

## NORWEGIAN CHRISTIAN HOME AND HEALTH CENTER

<b>Administrative Policy and Procedure</b>	<b>Subject: Covid 19 Testing</b>
<b>Effective: 5/11/2020</b>	<b>Revised: 1/7/2021; 6/14/2021; 7/14/2021; 9/16/2021; 10/27/2021; 1/5/2022, 3/16/2022, 6/8/22, 10/14/22</b>

### **POLICY**

The Home will test all staff and residents for COVID-19 in accordance with both State and Federal regulations and as indicated to prevent the spread of Covid-19 infection and to ensure appropriate clinical treatment. The Home will utilize both Point of Care (POC) Antigen tests and PCR tests, as applicable, to promote expedited results as needed. The Home will adjust testing requirements as per State and Federal regulations based on community transmission and potential outbreaks.

### **DEFINITION(S)**

**Outbreak:** a new Covid-19 infection in any healthcare personnel (HCP) or any nursing home-onset Covid-19 infection in a resident.

**Fully Vaccinated:**  $\geq 2$  weeks following receipt of the 2nd dose in a 2-dose series, or  $\geq 2$  weeks following receipt of 1 dose of a single-dose vaccine

**“Up To Date” Covid Vaccination:** a person has received all recommended Covid 19 vaccines including any booster dose(s) when eligible

**Close Contact:** refers to someone who has been within 6 feet of a Covid-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period.

**Higher-risk Exposure:** refers to exposure of an individual’s eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if present in the room for an aerosol-generating procedure (AGP).

**Level of Community Transmission:** refers to a facility’s level of Covid-19 transmission. This metric uses two indicators for categorization: (1) total number of new cases per 100,000 persons within the last 7 days and (2) percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the past 7 days.

### **PROCEDURE:**

1. The Home will contract with a certified lab to provide testing as needed and in accordance with NYSDOH and FDA approved testing to provide test results for all tests in a timely manner (within 48 hours of specimen collection)
2. The Home will utilize POC Antigen tests and/or PCR tests via contracted lab(s) and facility “lab” (the Home has the required CLIA waiver) for testing in accordance with CMS/NYSDOH recommendations as needed to ensure appropriate diagnosis, management, and cohorting are implemented
  - The Home will follow manufacturer’s instruction for use (MIFU) for each type Covid-19 test kit used for outbreak testing (e.g., Abbott Binax)s)
3. Staff will utilize all proper PPE (gown, mask, eye protection and gloves) while performing nasal/nasopharyngeal swabs
4. The Home will test or arrange for the testing for Covid-19 according to CMS QSO-20-38-NH (REVISED 9/23/22)
5. Staff with signs/symptoms of Covid 19, regardless of vaccination status, will be tested as soon as possible and will be restricted from the Home pending results.

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6. Residents that have signs/symptoms of Covid 19, regardless of vaccination status, will be tested as soon as possible and placed on Contact and Droplet Transmission Based Precautions pending results
7. The Home will not perform routine testing of asymptomatic staff
8. In accordance with CMS testing requirements, in the event of a new positive Covid 19 case, the facility will conduct outbreak testing.
  - An outbreak investigation will **not** be triggered if a resident admitted with Covid 19 and placed on TBPs or when a resident is a close contact with someone Covid positive is placed on immediately on TBPS and develops Covid 19 while on TBPs
  - The Home will identify close contacts of the individual with COVID-19 and conduct focused testing based on known close contacts rather than testing all staff and all residents.
  - If the Home does not have the expertise, resources, or ability to identify all close contacts, the facility will instead investigate the outbreak at a facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility).
9. When contact tracing reveals that the infected resident/staff member had close contact with a specific group of residents and/or unit, the serial testing will be limited to the identified residents/staff members who had close contact and subsequently have been exposed to COVID-19.
10. The Home will document on the line listing for all positive staff/residents what the contact tracing revealed and how the determination was made to proceed with limited testing versus facility wide testing.
11. All staff and residents that are negative will be tested every 2 days until there are no new cases identified for 14 days since the most recent positive result.
  - For individuals (staff or residents) who tested positive for Covid-19 within 30 days, repeat testing is not necessary
  - Testing should be considered for those who have recovered in the prior 31-90 days.
    - However, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.

**TABLE 1**

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, regardless of vaccination status, with signs or symptoms must be tested.	Residents, regardless of vaccination status with signs and symptoms must be tested
Newly identified Covid-19 positive staff or resident in a facility that can identify close contacts	Test staff, regardless of vaccination status, that had a higher-risk exposure with a Covid-19 positive individual.	Test residents, regardless of vaccination status, that had close contact with a Covid-19 positive individual.
Newly identified Covid-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, regardless of vaccination status, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents regardless of vaccination status, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	Not generally recommended	Not generally recommended

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12. Residents and Resident Representatives can exercise their right to refuse testing in accordance with 42CFR&483.109c) (6). Staff will discuss the importance of testing and document any refusals. Any resident with symptoms will be placed on Transmission-Based Precautions (TBPs) until the criteria for discontinuing TBPs have been met.
13. In addition to providing Covid testing at the facility, a list of easily accessible testing centers will be made available for staff.
  - Staff are required to submit to Employee/Occupational Health Services or Designee proof of Covid test(s) done outside of facility and provide record of result(s) promptly.
  - The Home will offer testing to their personnel through the contracted lab.
  - The Home shall accept documentation of testing conducted by an individual's healthcare provider.
  - Staff with previous positive COVID-19 test who were already furloughed do not require additional furlough if subsequent positive test(s) are <30 days of the first and staff is asymptomatic.
    - If positive test is >30 days of first positive test, this is considered a new case and furlough is required
    - In general testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 in the prior 30 days, however if testing performed/needed an antigen test instead of a nucleic acid amplification test (NAAT) is recommended
    - Healthcare personnel who have signs or symptoms of Covid-19 and refuse testing will be prohibited from entering the building until the return-to-work criteria are met
    - If an outbreak testing has been triggered and a staff member refuses testing, the staff member will be restricted from the Home until they produce a Covid-negative test or until the procedures for outbreak testing have been completed.
14. Staff and residents with signs or symptoms of Covid-19, regardless of vaccination status, must receive a Covid-19 test immediately, along with any other medically appropriate testing (e.g., viral respiratory pathogens)
  - Staff will be restricted from the Home pending the results of a confirmatory Covid-19 test by PCR if facility is not experiencing an outbreak; otherwise, result from an antigen test is acceptable
  - If Covid-19 is confirmed, the Home will follow CDC return to work criteria
  - The Home will take appropriate actions based on the results
15. Per NYS Code 415, whenever a person expires while in a nursing home, where in the professional judgment of the nursing home clinician there is a clinical suspicion that COVID-19 was a cause of death, but no such tests were performed in the 14 days before death, the nursing home shall administer both a COVID-19 test within 48 hours after death, along with any other clinically appropriate testing. Such COVID-19 test shall be performed using rapid testing methodologies to the extent available. The Home shall report the death to the Department immediately after and only upon receipt of such test results through the Health Emergency Response Data System (HERDS). Notwithstanding the foregoing, no test shall be administered if the next of kin objects to such testing. Should the nursing home lack the ability to perform such testing expeditiously, the nursing home should request assistance from the State Department of Health.

### **Documentation of Testing:**

The Home will document all COVID-19 testing for staff and residents.

1. A spreadsheet will be utilized to track the testing of all personnel, including all employees, contract staff, medical staff, operators, and administrators, for COVID-19.
2. For any outbreak, the facility IP/Designee will document the date case identified, the dates and results of all testing.
3. Point of Care Antigen positive results of Covid 19 testing performed at the facility will be reported to NYSDOH ECLRS as directed by NYSDOH by 1:00PM of the day following receipt of the results

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4. All staff and residents testing positive shall be documented on the log and the results will be reported on all required submissions to the CDC via NHSN (at least weekly) and NYSDOH via HERDS (daily reporting)
  - Currently NHSN does not require reporting **individual** POC tests, but requires a cumulative number via the Covid-19 Pathway Report.
5. All staff will receive Inservice Education on the NH COVID-19 Testing policies/procedures, including all updates in accordance with NYSDOH and Federal guidance.

# NORWEGIAN CHRISTIAN HOME AND HEALTH CENTER

<b>Policy and Procedure</b> COVID-19 Vaccine	<b>Subject:</b> Vaccine for Staff
<b>Effective:</b>	<b>Revised:</b> 4/21/2021; 5/5/2021; 6/2/2021; 8/21/2021; 1/21/2022

## POLICY:

To prevent the spread of infectious disease and to decrease the morbidity and mortality associated with the SARS-CoV-2 virus, commonly known as Covid-19, the Norwegian Christian Home and Health Center (the Home) will offer Covid-19 vaccine to all staff. Staff members will be provided with education by physician or licensed nurse regarding Covid-19 immunization using the Emergency Authorization Use (EAU) Fact Sheets for Health Care Professionals and the Vaccine Information Statements (VIS). Any new vaccine information will be dispersed as they become available. Per Section 16 of the NYS Public Health Law, Long Term Care Facility employees are required to be vaccinated with at least one dose of a Covid-19 vaccine by September 27, 2021 and to be fully vaccinated after having met the eligibility criteria. As of January 21, 2022 (NYSDOH), all eligible employees are required to have a Covid-19 booster dose by February 21, 2022 and personnel not currently eligible for boosters must receive their booster dose within 30 days of becoming eligible.

