



NY FORWARD SAFETY PLAN TEMPLATE

Each business or entity, including those that have been designated as essential under Empire State Development's Essential Business Guidance, must develop a written Safety Plan outlining how its workplace will prevent the spread of COVID-19. A business may fill out this template to fulfill the requirement, or may develop its own Safety Plan. This plan does not need to be submitted to a state agency for approval but must be retained on the premises of the business and must be made available to the New York State Department of Health (DOH) or local health or safety authorities in the event of an inspection.

Business owners should refer to the State's industry-specific guidance for more information on how to safely operate. For a list of regions and sectors that are authorized to re-open, as well as detailed guidance for each sector, please visit: [forward.ny.gov](https://www.forward.ny.gov). If your industry is not included in the posted guidance but your business has been operating as essential, please refer to ESD's [Essential Business Guidance](#) and adhere to the guidelines within this Safety Plan. Please continue to regularly check the New York Forward site for guidance that is applicable to your business or certain parts of your business functions, and consult the state and federal resources listed below.

COVID-19 Reopening Safety Plan

Name of Business:

Elderwood at North Creek

Industry:

Skilled Nursing Facility

Address:

112 Ski Bowl Road

Contact Information:

518-251-2447

Owner/Manager of Business:

Held Schemp, Administrator

Human Resources Representative and Contact Information, if applicable:

I. PEOPLE

A. Physical Distancing. To ensure employees comply with physical distancing requirements, you agree that you will do the following:

- Ensure 6 ft. distance between personnel, unless safety or core function of the work activity requires a shorter distance. Any time personnel are less than 6 ft. apart from one another, personnel must wear acceptable face coverings.
- Tightly confined spaces will be occupied by only one individual at a time, unless all occupants are wearing face coverings. If occupied by more than one person, will keep occupancy under 50% of maximum capacity.

- Post social distancing markers using tape or signs that denote 6 ft. of spacing in commonly used and other applicable areas on the site (e.g. clock in/out stations, health screening stations)
- Limit in-person gatherings as much as possible and use tele- or video-conferencing whenever possible. Essential in-person gatherings (e.g. meetings) should be held in open, well-ventilated spaces with appropriate social distancing among participants.
- Establish designated areas for pick-ups and deliveries, limiting contact to the extent possible.

List common situations that may not allow for 6 ft. of distance between individuals. What measures will you implement to ensure the safety of your employees in such situations?
 Entrance into building: Signage placed and Screening (only one person at a time).

How you will manage engagement with customers and visitors on these requirements (as applicable)?

- 1) Signage addressing face masks, hand hygiene and social distancing
- 2) An easy to read fact sheet outlining visitor expectations will be provided to visitors upon initial screening
- 3) Facilities shall keep an electronic daily log with names and contact information for all visitors
- 4) Visitation is scheduled.

How you will manage industry-specific physical social distancing (e.g., shift changes, lunch breaks) (as applicable)?

- 1) Social distancing: areas clearly marked in screening area as well as in designated visitation locations
- 2) Seating removed in "waiting room" all area break rooms and waiting rooms have been arranged for seating to be appropriately distanced

II. PLACES

A. Protective Equipment. To ensure employees comply with protective equipment requirements, you agree that you will do the following:

- Employers must provide employees with an acceptable face covering at no-cost to the employee and have an adequate supply of coverings in case of replacement.

What quantity of face coverings – and any other PPE – will you need to procure to ensure that you always have a sufficient supply on hand for employees and visitors? How will you procure these supplies?

25 Days supply on hand while calculating staff, resident and visitor utilization and burn rate. Supplies are procured through regular ordering, Emergency Services, and NYS.

- Face coverings must be cleaned or replaced after use or when damaged or soiled, may not be shared, and should be properly stored or discarded.

What policy will you implement to ensure that PPE is appropriately cleaned, stored, and/or discarded?

- 1) Elderwood has policies and procedures in place.
- 2) In-servicing/education provided
- 3) Surveillance by surveyors

- Limit the sharing of objects and discourage touching of shared surfaces; or, when in contact with shared objects or frequently touched areas, wear gloves (trade-appropriate or medical); or, sanitize or wash hands before and after contact.

