contact information for family members or guardians of facility residents is up-to-date. 1 Communication plans include how signs, phone trees, and other methods of communications will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., sales and delivery people) about the status of pandemic influenza/illness in the facility. 1 A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals' emergency medical services, relevant community organizations (including those involved with disaster preparedness) with whom it will be necessary to maintain communication during a pandemic. 1 A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during a pandemic.
		10/29/2026	**A plan is in place to provide education and training to ensure that all personnel, residents, and family members of residents understand the implications of, and basic prevention and control measures for, pandemic influenza.** 1 A person has been designated with responsibility for coordinating education and training on pandemic influenza/illness (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance): **Nurse Educator** Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital-sponsored) programs have been identified. See www.cdc.gov/flu/professionals/training/. 1 Language and reading-level appropriate materials have been identified to supplement and support education and training programs (e.g., available through state and federal public health agencies such as www.cdc.gov/flu/groups.htm. and through professional organizations), and a plan is in place for obtaining these materials. 1 Education and training includes information on infection control measures to prevent the spread of pandemic influenza/illness. 1 The facility has a plan for expediting the credentialing and training of non-facility staff brought in from other locations to provide patient care when the facility reaches a staffing crisis. 1 Informational material (e.g., brochures, posters) on pandemic influenza/illness and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan

3. Elements of a pandemic plan (continued)			
Reviewed	No Update Needed	Updated	
			is in place to disseminate these materials in advance of the pandemic.
			An infection control plan is in place for managing residents and visitors with pandemic influenza/illness that includes the following: (For information infection control recommendations for pandemic influenza/illness, see www.hhs.gov/pandemicflu/plan/sup4html. And www.cdc.gov/fluprofessionals/infectioncontrol/longermcare.htm. An infection control policy that requires direct care staff to use Standard (www.cdc.gov/ncidod/dhqp/g1_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqup/g1_isolation_droplet.html) with symptomatic residents. A plan for implementing Respiratory Hygiene/Cough Etiquette throughout the facility. (See www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm.) A plan for cohorting symptomatic residents or groups using one or more of the following strategies: 1) Confining symptomatic resident and their exposed roommates to their room, 2) Placing symptomatic residents together in one area of the facility, or 3) Closing units were symptomatic and asymptomatic resident s reside (i.e., restricting all residents to an affected unit, regardless of symptoms). The plan includes a stipulation that, where possible, staff who are assigned to work on affected units will not work on other units. Criteria and protocols for closing units or the entire facility to new admissions when pandemic influenza/illness is in the facility have been developed. Criteria and protocols for enforcing visitor limitations have been developed
			An occupational health plan for addressing staff absences and other related occupational issues has been developed that includes the following: 1A liberal/non-punitive sick leave policy that addresses the needs of symptomatic personnel and facility staffing needs. The policy considers: o The handling of personnel who develop symptoms while at work. o When personnel may return to work after having pandemic influenza/illness.

3. Elements of a pandemic plan (continued)			
Reviewed	No Update Needed	Updated	
			○ When personnel who are symptomatic but well enough to work, will be permitted to continue working. ○ Personnel who need to care for family members who become ill. ○ A plan to educate staff to self-assess and report symptoms of pandemic influenza before reporting for duty. ○ A list of mental health and faith-based resources that will be available to provide counseling to personnel during a pandemic. ○ A system to monitor influenza vaccination of personnel. ○ A plan for managing personnel who are at increased risk for influenza complications (e.g., pregnant women, immuno-compromised workers) by placing them on administrative leave or altering their work location.
			A vaccine and antiviral use plan has been developed. 1 CDC and state health department websites have been identified for obtaining the most current recommendations and guidance for the use, availability, access, and distribution of vaccines and antiviral medications during a pandemic. For more information, see www.hhs.gov/pandemicflu/plan/sup6.html and www.hhs.gov/pandemicflu/plan/sup7.html. 1 HHS guidance has been used to estimate the number of personnel and residents who would be targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. For more information, see www.hhs.gov/pandemicflu/plan/sup6.html and www.hhs.gov/pandemicflu/plan/sup7.html. 1 A plan is in place for expediting delivery of influenza vaccine or antiviral prophylaxis to residents and staff as recommended by the state health department.
		10/29/2026	**Issues related to surge capacity during a pandemic have been addressed.** 1 A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations. 1 A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during an influenza/illness pandemic: **Chief Nurse Officer** 1 Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law.