## PROCEDURE

### EDUCATION

- Education will be provided to all staff of the facility, regarding the COVID-19 vaccination to include the mechanism of action, known efficacy, common side effects, and adverse reactions in accordance with information obtained from NYSDOH, CDC, ACIP, and the Emergency Use Authorization (EAU) Fact Sheet and the VIS. The Education will include:
  - The significant known and potential risks and benefits of the COVID-19 vaccine, and the extent to which such risks and benefits are unknown.
  - Handouts from Vaccination Pharmacy providers
  - CDC/NYS DOH handouts to include fact sheets, signage, and FAQ's
  - Emergency Use Authorization Fact Sheet for Recipients and the VIS
- Staff will be informed that all employees are required to be fully vaccinated and receive booster doses as recommended by CDC and NYSDOH unless they meet the criteria for a medical exemption.
  - Medical:** A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component; a documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine; physical condition/medical circumstance; other (medical provider will complete exemption form)
  - Religious Accommodation:** The will review requests for an accommodation and if it should be provided to an employee who is unvaccinated because of a sincerely held religious belief, consistent with Federal, State and local laws, including Title VII of the Civil Rights Act and NYS Human Rights Law. This determination will be made

on a case-by-case basis, taking into consideration whether there is a reasonable accommodation available for that particular employee's job description that would not cause an undue hardship. An example of a reasonable accommodation would be remote work if the job description indicates that the work can be done remotely. Regardless, the unvaccinated staff member may not work in any capacity in which they may expose a resident or fellow staff member to infection. The staff member must submit a written request for this exemption (there is no form for religious exemption).

3. Employees who seek an exemption will be required to submit a written request, to include the reason for seeking exemption.
  - The medical exemption must be signed and dated by a licensed practitioner, who is not the same as the individual applying for the exemption, in accordance with all State and Local laws.
    - Documentation must include all information specifying which of the authorized Covid-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications. The licensed practitioner is also required to provide a statement recommending that the staff be exempted from the facility's Covid-19 vaccination requirements for staff based on the recognized clinical contraindications.
  - Request will be reviewed by a subcommittee of the Quality Assurance Committee to determine if reason(s) for exemption meet the requirements and a response will be provided within 14 days.
4. In accordance with NYS Covid-19 vaccine mandate regulation of 8/26/2021 and CMS QSO-22-07-ALL (12/28/2021), prospective employees will need to provide proof of Covid-19 vaccination or a documented exemption. The exemption will be reviewed by QA committee and HR prior to hiring.
5. Employees who have not received at least a single dose of a Covid-19 vaccine or have not received their booster by the date mandated, due to a medical exemption, will be required to get tested for Covid-19 once weekly if working on-site  $\leq 3$  days per week or twice weekly if working  $\geq 4$  days per week. In addition, (facility to insert parameter)
  - Failure to comply will result in removal from schedule until such time that staff member presents proof of Covid-19 test
  - Employees who have not completed their primary vaccination series or booster are required to wear an N95 or equivalent (KN95) or higher-level respirator for source control at all times (except when eating or drinking), regardless of whether they are providing direct care to or otherwise interacting with residents.
6. The Home will offer a booster dose of the covid vaccines to employees to align with ACIP and CDC's recommendation as follows:
  - Pfizer and Moderna booster 5 months after receipt of the 2<sup>nd</sup> shot in the primary series
  - J&J booster 2 months after receipt of the initial shot
  - Booster doses are offered based on the following criteria:
    - Pfizer: People aged 12 years and older
    - Moderna: People age 18 and older
    - J&J: individuals 18 years of age and older.
7. Primary doses of Covid vaccines are not interchangeable; therefore, if a 2-dose series vaccine is used, the second dose will be the same as the first.
  - However, a single booster dose of any of the available COVID-19 vaccines may be administered as a heterologous booster dose following completion of primary vaccination with a different available COVID-19 vaccine.

8. The Home will track all Staff Members wishing to receive the COVID-19 Vaccine at the facility and schedule a specific date and time to arrive at the Vaccine Clinic/dedicated area. The Home will provide community vaccination site information upon request.
9. The Home will assign a “point of contact” or designee for providing information on how staff are educated about and offered the Covid-19 vaccines, including samples of educational materials.

#### **CONSENT/DECLINATIONS/EXEMPTIONS**

1. The home will utilize the COVID-19 vaccination consent form from NYS or partnering pharmacy.
2. Staff members will be provided with a copy of the consent for review as well as a copy of the Emergency Use Authorization Fact Sheet for recipients COVID-19 Vaccination.
3. When a staff member declines the COVID-19 Vaccination due to a medical exemption, a signed Covid-19 Vaccination Declination Form along with proof of exemption will be placed in the employee’s health folder.
  - Staff member will be provided with education that it is his/her responsibility to request a Covid-19 vaccine should they now qualify for a Covid-19 vaccine and wish to receive it
4. The Home will post signage in high-trafficked areas throughout the building alerting staff that the facility offers Covid-19 vaccines and of vaccine clinic dates
  - Staff to notify Department Head or Designee of date they wish to be vaccinated based on clinic dates
  - Staff may choose to get vaccinated in the community and present proof of same to facility

#### **VACCINE ADMINISTRATION**

1. Staff members will be assigned specific times for vaccine administration on the scheduled Vaccine Clinic days.
2. Staff members presenting with the following conditions/symptoms will not be eligible to receive the COVID-19 Vaccination:
  - Verbal report of feeling sick
  - Exhibiting acute respiratory illness
  - Diagnosed with COVID -19 within the last 14 days
  - Acute febrile condition with temperature above 100°F
  - Other active infection
3. The COVID-19 Vaccination Clinic will be set up in conjunction with the Home’s guidelines, including adequate space for physical distancing, and an area for post vaccination monitoring
4. Staff identification will be verified by name and date of birth.
5. Staff member’s temperature will be taken and recorded prior to vaccination
6. At the time of the vaccination the staff member will inform Immunizer regarding the following:
  - Restrictions for injections on specified arm due to surgery
  - Presence of AV shunt
7. The immunizer will administer the vaccine as per Emergency Authorization Use Protocol and the VIS
8. Should the Home be administering the vaccine (designated vaccinator), transportation, storage, handling, and preparation of the vaccine will be adhered to in collaboration with the pharmacy partner and in accordance with the specific Covid vaccine recommendations for approved Covid vaccines.
  - The Home will complete all required reporting, including the Vaccine Tracker, HERDS Survey, and CIR (as applicable)

- In stances when syringes will be pre-filled/pre-drawn:
    - A dedicated area will be utilized for vaccine preparation
    - Each vaccine type will be labeled to prevent medication error
    - Pre-filled/Pre-drawn syringes will be stored at the manufacturer recommended temperatures throughout the day
      - Administration of Pfizer Covid-19 vaccine (Comirnaty) within six (6) hours of dilution.
      - Administration of Moderna vaccine within 12 hours of initial vial puncture.
      - Administration of Janssen vaccine within two (2) hours of initial vial puncture if vaccine is stored at room temperature OR within six (6) hours of initial vial puncture if vaccine is refrigerated at all times other than while preparing, drawing up and administering the vaccine.
9. The Home will maintain a list of “standby” eligible individuals to be notified for open appointments for vaccine administration on short notice.
  10. The Staff Member will be monitored following COVID-19 vaccination administration for a minimum of 15 minutes post vaccination in the designated area of the Vaccine Clinic.
  11. The Home will have readily available and accessible Epinephrine 1mg/1ml in the event of an anaphylactic/hypersensitivity reaction during vaccine administration.
  12. Staff Members experiencing an anaphylactic reaction will be administered the Epi-pen by the Immunizer and 911 will be activated.
  13. Staff Members will be provided with a Vaccination Card indicating the dates that the COVID Vaccine/booster was administered
  14. A copy of the COVID-19 Consent form and Vaccination Card will be placed in the employee health folder for each staff member.

### **POST VACCINATION MONITORING AND REPORTING**

1. Staff Members will be educated on common reactions post COVID-19 vaccination
  - Injection site pain, redness or swelling
  - Fatigue
  - Headache
  - Muscle pain
  - Chills
  - Fever
  - Nausea
  - Malaise
2. If a staff member develops any symptoms related to potential Covid 19 infection such as cough, shortness of breath or loss of taste or smell, they should be tested for Covid 19.
3. Staff members will be educated to notify the facility immediately regarding any serious adverse reactions including:
  - Cases of Multisystem Inflammatory Syndrome
  - Cases of COVID-19 that result in hospitalization
  - Cases of death following the administration of the COVID-19 Vaccination.
  - Life threatening adverse event
  - Inpatient hospitalization



- An important medical event that based on medical judgement of the PMD may jeopardize the individual and may require medical or surgical intervention to prevent outcomes listed above
4. The partnering pharmacy will be responsible to enter vaccine information CIR as applicable
  5. In accordance with CMS QSO-21-19-NH, the Home will report Covid-19 vaccination data via NHSN
  6. The Home will communicate with the partner pharmacy (if applicable) when any of the mandatory adverse events are identified and assist **with or report** same on the Vaccine Adverse Event Reporting System.
  7. The Covid-19 Vaccine may be given without regarding to timing of other vaccines as ordered by a Physician (CDC, 5/14/2021)
    - a. If multiple vaccines are administered at the same time, each injection will be administered at a different injection site.
  8. If a Staff Member resigns after receiving the first dose of the two-part COVID-19 vaccine (applicable to Pfizer and Moderna vaccines), they will be requested to return to the facility or go to a vaccination site in the community on the set date to receive the second dose.
    - If it is not feasible to adhere to the recommended interval and a delay in vaccination is unavoidable, the 2<sup>nd</sup> dose of the Pfizer and Moderna Covid Vaccines may be administered up to 6 weeks (42 days) after the first dose.
    - Janssen Vaccine is a one dose only (Johnson and Johnson)
  9. The Home will maintain a system for tracking Covid-19 vaccinations, i.e. first dose, 2<sup>nd</sup> doses, booster doses, and medical exemptions. Tracking system will indicate which employees are facility staff, contracted staff, volunteers, or students

## NORWEGIAN CHRISTIAN HOME AND HEALTH CENTER

<b>Infection Control Policy and Procedure</b>	<b>Subject: Mask Requirement</b>
<b>Approved By:</b>	
<b>Effective: 2/13/2023</b>	<b>Revised:</b>

### **POLICY**

It is the policy of the Home to follow all New York State Department of Health (NYSDOH) and Centers for Disease Control and Prevention (CDC) guidance and/or recommendations for the use of masks as source control to prevent the spread of respiratory infections. This is stated below.