List common objects that are likely to be shared between employees. What measures will you implement to ensure the safety of your employees when using these objects?

- 1) Vital Signs machines cleaned after each use
- 2) Med Cart cleaned after each use
- 3) Phones: cleaned every 1-2 hours and in between uses
- 4) Door handles/rails/high touch areas cleaned every 2 hours or as needed if soiled

B. Hygiene and Cleaning. To ensure employees comply with hygiene and cleaning requirements, you agree that you will do the following:

- Adhere to hygiene and sanitation requirements from the Centers for Disease Control and Prevention (CDC) and Department of Health (DOH) and maintain cleaning logs on site that document date, time, and scope of cleaning.

Who will be responsible for maintaining a cleaning log? Where will the log be kept?
Cleaning log will be maintained by staff member that is supervising the visit.

- Provide and maintain hand hygiene stations for personnel, including handwashing with soap, water, and paper towels, or an alcohol-based hand sanitizer containing 60% or more alcohol for areas where handwashing is not feasible.

Where on the work location will you provide employees with access to the appropriate hand hygiene and/or sanitizing products and how will you promote good hand hygiene?

Hand sanitizer stations are located at entrance, halls, and rooms throughout facility. Additional sanitizer will be made available at visitation locations.

- Conduct regular cleaning and disinfection at least after every shift, daily, or more frequently as needed, and frequent cleaning and disinfection of shared objects (e.g. tools, machinery) and surfaces, as well as high transit areas, such as restrooms and common areas, must be completed.

What policies will you implement to ensure regular cleaning and disinfection of your worksite and any shared objects or materials, using products identified as effective against COVID-19?

Environmental Services staff educated to ensure that high touch areas are cleaned more frequently and appropriate products identified as effective against COVID 19 are utilized.

"All Hands On Deck" approach utilized where support staff clean high touch areas once per shift in addition to regular cleaning from environmental services.

C. Communication. To ensure the business and its employees comply with communication requirements, you agree that you will do the following:

- Post signage throughout the site to remind personnel to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.
- Establish a communication plan for employees, visitors, and customers with a consistent means to provide updated information.
- Maintain a continuous log of every person, including workers and visitors, who may have close contact with other individuals at the work site or area; excluding deliveries that are performed with appropriate PPE or through contactless means; excluding customers, who may be encouraged to provide contact information to be logged but are not mandated to do so.

Which employee(s) will be in charge of maintaining a log of each person that enters the site (excluding customers and deliveries that are performed with appropriate PPE or through contactless means), and where will the log be kept?

Registration personnel will keep an electronic log of all visitors with contact information for tracing. The log is electronic and in a shared drive.

- If a worker tests positive for COVID-19, employer must immediately notify state and local health departments and cooperate with contact tracing efforts, including notification of potential contacts, such as workers or visitors who had close contact with the individual, while maintaining confidentiality required by state and federal law and regulations.

If a worker tests positive for COVID-19, which employee(s) will be responsible for notifying state and local health departments?

Director of Nursing

III. PROCESS

A. Screening. To ensure the business and its employees comply with protective equipment requirements, you agree that you will do the following:

- Implement mandatory health screening assessment (e.g. questionnaire, temperature check) before employees begin work each day and for essential visitors, asking about (1) COVID-19 symptoms in past 14 days, (2) positive COVID-19 test in past 14 days, and/or (3) close contact with confirmed or suspected COVID-19 case in past 14 days. Assessment responses must be reviewed every day and such review must be documented.

What type(s) of daily health and screening practices will you implement? Will the screening be done before employee gets to work or on site? Who will be responsible for performing them, and how will those individuals be trained?

All employees and visitors are screened with temperature checks and questionnaire prior to entering. Registration personnel have been in-serviced on screening procedures. Nursing completes screening for night shift.

If screening onsite, how much PPE will be required for the responsible parties carrying out the screening practices? How will you supply this PPE?