3. Elements of a pandemic plan (continued)			
Reviewed	No Update Needed	Updated	
			1 The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis. 1 Estimates have been made of the quantities of essential materials and equipment (e.g., masks, gloves, hand hygiene products, intravenous pumps) that would be needed during a six-week pandemic. ***Note: NYSDOH requires 2 months supply of PPE*** 1 A plan has been developed to address likely supply shortages, including strategies for using normal and alternative channels for procuring needed resources. 1 Alternative care plans have been developed for facility residents who need acute care services when hospital beds become unavailable. 1 Surge capacity plans include strategies to help increase hospital bed capacity in the community. 1 Signed agreements have been established with area hospitals for admission to the long-term care facility of non-influenza patients to facilitate utilization of acute care resources for more seriously ill patients. 1 Facility space has been identified that could be adapted for use as expanded inpatient beds and information provided to local and regional planning contacts. 1 A contingency plan has been developed for managing an increased need for post mortem care and disposition of deceased residents. 1 An area in the facility that could be used as a temporary morgue has been identified. 1 Local plans for expanding morgue capacity have been discussed with local and regional planning contacts.

EXHIBIT 2

Sample Surveillance Screening Tool

Respiratory Infection Screening Tool	
Date: Unit:	Health Care Worker Instructions
Section A: Respiratory Symptoms	
Are you experiencing any of the following symptoms: o New/Worse Cough OR o New/Worse shortness of breath (worse than what is normal for you)	If YES, Continue to Section B. If NO, stop here.
Section B: Temperature	
Are you feeling feverish, had shakes or chills in the last 24 hours? Or is the temperature above 99.7 °F? Record Temperature: ____	If YES, mask the patient immediately and initiate Droplet Precautions
Section C: Additional Screening for Influenza-like Illness	
If patient fails Section A and B, proceed with additional screening for influenza-like illness: 1Sore throat 1Arthraigia – joint pain 1Myalagia – muscle pain 1Prostration – extreme physical weakness/exhaustion 1Diarrhea	

	TITLE: CRISIS PLAN FOR PROVISION OF DIALYSIS TREATMENTS IN LOCATIONS IMPACTED BY SURGE OF COVID-19 INFECTIONS	REFERENCE: DD-CS- 10487
CATEGORY: CLINICAL SERVICES		
REPLACING: N/A		PAGE: 1 OF: 2
APPROVED REVISION:		EFFECTIVE: 12/29/2021

PURPOSE: To guide the Dialyze Direct regional leadership and direct patient care personnel to ensure necessary dialysis care is provided safely to patients residing in locations where a surge of either patient or dialysis staff COVID-19 infections may impact the provision of care.

POLICY:

1. With guidance from the Chief Nursing Officer and Chief Medical Officer, the Regional Director will implement the crisis plan to provide dialysis care to the residents of impacted skilled nursing facilities.
2. The Regional Director will collaborate with the skilled nursing facility clinical and administrative leadership to ensure effective coordination of patient care.
3. According to a nephrologist order, when the crisis plan treatment schedule is implemented:
    a. Patient daily fluid intake should be limited to 750 mL or less;
    b. Patient daily dietary intake should be limited to 2 gm Sodium, 2 gm Potassium, 1 gm Phosphorus; and
    c. Patients may have weekly blood drawn to measure Potassium.

PROCEDURE:

1. The Regional Director will obtain approval from the Regional Medical Director to implement the crisis plan and notify the Chief Nursing Officer and Chief Medical Officer.

2. The impacted patients' nephrologists will receive notification from the Regional Director or designee that implementation of the crisis plan has been approved and request necessary modifications to the patient's current treatment schedule, daily fluid restriction, and dietary intake. In addition, the Regional Medical Director will receive notification that treating nephrologists have been made aware.

3. The Regional Director may implement the crisis plan with the approval of the Regional Medical Director for no more than two weeks. A clinical leadership meeting that includes the Regional Director, the Regional Medical Director, the Chief Nursing Officer and the Chief Medical Officer will be required to extend the crisis plan beyond a two-week timeframe.

Note: Any printed copy of this policy is only as current as the date it was printed; it may not reflect subsequent revisions. Refer to the online version for most current guidelines. Use of this document is limited to **Dialyze Direct** staff only. It is not to be copied or distributed outside the institution without administrative permission.

5. The patient evaluation triage tool will be completed for each impacted patient before initiating the plan and weekly, and the results shared with the treating nephrologist. The form can be completed by Dialyze Direct staff or the Skilled Nursing Facility.

6. Collaboration with the skilled nursing facility will include the following:
    a. Laboratory and clinical monitoring required to assure effective triage to determine dialysis treatment priority;
    b. Providing nephrologist's recommendations for fluid limitations, dietary restriction, and suggested skilled nursing facility laboratory testing;
    c. The anticipated length of time that the crisis plan will be in effect; and
    d. Instruction on completing the patient triage questionnaire when applicable.