### **BACKGROUND**

Source control refers to use of respirators or well-fitting masks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. The following are the recommendations by the NYSDOH and CDC.

### **Mask Use as Source Control for Covid-19 Infection**

#### **1. HIGH SARS-CoV-2 Community Transmission**

- a. Facilities will utilize CDC's Community Transmission levels (see Table 1 below).  
When transmission levels are high, masks will be used as source control
- b. The Facility IP/Designee will monitor community transmission levels weekly and as needed and report any change in transmission levels to the Administrator and Director of Nursing.
- c. When the SARS-CoV-2 Community Transmission level is high in the County in which the facility is located, everyone (e.g., employees, residents, visitors, consultants, vendors, etc.) in the facility will wear masks as source control.

#### **2. Substantial, Moderate, Low SARS-CoV-2 Community Transmission**

When the SARS-CoV-2 Community Transmission level is **substantial**, **moderate**, or **low** in the County in which the facility is located, the facility may choose not to implement masks as universal source control. However, even if source control is not universally required, it remains recommended for individuals who:

- Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
- Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or

- Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; or
- Have otherwise had source control recommended by public health authorities

**TABLE 1: CDC’s Indicators of Community Transmission**

Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9	10-49	50-99	≥100
Percentage of Nucleic Acid Amplification Test results that are positive during the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%

**Policy:**

1. The Home is located in Kings County which, historically, has a high community transmission level. Therefore, the Home’s policy on the masking requirement will, at all times, be that of a facility with High Community Transmission Rate.
2. The Home will review the Community Transmission rates on a quarterly basis.
3. A determination will then be made by the Infection Control Committee as to whether or not the masking policy will be revised or continued.

**Mask Use as Source Control for Influenza Season**

1. Per NYSDOH, all healthcare personnel not vaccinated for influenza for the current influenza season will wear a surgical or procedure mask while in areas where residents/patients are typically present when the NYS Health Commissioner announces Influenza is widespread.
2. The Home will affix a sticker to the ID badge of all staff who have been vaccinated against influenza. This will make those staff members easily identifiable.

## NORWEGIAN CHRISTIAN HOME AND HEALTH CENTER

COVID-19	Subject: Family Notification
Effective: March 1, 2020	Revised: 3/22/2020; 4/29/2020; 5/8/2020; 10/5/22

The Home will diligently endeavor to keep all residents and family members notified of the COVID status of its residents. This will be done via the Mass Notification System.

### *Family Notification*

1. The Designated Representative for each COVID positive resident shall be called by the Social Worker and informed of the resident's status.
2. The Home will utilize the Mass Notification System Cliniconex. Through this system, an electronically generated voice message will be sent to all resident family contacts.
3. If there is no answer, the system will leave a voicemail message.
4. This will be done on the morning after an outbreak is confirmed.
5. In the event of a system outage, the call to families will be made by the Social Worker Staff



TEST

SEND

Mass Voicemail  
Notification

Template Name

NCH: Family - Outbreak

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To



Message Type: Notification with Acknowledgement

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Subject

A Covid Outbreak

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Message

Norwegian Christian Home is currently experiencing a Covid outbreak on the third and fourth floor. If you are coming in to visit a resident, you may need to take extra precautions and wear protective equipment. We ask that you visit only with that resident. Children under twelve are not permitted to visit the third and fourth floor at this time.

Please be aware that by coming into the building to visit during this time, you may increase your chances of developing these symptoms. Please clean your hands with an alcohol-based sanitizer when you arrive and before leaving, as well as after any contact with a resident. As a reminder, please do not visit if you are not feeling well for any reason. Our residents and staff will thank you for your assistance in helping to reduce the spread of infection. We will notify you when the outbreak is over.

Thank you,

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## NORWEGIAN CHRISTIAN HOME AND HEALTH CENTER

<b>Admission Procedures</b>	<b>Subject: Novel Coronavirus (COVID-19)</b>
<b>Effective: May 11, 2020</b>	<b>Revised: 11/21/22</b>

The Norwegian Christian Home and Health Center has created this policy for any resident being admitted to our Skilled Nursing Facility (SNF).

The following procedures must be followed prior to any admission from a hospital:

1. The hospital discharge planner must confirm via telephone that the patient being discharged is medically stable and ready to be discharged (to either the SNF or the ALP).
2. Comprehensive discharge instructions must be provided by the hospital to the Home prior to transport of the resident to the Home. All discharge planning requirements must be followed.
3. The Home will only accept those patients for whom it can provide adequate care
4. The Home will not accept any hospital patient for admission to its SNF or ALP unless that patient has received one negative test result (POC or PCR). Notwithstanding, the Home will administer a COVID POC test to all newly admitted residents as follows:
  - a. Upon admission
  - b. After 48 hours
  - c. After 72 hours
5. Any newly admitted resident who tests positive will be co-horted according to the Home's policy.
6. With the exception of hospital patients who have not yet tested negative, the Home may not deny admission of a resident based solely on the individual's COVID-19 diagnosis.

# Norwegian Christian Home & Health Center

**Subject:** The Infection Control Program

**Policy:** The Infection Control Program is under the direction of the Infection Control Committee, which is a sub-committee of the Quality Assurance Committee/Interdisciplinary Team, and supervised by the Infection Control Preventionist.

The Infection Control Program is designed to help prevent the development and transmission of disease and infection. In achieving this, it helps to provide a safe, sanitary, and comfortable environment for residents and personnel.

**Major elements of the program include:**

1. A surveillance system, based on written criteria, for Healthcare Acquired Infection infections in residents;
2. A system for detection, investigation, and control of facility outbreaks or epidemics of infectious diseases;
3. A system of infection precautions and/or isolation;
4. Current infection control policies and procedures;
5. In-service education in Infection Control;
6. A resident health program
7. An employee health program;
8. Antibiotic/culture review, and
9. Reporting of communicable diseases and outbreaks to state and city health departments.

The Infection Control program is in compliance with relevant federal, state and local regulations.

The Infection Control manual has been reviewed by the Infection Control Committee and approved as the official infection Control Manual.

## NORWEGIAN CHRISTIAN HOME AND HEALTH CENTER

### **SUBJECT: INFECTION CONTROL**

**POLICY:** The Norwegian Christian Home & Health Center will assure that the facility develops, implements, and maintains an Infection Prevention and Control Program in order to prevent, recognize, and control, to the extent possible, the onset and spread of infection within the facility. The program will:

- Perform surveillance and investigation to prevent, to the extent possible, the onset and the spread of infection;
- Prevent and control outbreaks and cross-contamination using transmission-based precautions in addition to standard precautions;
- Use records of infection incidents to improve its infection control processes and outcome by taking corrective actions, as indicated;
- Implement hand hygiene (hand washing) practices consistent with accepted standards of practice, to reduce the spread of infections and prevent cross-contamination; and
- Properly store, handle, process, and transport linens to minimize contamination.

### **DEFINITIONS:**

Definitions are provided to clarify terminology or terms related to infection control practices in nursing homes:

- **“Airborne precautions”** refers to actions taken to prevent or minimize the transmission of infectious agents/organisms that remain infectious over long distances when suspended in the air. These particles can remain suspended in the air for prolonged periods of time and can be carried on normal air currents in a room or beyond, to adjacent spaces or areas receiving exhaust air.
- **“Alcohol-based hand rub”** (ABHR) refers to a 60-95 percent ethanol or isopropyl-containing preparation base designed for application to the hands to reduce the number of viable microorganisms.