Burn rate for face masks is approximately 70 masks/day. An inventory tracker is managed and currently facility has approximately 30 days supply on hand. PPE is ordered regularly, Emergency Services is contacted daily, as well as NYS supplies for staff testing.

B. Contact tracing and disinfection of contaminated areas. To ensure the business and its employees comply with contact tracing and disinfection requirements, you agree that you will do the following:

- Have a plan for cleaning, disinfection, and contact tracing in the event of a positive case.

In the case of an employee testing positive for COVID-19, how will you clean the applicable contaminated areas? What products identified as effective against COVID-19 will you need and how will you acquire them?

All surfaces will be cleaned appropriately with disinfecting product.

In the case of an employee testing positive for COVID-19, how will you trace close contacts in the workplace? How will you inform close contacts that they may have been exposed to COVID-19?

All employee information and demographics are updated on file. The Administrator and DON will be responsible for contacting.

IV. OTHER

Please use this space to provide additional details about your business's Safety Plan, including anything to address specific industry guidance.

See attached Elderwood at North Creek Comprehensive Visitation Plan

Staying up to date on industry-specific guidance:

To ensure that you stay up to date on the guidance that is being issued by the State, you will:

- Consult the NY Forward website at forward.ny.gov and applicable Executive Orders at governor.ny.gov/executiveorders on a periodic basis or whenever notified of the availability of new guidance.**

EVERY HOME.

STOP THE SPREAD.

SAVE LIVES.

State and Federal Resources for Businesses and Entities

As these resources are frequently updated, please stay current on state and federal guidance issued in response to COVID-19.

General Information

[New York State Department of Health \(DOH\) Novel Coronavirus \(COVID-19\) Website](#)

[Centers for Disease Control and Prevention \(CDC\) Coronavirus \(COVID-19\) Website](#)

[Occupational Safety and Health Administration \(OSHA\) COVID-19 Website](#)

Workplace Guidance

[CDC Guidance for Businesses and Employers to Plan, Prepare and Respond to Coronavirus Disease 2019](#)

[OSHA Guidance on Preparing Workplaces for COVID-19](#)

Personal Protective Equipment Guidance

[DOH Interim Guidance on Executive Order 202.16 Requiring Face Coverings for Public and Private Employees](#)

[OSHA Personal Protective Equipment](#)

Cleaning and Disinfecting Guidance

[New York State Department of Environmental Conservation \(DEC\) Registered Disinfectants of COVID-19](#)

[DOH Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19](#)

[CDC Cleaning and Disinfecting Facilities](#)

Screening and Testing Guidance

[DOH COVID-19 Testing](#)

[CDC COVID-19 Symptoms](#)

Elderwood at North Creek COVID-19 Facility Visitation Plan

Introduction

In response to COVID-19, nursing homes, assisted living residences (facilities) and Pediatric Specialty Care facilities have been instructed to restrict visitation, except for compassionate care (e.g. end-of-life) situations by state agencies.

The goal is to begin to prepare for how visitation and the safety of residents in our care will be achieved in the future. Regulatory guidelines must be considered and incorporated into the below plan prior to resuming visitation and other activities within the facility. There may be several indicators that need to be met prior to relaxing any restrictions and most likely will be based on community phases of reopening, COVID-19 illness in the facility, testing and timing.

The plan will include three (2) distinct approaches to visitation –

1. Outdoor Visitation
2. Indoor Visitation in a Common Area

Visitation Plans must address the following elements:

- I. Screening procedures
- II. Physical space, distancing, and occupancy limits
- III. Scheduling and duration of visits
- IV. Cleaning and disinfecting procedures
- V. Personal Protective Equipment (PPE) and face coverings
- VI. Hand hygiene
- VII. Communications/Education
- VIII. Other considerations

State Regulatory Considerations

NYS DOH issued a Health Advisory on July 10, 2020 to Adult Care Facilities Operators and Administrators, outlining requirements and recommendations for the safe return to limited visitation. That guidance as used to develop the below plan.