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EXHIBIT 4

Return to Work Criteria for Health Care Personnel with SARS-CoV-2 infection or Exposure to SARS-CoV-2			NYC HEALTH + HOSPITALS
DOC ID HHCMPA162020_v14	**Effective Date: October 7, 2024**	**Page 1 of 7**	

Purpose	To provide guidance on return to work criteria after SARS-CoV-2 (COVID-19) infection or exposure.
Scope	NYC Health + Hospitals
Guidelines	

Personnel who test positive for COVID-19:

	Return to Work Criteria
All Staff	• Immediate notification to supervisor and facility OHS • HCP can return to work after Day 5 following either date of positive test result (if asymptomatic) OR date of symptom onset (if symptomatic), whichever date is earlier (date of test or symptom onset is day 0); and • At least 24 hours have passed since the fever without the use of fever-reducing medications and symptoms have improved (e.g., cough, shortness of breath) • After returning to work, HCP should self-monitor for symptoms and seek re- evaluation from OHS if symptoms worsen • HCP returning to work after Day 5 following COVID-19 infection are to universally mask through Day 10 in ALL areas • If symptoms recur (e.g., rebound) these HCP should be restricted from work and follow recommended practices to prevent transmission to others (e.g., universal masking) until they again meet the healthcare criteria below to return to work unless an alternative diagnosis is identified.

Personnel who have been exposed to COVID-19:

	Return to Work Criteria
Asymptomatic	• Can continue to work. • Should test for COVID-19 on days one (1), three (3), and five (5) after exposure (date of exposure is Day 0) • If symptoms develop or the test is positive, refer to section “Personnel who test positive for COVID-19”
Symptomatic	• Should not return to work. • Immediate notification to supervisor and facility OHS • Should test for COVID-19 on days one (1), three (3), and five (5) after exposure (date of exposure is Day 0) • If test is positive, refer to section “Personnel who test positive for COVID-19”

Personnel who have had a high-risk exposure* to COVID-19

	Return to Work Criteria
Asymptomatic	• Can continue to work. • Universally mask in ALL areas • Should test for COVID-19 on days one (1), three (3), and five (5) after exposure (date of exposure is Day 0) • If symptoms develop or the test is positive, refer to section "Personnel who test positive for COVID-19" • Follow all recommended infection prevention and control practices, including wearing a well-fitting mask, monitoring themselves for fever, or symptoms consistent with COVID-19 and not reporting to work when ill or if testing positive for SARS-CoV-2 infection
Symptomatic	• Should not return to work. • Immediate notification to supervisor and facility OHS • Should test for COVID-19 on days one (1), three (3), and five (5) after exposure (date of exposure is Day 0) • If test is positive, refer to section "Personnel who test positive for COVID-19"

Personnel who are immunocompromised and test positive for COVID-19:

	Return to Work Criteria
All Staff	• Immediate notification to supervisor and facility OHS • HCP can return to work after Day 10 and up to 20 days, as per their healthcare provider guidance, following either date of positive test result (if asymptomatic) OR date of symptom onset (if symptomatic), whichever date is earlier (date of test or symptom onset is day 0); and • At least 24 hours have passed since the fever without the use of fever-reducing medications and symptoms have improved (e.g., cough, shortness of breath) • After returning to work, HCP should self-monitor for symptoms and seek re- evaluation from OHS if symptoms worsen

Personnel who test negative for COVID-19 but have ongoing symptoms:

	Return to Work Criteria
All Staff	• Should not report to work onsite if symptoms are ongoing severe or worsening • Immediate notification to supervisor and facility OHS • If OHS approved to return to work, must universally mask in ALL areas until symptoms resolve • HCP should obtain repeat PCR or antigen test in 24-48 hours. If repeat test is positive, refer to section "Personnel who test positive for COVID-19" • HCP should self-monitor for symptoms and seek re-evaluation from OHS if symptoms worsen.

Definitions	
Exposure	Prolonged ("prolonged" refers to a cumulative time period of 15 minutes during a 24-hour period) close (within 6 feet) contact with a patient, visitor or HCP with confirmed COVID-19. In addition, HCP was not wearing a respirator or face mask or HCP was not wearing protective eyewear if the person with COVID-19 was not wearing a facemask or HCP not wearing all recommended PPE during an aerosol generating procedure with a patient with confirmed COVID-19 or HCP was deemed to have had an exposure (including proximate contact) by a local health department.
High risk exposure	Higher-risk exposures are classified as HCP who had prolonged, close contact, with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection and: • HCP was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask for facemask) • HCP was not wearing eye protection if the person with SAR-CoV-2 infections was not wearing a facemask • HCP was not wearing all recommended PPE (i.e., Gown, Gloves, Eye protection, Respirator) while present in the room for an aerosol-generating procedure

	Immunocompromised	For the purposes of this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the Interim Clinical Considerations for Use of COVID-19 Vaccines. Ultimately, the degree of immunocompromise for the HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation.
	Symptoms of COVID-19	Symptoms of COVID-19 can include: • Fever or chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of taste or smell • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhea Symptoms of COVID-19 | COVID-19 | CDC

Prepared by:	Syra Madad, DHSc, MSc, MCP, CHEP	Chief Biopreparedness Officer	10/7/24
	Name/Signature	Title	Date
Approved by:	Rachelle Allen, MD	SVP, CMO	10/7/24
	Name/Signature	Title	Date