2000

12/09, 9/2021

Infection Control

Original Date

Revised Dates

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## Norwegian Christian Home & Health Center

- **“Antifungal”** refers to a medication used to treat a fungal infection such as athlete’s foot, ringworm or candidiasis.
- **“Anti-infective”** refers to a group of medications used to treat infections.
- **“Antiseptic hand wash”** is “washing hands with water and soap or other detergents containing an antiseptic agent.”
- **“Cohorting”** refers to the practice of grouping residents infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible residents (cohorting residents). During outbreaks, healthcare personnel may be assigned to a cohort of residents to further limit opportunities for transmission (cohorting staff).
- **“Colonization”** refers to the presence of microorganisms on or within body sites without detectable host immune response, cellular damage, or clinical expression.
- **“Communicable disease”** (also known as [a.k.a.] “Contagious disease”) refers to an infection transmissible (as from person-to-person) by direct contact with an affected individual or the individual’s body fluids or by indirect means (as by a vector).
- **“Community associated infections”** (formerly “Community Acquired Infections”) refers to infections that are present or incubating at the time of admission, or generally develop within 72 hours of admission.
- **“Contact precautions”** are measures that are “intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the resident or the resident’s environment.”
- **“Droplet precautions”** refers to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

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- **“Hand hygiene”** is a general term that applies to washing hands with water and either plain soap or soap/detergent containing an antiseptic agent; or thoroughly applying an alcohol-based hand rub (ABHR).
- **“Hand washing”** refers to washing hands with plain (i.e., nonantimicrobial) soap and water.
- **“Health care associated infection [HAI]”** (a.k.a. “nosocomial” and “facility-acquired” infection) refers to an infection that generally occurs after 72 hours from the time of admission to a health care facility.
- **“Infection”** refers to the establishment of an infective agent in or on a suitable host, producing clinical signs and symptoms (i.e., fever, redness, heat, purulent exudates, etc).
- **“Infection prevention and control program”** refers to a program (including surveillance, investigation, prevention, control, and reporting) that provides a safe, sanitary and comfortable environment to help prevent the development and transmission of infection.
- **“Infection preventionist (IP)”** (a.k.a. infection control professional) refers to a person whose primary training is in either nursing, medical technology, microbiology, or epidemiology and who has acquired additional training in infection control.
- **“Isolation”** refers to the practices employed to reduce the spread of an infectious agent and/or minimize the transmission of infection.
- **“Insolation precautions”** see “Transmission-Based Precautions”
- **“Medical waste”** refers to any solid waste that is generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining to, or in the production or testing of biologicals (i.e., blood-soaked bandages, sharps).

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- **“Methicillin resistant staphylococcus aureus (MRSA)”** refers to Staphylococcus aureus bacteria that are resistant to treatment with semi-synthetic penicillins (program (including surveillance, investigation, prevention, control, and reporting) that provides a safe, sanitary and comfortable environment to help prevent the development and transmission of infection.
- **“Multi-Drug resistant organisms (MDROs)”** refers to microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents. Although the names of certain MDROs describe resistance to only one agent, these pathogens are frequently resistant to most available antimicrobial agents.
- **“Outbreak”** is the occurrence of more cases of a particular infection than is normally expected, the occurrence of an unusual organism, or the occurrence of unusual antibiotic resistance patterns.
- **“Personal protective equipment” (PPE)** refers to protective items or garments worn to protect the body or clothing from hazards that can cause injury.
- **“Standard precautions”** (formerly “Universal Precautions”) refers to infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard Precautions is a combination and expansion of Universal Precautions and Body Substance Isolation (a practice of isolating all body substances such as blood, urine, and feces).
- **“Surveillance”** refers to the ongoing, systematic collection, analysis, interpretation, and dissemination of data to identify infections and infection risks, to try to reduce morbidity and mortality and to improve resident health status.
- **“Transmission-based precautions”** (a.k.a. “Isolation Precautions”) refers to the actions (precautions) implemented, in addition to standard precautions, that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections.

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- **“Vancomycin resistant enterococcus (VRE)”** refers to enterococcus that has developed resistance to vancomycin.
- **“Infection preventionist”** a person designated to serve as coordinator of the infection prevention and control program.

### **Infection Preventionist (IP)**

A facility may designate an IP to serve as the coordinator of an Infection Prevention and Control Program. Responsibility may include collecting, analyzing, and providing infection data and trends to nursing staff and health care practitioners; consulting on infection risk assessment, prevention, and control strategies; providing education and training; and implementing evidence-based infection control practices, including those mandated by regulatory and licensing agencies, and guidelines from the Centers for Disease Control and Prevention.

### **Surveillance**

Essential elements of a surveillance system include use of standardized definitions and listings of the symptoms of infections, use of surveillance tools such as infecting surveys and data collection templates, walking rounds throughout the facility, identification of segments of the resident populations at risk for infection, identification of the processes or outcomes selected for surveillance, statistical analysis of data that can uncover an outbreak, and feedback of results to the primary caregivers so that they can assess the residents for signs of infection.

Two types of surveillance (process and outcome) can be implemented in facilities.

### **Process Surveillance**

Process surveillance reviews practices directly related to resident care in order to identify whether the practices comply with established prevention and control procedures and policies based on recognized guidelines. Examples of this type of surveillance include monitoring of compliance with transmission based precautions, proper hand hygiene, and the use and disposal of gloves. Process surveillance determines, for example, whether the facility:

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- Minimizes exposure to a potential source of infection;
- Uses appropriate hand hygiene prior to and after all procedures;
- Ensures that appropriate clean techniques are followed; for example, that staff:
  - Use sterile gloves, fluids, and materials, when indicated, depending on the site and the procedure;
  
  - Avoid contaminating clean procedures; and
  
  - Ensure that contaminated/non-sterile items are not placed in a sterile field.
  
  - Uses Personal Protective Equipment (PPE) when indicated;
  
  - Ensures that reusable equipment is appropriately cleaned, disinfected, or reprocessed; and
  
  - Uses single-use medication vials and other single use items appropriately (proper disposal after every single use).

### Outcome Surveillance

In contrast to process surveillance, outcome surveillance is designed to identify and report evidence of an infection. The outcome surveillance process consists of collecting/documenting data on individual cases and comparing the collected data to standard written definitions (criteria) of infections. The IP or other designated staff reviews data (including residents with fever or purulent drainage, and cultures or other diagnostic test results consistent with potential infections) to detect clusters and trends. Other sources of relevant data may include antibiotic orders, laboratory antibiograms (antibiotic susceptibility profiles), medication regimen review reports, and medical record documentation such as physician progress notes and transfer summaries accompanying newly admitted residents. The facility's program should choose to either track the prevalence of infections (existing/current cases both old and new) at a specific point, or focus on regularly identifying new cases during defined time periods. When conducting outcome surveillance, the facility may choose to use one or more of the automated systems and authoritative resources that are available, and include definitions.

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### **Documentation**

Facilities may use various approaches to gathering, documenting, and listing surveillance data. The facility's infection control reports describe the types of infections and are used to identify trends and patterns. Descriptive documentation provides the facility with summaries of the observations of staff practices and/or the investigation of the causes of an infection and/or identification of underlying cause(s) of infection trends.

It is important that the infection prevention and control program define how often and by what means surveillance data will be collected, regardless of whether the facility creates its own forms, purchases preprinted forms, or uses automated systems.

### **Monitoring**

Monitoring of the implementation of the program, its effectiveness, the condition of any resident with an infection, and the resolution of the infection and/or an outbreak is considered an integral part of nursing home infection surveillance. The facility monitors practices (i.e., dressing changes and transmission-based precaution procedures) to ensure consistent implementation of established infection prevention and control policies and procedures based on current standards of practice. All residents are monitored for current infections and infection risks.

### **Data Analysis**

Determining the origin of infections helps the facility identify the number of residents who developed infections within the nursing home. Comparing current infection control surveillance data (including the incidence or prevalence of infections and staff practices) to past data enables detection of unusual or unexpected outcomes, trends, effective practices, and performance issues. The facility can then evaluate whether it needs to change processes or practices to enhance infection prevention and minimize the potential for transmission of infections.

It is important that surveillance reports be shared with appropriate individuals including, but not limited to, the director of nursing and medical director. In addition, it is important that the staff and practitioners receive reports that are relevant to their practices to help them recognize the impact of their care on infection rates and outcome.

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### **Communicable Disease Reporting**

It is important for each facility to have processes that enable them to consistently comply with State and local health department requirements for reporting communicable diseases.

### **Education**

Both initial and ongoing infection control education help staff comply with infection control practices. Updated education and training are appropriate when policies and procedures are revised or when there is a special circumstance, such as an outbreak, that requires modification or replacement of current practices. In addition to education regarding general infection control principles, some infection control training is discipline and task specific (i.e., insertion of urinary catheters, suctioning, intravenous care or blood glucose monitoring). Follow-up competency evaluations identify staff compliance.

Essential topics of infection control training include, but are not limited to routes of disease transmission, hand hygiene, sanitation procedures, MDROs, transmission-based precaution techniques, and the federally required OSHA education.

### **Antibiotics Review**

Because of increases in MDROs, review of the use of antibiotics (including comparing prescribed antibiotics with available susceptibility reports) is a vital aspect of the infection prevention and control program. It is the physician's (or other appropriate authorized practitioner's) responsibility to prescribe appropriate antibiotics and to establish the indication for use of specific medications. As part of the medication regimen review, the consultant pharmacist can assist with the oversight by identifying antibiotics prescribed for resistant organisms or for situations with questionable indications, and reporting such findings to the director of nursing and the attending physician.

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## PREVENTING THE SPREAD OF INFECTION

### Factors Associated with the Spread of Infection in Nursing Homes

Many factors contribute to a substantial severity and frequency of infections and infectious diseases in nursing home. These infections can arise from individual or institutional factors, or both. Modes of transmission of infection include, but are not limited to:

- Contact;
- Droplet; and
- Airborne

### Indirect Transmission

Indirect transmission involves the transfer of an infectious agent through a contaminated intermediate object. The following are examples of opportunities for indirect contact. Resident-care devices (i.e., electronic thermometers or glucose monitoring devices) may transmit pathogens if devices contaminated with blood or body fluids are shared without cleaning and disinfecting between uses for different residents; and clothing, uniforms, laboratory coats, or isolation gowns used as PPE may become contaminated with potential pathogens after care of a resident colonized or infected with an infectious agent, (i.e., MRSA, VRE, and *Clostridium difficile*). Indirect contact may occur through toilets and bedpans. Examples of illnesses spread via a fecal-oral route include salmonella, shigella, and pathogenic strains of *E. coli*, norovirus, and symptomatic *Clostridium difficile*.