1. The region in which the NH is located is in Phase 3.
2. The NH is in full compliance with all state and federal requirements, state Executive Orders and guidance, state reporting requirements including COVID-19 focus surveys, HERDS and staff testing surveys, and federally required submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
3. The NH has protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staffing teams to deal with COVID-positive residents and nonpositive residents. In order to effectuate this policy, nursing home facilities should transfer residents within a facility, to another long-term

care facility, or to another noncertified location if they are unable to successfully separate out patients in individual facilities.

4. The NH has completed the NY Forward Safety Plan and submitted a copy of the completed plan to covidnursinghomeinfo@health.ny.gov. The facility must retain a copy of the plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department. Any changes to the plan must be immediately communicated to the Department. The plan must clearly articulate the space(s) to be used for visitation (outdoors and indoors) including the number of visitors and residents which could be safely socially distanced within the space(s). Such plan shall include attestation of compliance with all State and federal guidelines as described in number 2.

5. The NH has no staffing shortages as evidenced by the NH's individual staffing plan and as reported by the NH through submissions to the National Health Safety Network (NHSN).

6. The absence of any new onset of COVID-19 among staff or residents as reported to the Department on the HERDS and staff testing surveys and as reported to the NHSN for a period of no less than twenty-eight (28) days, consistent with CMS established thresholds.

7. Access to adequate testing. The NH should have a testing plan in place that, at a minimum, ensures all consenting nursing home residents have received a single baseline COVID-19 test. In addition, the NH must have the capability to test or can arrange for testing of all residents upon identification of any individual with symptoms consistent with COVID-19. If a staff member tests positive for the SARS-CoV-2 virus, the NH must have the capacity to continue re-testing all nursing home staff and residents, as applicable.

8. An executed and operationalized arrangement with laboratories to process SARS-CoV-2 virus tests. As recommended by CMS, the test used should be able to detect SARSCoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95 percent sensitivity, greater than 90 percent specificity, with results obtained and rapidly reported to the NH.

9. Adherence to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of such nursing home, including visitors. Resident monitoring must include daily symptom checks, vital signs, and pulse oximetry.

10. A copy of the NH's formal visitation plan is posted to their public website and broadcasted via email or social media to provide visitors with clear guidelines for visiting and to announce if and when visitation is paused due to an increase in the number of residents and/or staff with a confirmed positive COVID-19 diagnosis.

Additional Considerations – Refer to Chart

On May 18, 2020, the Centers for Medicare and Medicaid Services (CMS) released [Nursing home reopening recommendations for State and Local Officials](#) which includes visitation and service considerations. All facilities must have established cleaning, health screening, social distancing, and face covering

Community Status	Facility Status	Visitation & Service Considerations
Phase 1 (Red)	<p align="center"><u>Level 1</u></p> <p>Highest level of vigilance</p> <p><i>*Baseline testing of all residents recommended prior to moving to the next phase</i></p>	<ul style="list-style-type: none"> • Visitation prohibited except for compassionate care situation • Restricted entry of non-essential personnel, Communal Dining, Group activities and non-medically necessary trips • Weekly staff testing. • Test all residents upon a new staff or resident positive test. Continue weekly testing until all residents are negative • Must stay in this phase for minimally 14 days with no new cases before advancing to the next phase.
Phase 2 (Yellow)	<p align="center"><u>Level 2</u></p> <p>No new staff or resident COVID cases for 14</p> <p>Adequate Staffing</p> <p>Adequate PPE</p> <p>Adequate access to testing</p> <p>Hospital bed capacity</p>	<ul style="list-style-type: none"> • Visitation prohibited except for compassionate care situations • Limited numbers of Non-essential healthcare necessary to return • Limited Communal dining and activities with social distancing • Weekly staff testing. • New COVID Case: Revert back to Highest level of vigilance. • Test all residents upon a new staff or resident positive test. Continue weekly testing until all residents are negative.
Phase 3 (Green)	<p align="center"><u>Level 3</u></p> <p>No new staff or resident COVID cases in 28 days</p> <p>Adequate staffing</p> <p>Adequate PPE</p> <p>Adequate access to testing</p> <p>Hospital bed capacity</p>	<ul style="list-style-type: none"> • Visitation allowed with screening and additional precautions • Entry allowed of non-essential healthcare personnel/contractors as necessary • Limited Communal dining and activities with social distancing • New COVID Case: Revert back to Highest level of vigilance. • Weekly staff testing. Test all residents upon a new staff or resident positive test. Continue weekly testing until all residents are negative.

Facility identifies a new-onset COVID-19 case in the facility, the facility shall go back to the highest level of vigilance and mitigation with respect to visitations (e.g. visitation restricted except in compassionate care situations). The facility may not resume visitations until 28 days with no new-onset COVID-19 cases. *(Time periods may be State Dependent)*

Visitation Plan

I. Screening Procedures

- Visitors will be screened for symptoms or risk-factors of COVID-19 prior to visitation.
- If fever or COVID-19 symptoms are present, the visitor shall not be allowed to visit.
- Visitors screenings must utilize one single point of entry to the facility or visiting area.
- Visitors must be notified of the required screening prior to their visit.
- Signs must also be clearly posted to identify the point of entry and screening process for visitors.
- An easy to read fact sheet outlining visitor expectations will be provided to visitors upon initial screening
- Facilities shall keep a daily log with names and contact information for all visitors.

Visitors are screened for signs and symptoms of COVID-19 prior to resident access and visitation will be refused if the individual(s) exhibits any COVID-19 symptoms or do not pass the screening questions. Screening shall consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory. The facility must maintain screening questions asked onsite and make it available upon the Department's request.

Documentation of screening must be maintained onsite in an electronic format and available upon the Department's request for purposes of inspection and potential contact tracing. Documentation must include the following for each visitor to the nursing home:

- 1) First and last name of the visitor;
- 2) Physical (street) address of the visitor;
- 3) Daytime and evening telephone number;
- 4) Date and time of visit;
- 5) Email address, if available;
- 6) A notation indicating the individual cleared the screening (both temperature and questions) that does not include any individual temperatures or other individual specific information

Indoor Common Room Visitation

Under certain limited circumstances, as defined by the facility, visitation can be inside. The indoor designated area is the "Media Room". The "limited circumstances" include but are not limited to inclement weather. Only one resident with up to two visitors can be permitted in this area.

- In room visits are prohibited, except in the case of compassionate visitation.

II. Physical Space, Distancing, and Occupancy Limits

- Physical distancing of at least six feet will be required between the visitor, resident and staff.
- No more than two visitors at one time will be permitted.
- No visitors under the age of 18 will be permitted.
- Common surfaces and high-touch objects will be cleaned and disinfected after each visitation.
- Visitors will be escorted to the visitation area by a staff member.

- Residents and visitors will not travel through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present.

Outdoor Visitation

- Any outside area that is used simultaneously by more than one resident for visitation, there will be approximately 150 square feet per person to support physical distancing and decrease the interactions between those who are present. The spacing will be clearly marked so visitors and residents are clear where they should be sitting.
- Any tent that is utilized, will be flame retardant and there is no smoking or flames allowed in or near the tent. The tent should not be attached to the building and it will be a *minimum* of 10 feet from the building. Facilities need to maintain documentation that the tent meets NFPA 701 flame retardant standards. Signs on the tent saying no smoking allowed in or near the tent will be present and there will be exit signage.
- Outdoor visitation will be designated in the "Gazebo Area" outside of the facility. Two (2) designated areas have been identified. They will be marked as "visitation #1 and visitation #2. Maximum persons in this area at once will be six (6). Visitation #1 will be in the gazebo, with seating spaced 6 feet apart. Visitation #2 will be outside of the gazebo

Indoor Common Room Visitation

- Common rooms used for visitation will not be simultaneously used for other purposes. For example, once communal dining has resumed, visits should not be held in the dining rooms. Ideally, common rooms used for visitation should be located as close to the entrance of the building as possible. Use of these rooms should be scheduled in advance and as needed, arrangements should be made to assist the resident to get to the room.
- Any common area that is used simultaneously by more than one resident for visitation, there will be approximately 150 square feet per person to support physical distancing and decrease the interactions between those who are present. The spacing will be clearly marked so visitors and residents are clear where they should be sitting.