Reducing and/or preventing infections through indirect contact requires the decontamination (i.e., cleaning, sanitizing, or disinfecting an object to render it safe for handling) of resident equipment, medical devices, and the environment. Alternatively, the facility may also consider using single-use disposable devices. The choice of decontamination method depends on the risk of infection to the resident coming into contact with equipment or medical devices.

Equipment used for the CDC has adopted the Spaulding classification system that identifies three risk levels associated with medical and surgical instruments: critical, semi-critical and noncritical.

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This includes:

- Critical items (i.e., needles, intravenous catheters, indwelling urinary catheters) are defined as those items which normally enter sterile tissue, or the vascular system, or through which blood flows. The equipment must be sterile when used. These will be disposable sterile/clean equipment.
- Semi-critical items (i.e., thermometers, podiatry equipment, are defined as those objects that touch mucous membranes or skin that is not intact. Such items require meticulous cleaning followed by high-level disinfection treatment using an FDA-approved chemo sterilizer agent, or they may be sterilized. These items will be sterile or clean equipment. Electric razors are used by the individual.
- Non-critical items (i.e., stethoscopes, blood pressure cuffs, over-bed tables) are defined as those that come into contact with intact skin or do not contact the resident. They require low level disinfection by cleaning periodically and after visible soiling, with an EPA disinfectant detergent or germicide that is approved for health care settings.

### Hand Hygiene

Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene with soap and water on hands.

- When coming on duty; hand sanitizer
- When hands are visibly soiled (hand washing with soap and water); Before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice);
- Before and after performing any invasive procedure (i.e., fingerstick blood sampling);
- Before and after entering isolation precaution setting;

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- Before and after eating or handling food (hand washing with soap and water);
- Before and after assisting a resident with meals (hand washing with soap and water/or hand sanitizer);
- Before and after assisting a resident with personal care (i.e., oral care, bathing);
- Before and after handling peripheral vascular catheters and other invasive devices;
- Before and after inserting indwelling catheters;
- Before and after changing a dressing;
- Upon and after coming in contact with a resident's intact skin, (i.e., when taking a pulse or blood pressure, and lifting a resident);
- After personal use of the toilet (hand washing soap and water);
- Before and after assisting a resident with toileting (hand washing with soap and water);
- After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella, and C. difficile (hand washing with soap and water, and/or hand sanitizer);
- After blowing or wiping nose;
- After contact with a resident's mucous membranes and body fluids or excretions;
- After handling soiled or used linens, dressings, bedpans, catheters and urinals;
- After handling soiled equipment or utensils;
- After performing your personal hygiene (hand washing with soap and water); mucus hand sanitizer;

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- After removing gloves or aprons; and using hand sanitizer;
- After completing duty, use of sanitizer.

Consistent use by staff of proper hygienic practices and techniques is critical to preventing the spread of infections. It is necessary for staff to have access to proper hand washing facilities with available soap (regular or anti-microbial), warm water, and disposable towels and/or heat/air drying methods. Alcohol based hand rubs (ABHR) cannot be used in place of proper hand washing techniques in a food service setting.

Recommended techniques for washing hands with soap and water include wetting hands first with clean, running warm water, applying the amount of product recommended by the manufacturer to hands, and rubbing hands together vigorously for at least 20 seconds covering all surfaces of the hands and fingers; then rinsing hands with water and drying thoroughly with a disposable towel; and turning off the faucet on the hand sink with the disposable paper towel.

Except for situations where hand washing is specifically required, antimicrobial agents such as ABHR are also appropriate for cleaning hands and can be used for direct resident care. Recommended techniques for performing hand hygiene with an ABHR include applying product to the palm of one hand and rubbing hands together, covering all surfaces of hands and fingers, until the hands are dry. In addition, gloves or the use of baby wipes are not a substitute for hand hygiene.

### **Other Staff-Related Preventive Measures**

Facility staff who have direct contact with residents or who handle food must be free of communicable diseases and open skin lesions, if direct contact will transmit the disease. It is important that the facility maintain documentation of how they handle staff with communicable infections or open skin lesions.

It is important that all staff involved in direct resident contact maintain fingernails that are clean, neat, and trimmed. Wearing intact disposable gloves in good condition and that are changed after each use helps reduce the spread of microorganisms. It is important for dietary staff to wear hair restraints (i.e., hairnet, hat, and/or beard restraint) while in the kitchen areas to prevent their hair from contacting exposed food. Since jewelry can harbor microorganisms, it is recommended by the FDA that dietary staff keep jewelry to a minimum and remove or cover hand jewelry when handling food.

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## **Transmission-based Precautions**

Transmission-based precautions are used for residents who are known to be, or suspected of being infected or colonized with infectious agents, including pathogens that require additional control measures to prevent transmission. In nursing homes, it is appropriate to individualize decisions regarding resident placement (shared or private), balancing infection risks with the need for more than one occupant in a room, the presence of risk factors that increase the likelihood of transmission, and the potential for adverse psychological impact on the infected or colonized resident.

It is essential both to communicate transmission-based precautions to all health care personnel, and for personnel to comply with requirements. Pertinent signage (i.e., isolation precautions) and verbal reporting between staff can enhance compliance with transmission-based precautions to help minimize the transmission of infections within the facility.

It is important to use the standard approaches, as defined by the CDC for transmission-based precautions: airborne, contact, and droplet precautions. The category of transmission-based precaution determines the type of PPE to be used. Communication (i.e., verbal reports, signage) regarding the particular type of precaution to be utilized is important. When transmission-based precautions are in place, PPE should be readily available. Proper hand washing remains a key preventive measure, regardless of the type of transmission-based precaution employed.

Transmission-based precautions are maintained for as long as necessary to prevent the transmission of infection. It is appropriate to use the least restrictive approach possible that adequately protects the resident and others. Maintaining isolation longer than necessary may adversely affect psychosocial well-being. The facility should document in the medical record the rationale for the selected transmission-based precautions.

## **Airborne Precautions**

Airborne precautions prevent the transmission of organisms that remain infectious when suspended in the air (i.e., varicella zoster (shingles) and *M. tuberculosis*).

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## **Resident health**

Activities related to infection control include tuberculosis (TB) screening and management of active cases, consistent with State requirements. Management of some airborne infections such as active TB requires a single-resident airborne infection isolation room (AIIR) that is equipped with special air handling and ventilation capacity. Although not all residents with airborne infections will require an AIIR, residents with infections requiring an AIIR may need to be transported to an acute setting unless the facility can place the resident in a private AIIR room with the door closed. In cases when AIIR is required, it is important for the facility to have a plan in place to effectively manage a situation involving a resident with suspected or active TB while awaiting the resident's transfer to an acute care setting.

Personnel caring for residents on airborne precautions should wear a mask or respirator that is donned prior to room entry, depending on the disease-specific recommendations. Depending on the condition, staff can use N95 or higher level respirators or wear masks if respirators are no available.

## **Contact Precautions**

Contact transmission risk requires the use of contact precautions to prevent infections that are spread by person-to-person contact. Contact precautions require the use of appropriate PPE, including a gown and gloves upon entering the contact precaution room. Prior to leaving the contact precaution room, the PPE is removed and hand hygiene is performed.

Depending on the situation, options for residents on contact precautions may include the following: a private room, cohorting, or sharing a room with a roommate with limited risk factors (i.e., without indwelling devices, without pressure ulcers and not immunocompromised).

## **Droplet Precautions**

In contrast to contact transmission, respiratory droplets transmit infections directly from the respiratory tract of an infected individual to susceptible mucosal surfaces of the recipient. Since this generally occurs at close proximity, facial protection is necessary.

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Respiratory droplets are generated when an infected person coughs, sneezes, or talks; or during procedures such as suctioning, endotracheal intubation, cough induction by chest physiotherapy, and cardiopulmonary resuscitation. Studies have shown that respiratory viruses can enter the body via the nasal mucosa, conjunctivae and less frequently the mouth. 30 examples of droplet-borne organisms that may cause infections include, but are not limited to influenza and mycoplasma.

The maximum distance for droplet transmission is currently unresolved, but the area of defined risk based on epidemiological findings is approximately 3-10 feet.<sup>31</sup> In contrast to airborne pathogens, droplet-borne pathogens are generally not transmitted through the air over long distances. Masks are to be used within approximately 6 to 10 feet of a resident or upon entry into a resident's room with respiratory droplet precautions. Residents with droplet precautions are placed in either a private room, cohorted, or share a room with a roommate with limited risk factors.

### **Implementation of Transmission-Based Precautions**

It is important that facility staff clearly identify the type of precautions and the appropriate PPE to be used in the care of the resident. The PPE should be readily available near the entrance to the resident's room. Signage can be posted on the resident's door instructing visitors to see the nurse before entering.

It is not always possible to identify prospectively residents needing transmission-based precautions. The diagnosis of many infections is based on clinical signs and symptoms, but often requires laboratory confirmation. However, since laboratory tests (especially those that depend on culture techniques) may require two or more days to complete, transmission-based precautions may need to be implemented while test results are pending, based on the clinical presentation and the likely category of pathogens. The use of appropriate transmission-based precautions when a resident develops symptoms or signs of a transmissible infection or arrives at a nursing home with symptoms of an infection (pending laboratory confirmation) reduces transmission opportunities. However, once it is confirmed that the resident is no longer a risk for transmitting the infection, removing transmission-based precautions avoids unnecessary social isolation.

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### **Safe Water Precautions**

Safe drinking water is also critical to controlling the spread of infections. The facility is responsible for maintaining a safe and sanitary water supply, by meeting nationally recognized standards set by the FDA for drinking water ( $\leq 500$  CFU/mL per heterotrophic plate count).

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## HANDLING LINENS TO PREVENT AND CONTROL INFECTION TRANSMISSION

It is important that all potentially contaminated linen be handled with appropriate measures to prevent cross-transmission. If the facility handles all used linen as potentially contaminated (i.e., using standard precautions), no additional separating or special labeling of the linen is recommended. No special precautions (i.e., double bagging) or categorizing is recommended for linen originating in isolation rooms. Double bagging of linen is only recommended if the outside of the bag is visibly contaminated or is observed to be wet through to the outside of the bag. Alternatively, leak-resistant bags are recommended for linens contaminated with blood or body substances. If standard precautions for contaminated linens are not used, then some identification with labels, color coding or other alternatives means of communication is important.

For the routine handling of contaminated laundry, minimum agitation is recommended, to avoid the contamination of air, surfaces, and persons. The risk of environmental contamination may be reduced by having personnel bag or contain contaminated linen at the point of use, and not sorting or pre-rinsing in resident care areas.

It is important that laundry areas have hand washing facilities and products, as well as appropriate PPE (i.e., gloves and gowns) available for workers to wear while sorting linens. Laundry equipment should be used and maintained according to the manufacturer's instructions to prevent microbial contamination of the system. It is recommended that damp linen is not left in machines overnight.

Detergent and water physically remove many microorganisms from the linen through dilution during the wash cycle. An effective way to destroy microorganisms in laundry items is through hot water washing at temperatures above 160° F (71° C) for 25 minutes. Alternatively, low temperature washing at 71 to 77 degrees F (22-25 degrees C) plus a 125-part-per-million (ppm) chlorine bleach rinse has been found to be effective and comparable to high temperature wash cycles.

If laundry chutes are used, it is recommended that they are properly designed and maintained so as to minimize dispersion of aerosols from contaminated laundry (i.e., no loose items in the chute and bags are closed before tossing into the chute).

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If linen is sent off to a professional laundry, the facility should obtain an initial agreement between the laundry service and facility that stipulates the laundry will be hygienically clean and handled to prevent recontamination from dust and dirt during loading and transport.

Standard mattresses and pillows can become contaminated with body substances during resident care if the integrity of the covers of these items is compromised. A mattress cover is generally a fitted, protective material, the purpose of which is to prevent the mattress from becoming contaminated with body fluids and substances. A linen sheet placed on the mattress is not considered a mattress cover. Patches for tears and holes in mattress covers do not provide an impermeable surface over the mattress. Therefore it is recommended that mattress covers with tears or holes be replaced. It is recommended that moisture resistant mattress covers be cleansed and disinfected between residents with an EPA approved germicidal detergent to help prevent the spread of infections, and fabric mattress covers should be laundered between residents. Pillow covers and washable pillows should be laundered in a hot water laundry cycle between residents or when they become contaminated with body substances. Discarding mattresses if fluids have penetrated into the mattress fabric and washing pillows and pillow covers in a hot-water laundry cycle will also reduce the risk of indirect contact with infectious agents.

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## Antibiotic Stewardship Program Policy

1. Antibiotic resistance is one of the world's most pressing public health problems, responsible for over two million illnesses and 23,000 deaths annually. In 2015, The White House under President Barack Obama, implemented The National Action Plan which states: "The United States will work domestically and internationally to prevent, detect, and control illness and death related to infections caused by antibiotic-resistant bacteria by implementing measures to mitigate the emergence and spread of antibiotic resistance and ensuring the continued availability of therapeutics for the treatment of bacterial infections."

Norwegian Christian Home has established a program to address antibiotic stewardship. This policy will provide framework for the NCH antibiotic stewardship program (ASP). ASP has been shown to improve patient outcomes significantly by individualizing dosing, reducing toxicity, and possibly decreasing medication costs.

### **B) Purpose**

Antibiotic stewardship programs (ASPs) are designed to minimize the harmful effects of inappropriate antibiotic use. In many places antibiotics are overused and misused in people and animals. The most serious concern with antibiotic resistance is that some bacteria have become resistant to almost all of the easily available antibiotics (Multi-Drug Resistant Organisms or MDROs). These bacteria are able to cause serious disease and this is a major public health problem. Utilizing stewardship actions such as measuring a facility's antibiotic use, promotes prudent use and management of antimicrobial agents, reduces antibiotic resistance, and increases optimal patient outcomes.

### **C) Definitions**

***Antibiotic:*** A medicine that inhibits the growth of or destroys bacteria. The term is often used interchangeably with "antimicrobial".

***Antimicrobial:*** A medicine that inhibits the growth of or destroys microorganisms. The term is often used interchangeably with "antibiotic".

***Antibiotic/Antimicrobial Stewardship Program ("ASP"):*** A coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.

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It includes the systemic effort to educate and persuade prescribers of antimicrobials to follow evidence-based prescribing in order to stem antibiotic overuse, and thus, antimicrobial resistance.

*Days of Therapy (“DOT”)*: For statistical purposes, “DOT” is the recommended method for reporting antibiotic use. “DOT” is calculated by aggregating the sum of days for which any antimicrobial agent is administered or dispensed to a particular patient (numerator). That number is divided by a standardized denominator (e.g. patient days, days present, or admissions).

*Multi-Drug Resistant Organisms (“MDROs”)*: Microorganisms, predominantly bacteria that are resistant to one or more classes of antimicrobial agents. MDROs are associated with longer hospital stays, higher mortality rates, admission to ICU, and increased costs.

*Therapy, Definitive*: The use of an antimicrobial based on an established infection, when a culture and sensitivity or other diagnostic test is available.

*Therapy, Empire*: Administration of an antimicrobial prior to the results of a culture and sensitivity or other diagnostic test.

*Therapy, Prophylactic*: Administration of an antimicrobial in an effort to prevent clinical infection.

## 2. Procedure

### A) Assignment of Responsibility

The ASP is a multi-disciplinary team comprised of administration, medical staff providers, laboratory, pharmacy, infection prevention and control, nursing staff, and anyone providing direct patient care to patients with an infection.

**Leadership commitment:** NCH leadership is committed to embracing and executing the Centers for Disease Control and Prevention’s (CDC) Core Elements of Antibiotic Stewardship. The seven core elements for antimicrobial stewardship include leadership commitment, accountability, drug expertise, action to support optimal antibiotic use, tracking and monitoring antibiotic prescribing /use/resistance, reporting information on improving antibiotic use/resistance, and education of clinicians, patients/families.

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**Physician Champion:** The Medical Director will be responsible for the ASP outcomes as leader of the ASP Team.

**Pharmacist Champion:** The Pharmacy Consultant will provide drug expertise and will be responsible for drug regimen reviews to improve antibiotic use.

**Infection Prevention and Control Champion:** The Infection Preventionist provides facility-wide surveillance of infections and MDROs; and tracks and reports antibiotic use; obtains specimens and cultures; documents Days of Therapy (DOT); monitors the patient's response to therapy; and instructs nursing staff in these skills.

**Consultant(s):** An Infectious Disease Specialist is available on an as-needed basis when expertise beyond the scope of the ASP team is required.

### B) Activities

1. Review of current antimicrobial use (empiric, definitive, and prophylactic).
2. Observation of trends of antimicrobial use.
3. Development and distribution of annual antibiogram to medical providers for empiric orders of antimicrobial agents until culture and sensitivity reports are available.
4. Consult with prescribers on appropriate antimicrobial selection.
5. Pharmacy-driven interventions such as dose adjustments, automatic alerts for duplicates, time sensitive automatic stop orders, prevention of antimicrobial related drug-drug and/or drug-food interactions, and recommendations for specific infections and syndromes.
6. Formulary restrictions to assist providers in selecting antimicrobial therapy based on evidence-based practices.
7. Communication with providers regarding antimicrobial resistance and need for alternate therapy.
8. Review of culture and sensitivity reports.
9. Education for nursing staff regarding monitoring patients with an infection including response to antimicrobial therapy, plan-of-care for the patient with an infection.

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10. Facility-wide surveillance of all diagnosed infections.

### C) Tracking and reporting

1. Infection Preventionist tracks all prescribed antimicrobials by prescriber, patient, indication, unit, and antibiotic.
2. Data is reported to the ASP Team during the quarterly QA meeting.
3. The ASP will disseminate findings to administration, prescribers, and other committees quarterly and as needed.

### D) Education

1. All staff will receive education on antibiotic resistance and the role of the ASP on hire and annually thereafter.
2. As appropriate, members of other departments may be utilized to provide education specific to ASP (e.g. Pharmacy, Infection Prevention & Control).
3. Physicians, pharmacists, and nurses may be afforded additional education through continuing education activities available online through the CDC, Medscape, and other providers.

### E) Patient Care Issues

1. Patients with infections will be managed by their Primary Care Provider (PCP) Unit Physician.
2. Patients and their families, as appropriate, will receive education about appropriate use of antibiotics (e.g. antibiotics that do not treat viral infections such as colds).
3. Brochures on antibiotic use will be available, as appropriate, to staff, patients and their families.
4. If infection issues require greater expertise in the field of infectious disease, an outside physician with infectious disease knowledge and experience will be consulted.

## Norwegian Christian Home & Health Center

**Subject:** **Immunizations: Influenza and Pneumococcal Vaccines for Employees**

**Policy:** All employees of this facility will be immunized against influenza annually and pneumococcal disease, as may be appropriate, unless medically contraindicated, against personal religious beliefs or refused after being fully informed of the health risks of such action.