III. Scheduling, Duration and Supervision of the Visit

- Visitation will be scheduled in advance.
- Duration and frequency of visitation will be pre-determined.
- Unannounced visits are not permissible.
- A facility staff member will supervise the visitation area to ensure social distancing is occurring and that resident safety is being maintained.
- Scheduling for visitation will be through the Social Services office or designee. Visitation will be limited to 20 minutes in duration.
- The facility reserves the right to ask a visitor to leave if they are not adhering to the rules outlined in this plan.

IV. Cleaning and Disinfecting Procedures

- High-touch surfaces in visitation areas (e.g. tables) shall be cleaned after each visit.
- Cleaning/disinfecting products will be readily available to staff, and staff shall use the products in the manner intended. All facilities shall maintain records documenting the date, time, location, and procedures for the cleaning activities.
- The staff member assigned to supervise the visits will be responsible for cleaning/disinfecting the visitation areas and will document the cleaning activities.

V. Face Masks and Other Personal Protective Equipment

- Face coverings (cloth or surgical face mask) will be required for all visitors.
- If a visitor does not have a face covering, the facility will provide a face covering (cloth or surgical mask) to the visitor.
- Residents will wear a surgical face mask during the visits.
- The facility will provide face coverings if visitor does not have one.

VI. Hand hygiene

- Visitors will perform hand hygiene prior to the entering the visitation area.
- Either soap and water or alcohol-containing hand gel (with at least 60% alcohol) shall be available and used.
- Visitors will perform hand hygiene again before exiting the visiting area.

VII. Clear Communications Plan

- The facility will have signs posted at the entrance to the facility, instructing visitors that they must coordinate visits with the facility, and if the visit has not been previously coordinated with the facility, the visit cannot take place,
- If the visitor has symptoms of COVID-19, the visit cannot take place even if it was previously coordinated with the facility.
- The facility shall provide instruction, before visitors visit patients, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.
- All visitors shall be instructed to always wear a facemask or cloth face covering while visiting.
- All visitors shall be required to perform frequent hand hygiene.
- The facility will have an easily viewed, publicly posted visitation policy informing families, visitors, and residents of their policy, including when visitation will be limited or restricted.
- Visitors shall be notified that visitation presents a risk of transmitting a communicable disease to a resident and that the SARS-CoV2 virus can be transmitted by asymptomatic individuals.
- All visitors will be advised to monitor themselves for signs and symptoms of COVID-19 for 14 days after visiting. If symptoms occur, the facility must advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should

immediately screen the individuals of reported contact, and take all necessary actions based on findings.

VIII. Other Considerations

- The facility will schedule visitation hours when there is adequate staff available to meet resident care needs and facilitate and monitor the visitation process.
- Staff members monitoring the visit will be trained in resident safety and infection control measures.
- Plans will be in place to manage residents who wander or who cannot tolerate wearing masks.
- Facilitating visits for those residents with cognitive impairment may be challenging. Staff will utilize the following tips to allow a meaningful visit to occur –
 - Encourage residents to wear face coverings, if able
 - Encourage visitors to sit across from the resident or opposite angles of tables
 - Have materials provided by the activity department available to engage the resident to reduce wandering or behaviors during the visit
 - Shorten the visit for those who attention is poor or when increased agitation occurs

- The administrator, case manager, QA manager or the interdisciplinary team has reviewed and approved the visitation program.

- I attest that the facility is compliance with all state and federal reporting and testing guidelines as it relates to COVID-19

- Residents who are in isolation for observation, for having symptoms consistent with COVID-19, or having been confirmed with COVID-19, will not be permitted to have in-person visits

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- The facility reserves the right to cancel, suspend or pause visitation for any reason. If a new case of COVID-19 is identified at the facility visitation will be suspended at a minimum for 28 days.

Anticipated start date of visitation to begin July 20, 2020

Update: Indoor Visitation Location added October 15, 2020

Heidi Schempp

Name: Heidi Schempp, Administrator

10/15/2020

Date