- Purpose:**
1. To protect staff and residents from flu and pneumonia; to create an environment in which the influenza and pneumococcal viruses have less opportunity to replicate and spread.
  2. To comply with the "Long Term Care Resident and Employee Immunization Act of NYS Public Law.

**Procedure:**

1. This facility shall notify every employee of the addition to the New York State Public Health Law that requires him/her to be vaccinated against influenza annually and pneumococcal disease, as appropriate, and request that the employee agree to be immunized against Flu and Pneumonia unless medically contraindicated (i.e., allergy to eggs or any component of the vaccine(s), previous reaction to flu vaccine, and those with Guillian Barre Syndrome), against personal religious beliefs or refused after being fully informed of the health risks of such action.
2. Flu and Pneumococcal vaccines will be made available to all staff of this facility.
3. Staff members will be advised of the indications, risks and benefits of getting such immunizations.
4. The Employee Health Nurse, or designee, will maintain documentation of annual immunization against influenza virus and immunization against pneumococcal disease for each employee. Immunization and documentation will take place no later than November 30<sup>th</sup> of each year.

## Norwegian Christian Home & Health Center

5. Staff members may refuse influenza and/or pneumococcal immunizations. Declination letter must be signed by the employee who refuses the vaccine(s). These letters will be placed in the employee's health file in the Employee Health office. Declinations can be rescinded by the employee and the facility will then provide the requested immunizations. (See attached).
6. All newly hired employees must provide proof of influenza and pneumococcal immunizations. If proof cannot be provided, the facility will provide for immunization(s) no later than November 30<sup>th</sup> of each year.
7. Any employee who is hired between November 30<sup>th</sup> and April 1<sup>st</sup> and has no proof of immunizations will be immunized by this facility.

**SUBJECT: INFLUENZA VACCINES: RESIDENTS**

**POLICY:** All residents of this facility will be immunized against influenza yearly unless medically contraindicated, against personal religious beliefs or refused after fully informed of the health risks of such action or they have already received the vaccine.

**OBJECTIVES:**

- A. The resident or legal representative will be provided with teaching materials regarding the benefits and potential side effects of influenza immunization.
- B. To ensure that the resident either receives the vaccination, or does not receive the vaccination due to medical contraindication.
- C. To protect residents and staff from influenza and create an environment when influenza virus has less opportunity to spread.
- D. To comply with the LTC Resident and Employee Immunization Act of the New York State Public Health Law.

**PROCEDURE:**

- A. Yearly the facility will notify each resident's family/legal representative that the flu season will soon be here. The flu vaccine must be given to all residents after being educated about the benefits and potential side effects of the flu vaccine. The resident/legal representative may refuse for the following reasons:
  - 1. Allergic to eggs or any part of vaccine.
  - 2. Had a severe reaction after a previous dose.
  - 3. Had Guillain-Barre Syndrome.
  - 4. Are moderately or severely ill, should usually wait before getting vaccine.
  - 5. Already received the vaccine from a private doctor prior to admission.



6. Exercising the resident's right of refusal. (See attached). The reason for refusal should be documented on the consent form in the space under vaccination precaution section.
7.
  - B. The attending physician will order the vaccine as per facility policy. It will be offered from mid-September through May of each year. A standing state prescription will be found in the front of each Medex.
  - C. Licensed nursing personnel will administer the vaccine. 0.5cc IM x 1 only. Adults should be vaccinated in the deltoid muscle using a needle that is 1 inch or greater in length. Using a needle that is less than 1 inch in length may be insufficient to penetrate muscle tissue in certain adults. Give at least 2 weeks after admission. PPDs' are done to prevent any synergistic reactions.
  - D. The "Flu Vaccine" will be documented in the resident's EMR. The name of the vaccine, dose, route and site must be documented along with the manufacturer and lot number. This is in case there is an adverse reaction to the vaccine the batch can be tracked back to the CDC. In such event, an adverse reaction form must be made out and sent to the CDC. See attached.
  - E. The Clinical Nurse Manager of each unit or designee will maintain documentation of the flu vaccine in each record. The informed consent and the vaccine record will be kept in a plastic sleeve directly behind the face sheet.
  - F. Yearly, CDC teaching sheets (see attached) will be updated and placed on each floor to be given to families and residents. **They will be kept in a file on each unit along with extra vaccine records.**
  - G. Prior to vaccination, the consent form is checked for completion, allergies are checked and vital signs are done for 24 hours prior to vaccination. After the vaccine is given, vital signs are taken Every Shift FOR 24 Hours and documented. The MD is notified of any elevation of temperature or adverse reactions.
  - H. During the annual period of immunization, only 10 – 15 residents should be vaccinated on each floor each day until the entire floor is finished.
  - I. If a resident is on antibiotics, hold the flu shot until antibiotic therapy is completed and for 1 – 2 weeks afterwards.

## Norwegian Christian Home & Health Center Declination of Influenza Vaccination

I have been advised that I should receive the Influenza Vaccine to protect myself and the patients I serve. I have read the Centers for Disease Control and Prevention's ("CDC") Vaccine Information Statement explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the statement and have any questions answered by a healthcare provider.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect this facility's patients from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients in this facility.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
  - all patients in this healthcare facility
  - my coworkers
  - my family
  - my community
- *Because I have refused vaccination against the Influenza, I will be required to wear surgical or procedure masks in areas where patients or residents may be present during the Influenza Season.*
- I acknowledge that I have read this document in its entirety and fully understand it. Despite these facts, I have decided to decline the Influenza Vaccine by my signature below. I realize that I may re-address this issue at any time and accept vaccination in the future.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## VACCINE INFORMATION STATEMENT

# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

### 2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. They cannot cause the flu.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

### 3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# Pneumococcal Polysaccharide Vaccine

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Vaccination can protect older adults (and some children and younger adults) from pneumococcal disease.

Pneumococcal disease is caused by bacteria that can spread from person to person through close contact. It can cause ear infections, and it can also lead to more serious infections of the:

- Lungs (pneumonia),
- Blood (bacteremia), and
- Covering of the brain and spinal cord (meningitis). Meningitis can cause deafness and brain damage, and it can be fatal.

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults over 65 years of age, and cigarette smokers are at the highest risk.

About 18,000 older adults die each year from pneumococcal disease in the United States.

Treatment of pneumococcal infections with penicillin and other drugs used to be more effective. But some strains of the disease have become resistant to these drugs. This makes prevention of the disease, through vaccination, even more important.

### 2 Pneumococcal polysaccharide vaccine (PPSV23)

Pneumococcal polysaccharide vaccine (PPSV23) protects against 23 types of pneumococcal bacteria. It will not prevent all pneumococcal disease.

PPSV23 is recommended for:

- All adults 65 years of age and older,
- Anyone 2 through 64 years of age with certain long-term health problems,
- Anyone 2 through 64 years of age with a weakened immune system,

Adults 19 through 64 years of age who smoke cigarettes or have asthma.

Most people need only one dose of PPSV. A second dose is recommended for certain high-risk groups. People 65 and older should get a dose even if they have gotten one or more doses of the vaccine before they turned 65.

Your healthcare provider can give you more information about these recommendations.

Most healthy adults develop protection within 2 to 3 weeks of getting the shot.

### 3 Some people should not get this vaccine

- Anyone who has had a life-threatening allergic reaction to PPSV should not get another dose.
- Anyone who has a severe allergy to any component of PPSV should not receive it. Tell your provider if you have any severe allergies.
- Anyone who is moderately or severely ill when the shot is scheduled may be asked to wait until they recover before getting the vaccine. Someone with a mild illness can usually be vaccinated.
- Children less than 2 years of age should not receive this vaccine.
- There is no evidence that PPSV is harmful to either a pregnant woman or to her fetus. However, as a precaution, women who need the vaccine should be vaccinated before becoming pregnant, if possible.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# COMPLETING THE VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS) FORM

REQUIR TO REPORT

## GENERAL INSTRUCTIONS

- Submit this form electronically using the Internet. For instructions, visit [www.vaers.hhs.gov/uploadfile/](http://www.vaers.hhs.gov/uploadfile/).
- If you are unable to submit this form electronically, you may fax it to VAERS at 1-877-721-0366.
- If you need additional help submitting a report you may call the VAERS toll-free information line at 1-800-822-7967, or send an email to [info@vaers.org](mailto:info@vaers.org).
- Fill out the VAERS form as completely as possible and use the **Continuation Page** if needed. Use a separate VAERS form for each individual patient.
- If you do not know exact numbers, dates, or times, please provide your best guess. You may leave these spaces blank if you are not comfortable guessing.
- You can get specific information on the vaccine and vaccine lot number by contacting the facility or clinic where the vaccine was administered.
- Please report all significant adverse events that occur after vaccination of adults and children, even if you are not sure whether the vaccine caused the adverse event.
- Healthcare professionals should refer to the VAERS Table of Reportable Events at [www.vaers.hhs.gov/reportable.html](http://www.vaers.hhs.gov/reportable.html) for the list of adverse events that must be reported by law (42 USC 300aa-25).
- Healthcare professionals treating a patient for a suspected vaccine adverse event may need to contact the person who administered the vaccine in order to exchange information and decide how best to complete and submit the VAERS form.

## SPECIFIC INSTRUCTIONS

Items 2, 3, 4, 5, 6, 17, 18, and 21 are **ESSENTIAL** and should be completed.

- **Items 4 and 5:** Provide dates and times as specifically as you can and enter as much information as possible (e.g., enter the month and year even if you don't know the day). If you do not know the exact time, but know it was in the morning ("AM") or afternoon or evening ("PM"), please provide that information.
- **Item 6:** If you fill in the form by hand, provide age in years. If a child is less than 1 year old, provide months of age. If a child is more than 1 year old but less than 2 years old, provide year and months (e.g., 1 year and 6 months). If a child is less than 1 month of age when vaccinated (e.g., a birth dose of hepatitis B vaccine) then answer 0 years and 0 months, but be sure to include the patient's date of birth (Item 2) and date and time of vaccination (Item 4).
- **Item 8:** If the report is about a vaccine given to a pregnant woman, select "Yes" and describe the event, any pregnancy complications, and estimated due date if known in item 18. Otherwise, select "No" or "Unknown."
- **Item 9:** List any prescriptions, over-the-counter medications, dietary supplements, herbal remedies, or other non-traditional/alternative medicines being taken by the patient when the vaccine(s) was given.
- **Item 10:** List any allergies the patient has to medications, foods, or other products.
- **Item 11:** List any short-term or acute illnesses the patient had on the date of vaccination AND up to one month prior to this date (e.g., cold, stomach flu, ear infection, etc.). This does NOT include the adverse event you are reporting.
- **Item 12:** List any chronic or long-standing health conditions the patient has (e.g., asthma, diabetes, heart disease).
- **Item 13:** List the name of the person who is completing the form. Select the "Check if same as item 1" box if you are the patient or if you live at the same address as the patient. The contact information you provided in item 1 will be automatically entered for you. Otherwise, please provide new contact information.
- **Item 14:** List the doctor or other healthcare professional who is the best person to contact to discuss the clinical details of the adverse event.
- **Item 15:** Select the "Check if same as item 13" box if the person completing the form works at the facility that administered the vaccine(s). The contact information provided in item 13 will be automatically entered for you. Otherwise, provide new contact information.
- **Item 16:** Select the option that best describes the type of facility where the vaccine(s) was given.

Adverse events are possible reactions or problems that occur during or after vaccination. Items 2-3, 4, 5, 6, 17, 18, and 21 are ESSENTIAL and should be completed. Patient identity is kept confidential. Instructions are provided on the last two pages. (Use Continuation Page if needed)

**INFORMATION ABOUT THE PATIENT WHO RECEIVED THE VACCINE** (Use Continuation Page if needed)

1. Patient name: (first) \_\_\_\_\_ (last) \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
 ZIP code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

2. Date of birth: (mm/dd/yyyy) \_\_\_\_\_ Sex:  Male  Female  Unknown

4. Date and time of vaccination: (mm/dd/yyyy) \_\_\_\_\_ Time: hh:mm \_\_\_\_\_  AM  PM

5. Date and time adverse event started: (mm/dd/yyyy) \_\_\_\_\_ Time: hh:mm \_\_\_\_\_  AM  PM

6. Age at vaccination: \_\_\_\_\_ Years \_\_\_\_\_ Months Today's date: (mm/dd/yyyy) \_\_\_\_\_

8. Is the report about vaccine(s) given to a pregnant woman?:  No  Unknown  Yes  
 (If yes, describe the event, any pregnancy complications, and estimated due date if known in item 18).

9. Prescriptions, over-the-counter medications, dietary supplements, or herbal remedies being taken at the time of vaccination: \_\_\_\_\_

10. Allergies to medications, food, or other products: \_\_\_\_\_

11. Other illnesses at the time of vaccination and up to one month prior: \_\_\_\_\_

12. Chronic or long-standing health conditions: \_\_\_\_\_

**INFORMATION ABOUT THE PERSON COMPLETING THIS FORM**

**INFORMATION ABOUT THE FACILITY WHERE VACCINE WAS GIVEN**

13. Form completed by: (name) \_\_\_\_\_  
 Relation to patient:  Healthcare professional/staff  Patient (yourself)  
 Parent/guardian/caregiver  Other: \_\_\_\_\_  
 Street address: \_\_\_\_\_  Check if same as item 1  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

14. Best doctor/healthcare professional to contact about the adverse event: Name: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

15. Facility/clinic name: \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_  
 Street address: \_\_\_\_\_  Check if same as item 13  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

16. Type of facility: (Check one)  
 Doctor's office or hospital  
 Pharmacy or drug store  
 Workplace clinic  
 Public health clinic  
 Nursing home or senior living facility  
 School/student health clinic  
 Other: \_\_\_\_\_  
 Unknown

**WHICH VACCINES WERE GIVEN? WHAT HAPPENED TO THE PATIENT?**

17. Enter all vaccines given on the date listed in item 4: (Route is HOW vaccine was given, Body site is WHERE vaccine was given). Use Continuation Page if needed.

Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose no. in series
select			select	select	select
select			select	select	select
select			select	select	select
			select	select	select

18. Describe the adverse event(s), treatment, and outcome(s), if any: (symptoms, signs, time course, etc.) \_\_\_\_\_

21. Result or outcome of adverse event(s): (Check all that apply)  
 Doctor or other healthcare professional office/clinic visit  
 Emergency room or emergency department visit  
 Hospitalization: Number of days (if known) \_\_\_\_\_  
 Hospital name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Prolongation of existing hospitalization (vaccine received during existing hospitalization)  
 Life threatening illness (immediate risk of death from the event)  
 Disability or permanent damage  
 Patient died: Date of death \_\_\_\_\_ (mm/dd/yyyy)  
 Congenital anomaly or birth defect  
 None of the above

19. Medical tests and laboratory results related to the adverse event(s): (include dates) \_\_\_\_\_  
 Use Continuation Page if needed.

20. Has the patient recovered from the adverse event(s)?:  Yes  No  Unknown  
 Use Continuation Page if needed.

**ADDITIONAL INFORMATION** (Use Continuation Page if needed)

Any other vaccines received within one month prior to the date listed in item 4:

Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose no. in series
ct			select	select	select
ct			select	select	select

Has the patient ever had an adverse event following any previous vaccine?: (If yes, describe adverse event, patient age at vaccination, vaccination dates, vaccine type, and brand name).  
 Unknown  Yes \_\_\_\_\_

Patient's race:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  
 White  Unknown  Other: \_\_\_\_\_

Patient's ethnicity:  Hispanic or Latino  Not Hispanic or Latino  Unknown

26. Immuniz. proj. report no.: (Health Dept use only) \_\_\_\_\_

**COMPLETE ONLY FOR U.S. MILITARY/DEPARTMENT OF DEFENSE (DoD) RELATED REPORTS**

Status at vaccination:  Active duty  Reserve  National Guard  Beneficiary  Other: \_\_\_\_\_

28. Vaccinated at Military/DoD site:  Yes  No



## Norwegian Christian Home & Health Center

**Subject: Immunizations: Influenza and Pneumococcal Vaccines for Employees**

**Policy:** All employees of this facility will be immunized against influenza annually and pneumococcal disease, as may be appropriate, unless medically contraindicated, against personal religious beliefs or refused after being fully informed of the health risks of such action.

- Purpose:**
1. To protect staff and residents from flu and pneumonia; to create an environment in which the influenza and pneumococcal viruses have less opportunity to replicate and spread.
  2. To comply with the "Long Term Care Resident and Employee Immunization Act of NYS Public Law.

**Procedure:**

1. This facility shall notify every employee of the addition to the New York State Public Health Law that requires him/her to be vaccinated against influenza annually and pneumococcal disease, as appropriate, and request that the employee agree to be immunized against Flu and Pneumonia unless medically contraindicated (i.e., allergy to eggs or any component of the vaccine(s), previous reaction to flu vaccine, and those with Guillian Barre Syndrome), against personal religious beliefs or refused after being fully informed of the health risks of such action.
2. Flu and Pneumococcal vaccines will be made available to all staff of this facility.
3. Staff members will be advised of the indications, risks and benefits of getting such immunizations.
4. The Employee Health Nurse, or designee, will maintain documentation of annual immunization against influenza virus and immunization against pneumococcal disease for each employee. Immunization and documentation will take place no later than November 30<sup>th</sup> of each year.

## Norwegian Christian Home & Health Center

5. Staff members may refuse influenza and/or pneumococcal immunizations. Declination letter must be signed by the employee who refuses the vaccine(s). These letters will be placed in the employee's health file in the Employee Health office. Declinations can be rescinded by the employee and the facility will then provide the requested immunizations. (See attached).

Unvaccinated staff members must wear masks at all times beginning at such time that the Commissioner of Health determines that the flu is prevalent in New York State and will continue throughout the flu season. This would include, but not limited to residents' rooms, nurses' stations, hallways and elevators where residents are typically present. If residents are present in the cafeteria, staff must wear a mask except when staff is eating.

This policy applies to all personnel that are "paid or unpaid including, but not limited to employees, member of the medical and nursing staff, contract staff, students and volunteers who engages in activities such that if they were infected with influenza they could potentially expose residents to the disease."

All personnel who obtained the influenza vaccination elsewhere must provide documentation. "Documentation must be prepared by the individual who ordered or administered the vaccine. Self-attestation will not suffice (as stated by NYSDOH.) The documentation must include the date of the vaccination and the name and business address of the individual who ordered or administered the vaccination.

A sticker placed on each staff member's ID badge will denote that the personnel had the flu vaccine administered.

6. All newly hired employees must provide proof of influenza and pneumococcal immunizations. If proof cannot be provided, the facility will provide for immunization(s) no later than November 30<sup>th</sup> of each year.



## Norwegian Christian Home & Health Center

7. Any employee who is hired between November 30<sup>th</sup> and April 1<sup>st</sup> and has no proof of immunizations will be immunized by this facility.