



May 28, 2020

To All Staff,

This is week eight of our employee COVID-19 update.

Status Update

Each week we will provide you with updated information on COVID-testing at all of our campuses.

Testing Tracker: Summary of Employees & Residents Diagnostic Testing								
Employees	To date (since pandemic start)				New Suspected Cases			
	Employees tested	Tests Pending	Employees Positive	Employees Negative	Employees tested	Tests Pending	Employees Positive	Employees Negative
Chase	6	0	0	6	0	0	0	0
GSFH	4	0	1	3	2	1	0	1
GSVE	10	0	1*	9	0	0	0	0
			* last worked 3/29					
Residents	To date (since pandemic start)				New Suspected Cases			
Residents tested	Tests Pending	Residents Positive	Residents Negative	Residents tested	Tests Pending	Residents Positive	Residents Negative	
Chase	5	0	0	5	1*	1	0	0
GSFH	13	0	0	13	3	0	0	3
GSVE	8	0	0	8	2	0	0	2
					* precautionary post hospitalization			
Tested as of 5/20/20					5/21/20-5/27/20			

Please note some testing was purely precautionary as the individual was asymptomatic. Ex: fall led to ER visit and tested.

Phase 2 Reopening

According to Governor Cuomo, as businesses reopen they will not be returning to business as usual. Transmission of COVID-19 will remain a threat to employees and customers for some time, and business owners will need to adapt to this “new normal.”

With that said, each business that is reopening in Phase 2 will need a plan to protect employees and consumers, make the physical work space safer and implement processes that lower risk of infection in the business.

Under the Phase 2 reopening, which is scheduled for Friday, May 29th the businesses will consist of Professional Services, Finance and Insurance, Retail, Administrative Support, Real Estate, Rental, and Leasing.

Where does our Region Stand?

	14-Day Decline in Hospitalizations OR under 15 new hospitalizations (3-day avg.)	14-Day Decline in Hospital Deaths OR fewer than 5 deaths (3-day avg.)	New Hospitalizations (Under 2 per 100k residents -3 day rolling avg.)	Share of Total beds available (Threshold of 30%)	Share of ICU beds available (Threshold of 30%)	30 per 1k residents tested monthly (7day avg. of new tests per day)	At least 30 contact tracers per 100k residents	Metrics Met
Southern Tier	YES	YES	0.37	45%	37%	YES	YES	7/7

CMS Guidance on Re-opening

You may have been following coverage on “Re-Opening New York.” While we are all excited, it is important to note that this plan does not include Health Care. For amenities available to our Independent Living residents, such as dining and salon services, we will monitor the NYS phases and plan accordingly.

For health care strategies, we are reviewing CMS guidance issued on 5/18/20 for re-opening nursing homes. But CMS is letting the individual states develop their own plans which may differ to some degree, so NYS may alter some of these recommendations. Also, please note CMS has not addressed post-Phase 3 guidelines but we will look for further directives as they are announced. In addition, these guidelines are constantly evolving and may change. We have noted some areas that require further clarification.

CMS Recommendations:

- When a community enters phase 1 of Opening up America Again, nursing homes remain at their highest level of vigilance and mitigation (e.g. visitation restricted except in compassionate care situations). Nursing homes do not begin to de-escalate or relax restrictions until their surrounding community satisfies specific criteria and enters phase 2 of Opening up America Again.
- A nursing home should spend a minimum of 14 days in a given phase, with no new nursing home onset of COVID-19 cases, prior to advancing to the next phase.
- A nursing home may be in different phases than its surrounding community based on the status of COVID-19 inside the facility, and the availability of key elements including, but not limited to PPE availability, testing, and staffing. ***For example, if a facility identifies a new, nursing home onset COVID-19 case in the facility while in any phase, that facility goes back to the highest level of mitigation, and starts over (even if the community is in phase 3).***
- States may choose to have a longer waiting period (e.g., 28 days) before relaxing restrictions for facilities that have had a significant outbreak of COVID-19 cases, facilities with a history of noncompliance with infection control requirements, facilities with issues maintaining adequate staffing levels, or any other situations the state believes may warrant additional oversight or duration before being permitted to relax restrictions.

The following tracks some key concerns through the various phases. The actual document from CMS is very detailed, but we will focus on those issues we think would be of most concern to our residents and their families:

	Significant Mitigation and Phase 1 of Opening Up America Again : CURRENT PHASE	Phase 2 of Reopening nursing homes and Opening Up America Again	Phase 3 of Reopening nursing homes and Opening Up America Again
Criteria for Implementation	Highest level of vigilance, regardless of transmission within the local community.	<p>Case status in community has met the criteria for entry into phase 2 (no rebound in cases after 14 days in phase 1).</p> <p>There have been no new, nursing home onset COVID cases in the nursing home for 14 days.</p> <p>The nursing home is not experiencing staff shortages.</p> <p>The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents.</p> <p>The nursing home has adequate access to testing for COVID-19.</p> <p>Referral hospital(s) have bed capacity on wards and intensive care units.</p>	<p>Community case status meets criteria for entry to Phase 3 (no rebound in cases during phase 2).</p> <p>There have been no new, nursing home onset COVID cases in the nursing home for 28 days (through phases 1 and 2).</p> <p>The nursing home is not experiencing staff shortages.</p> <p>The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents.</p> <p>The nursing home has adequate access to testing for COVID-19.</p> <p>Referral hospital(s) have bed capacity on wards and intensive care units.</p>
Visitation	Visitation generally prohibited , except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit.		Visitation allowed with screening and additional precautions including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit

Entry of non-essential healthcare personnel	Restricted entry of non-essential healthcare personnel	Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask	Allow entry of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.
Communal Dining	Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).		
Non-medically trips outside the facility	Non-medically necessary trips outside the building should be avoided.		
Group Activities	Restrict group activities, but some activities may be conducted (for COVID-19 negative or asymptomatic residents only) with social distancing, hand hygiene, and use of a cloth face covering or facemask.	Group activities, including outings, limited (for asymptomatic or COVID-19 negative residents only) with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask.	Group activities, including outings, allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained , appropriate hand hygiene, and use of a cloth face covering or facemask.
Medically necessary trips away from the facility	The resident must wear a cloth face covering or facemask; and the facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.		

NYS DOH Mandatory Testing for all Staff

Last week we began testing all of our staffs as required by NYS Executive Order. Each employee will be tested two times per week. The test is a simple nasal swab, and results are expected within 48 hours. Each campus developed a plan to ensure compliance with this requirement, and despite some logistical challenges, we are now testing Monday through Friday at all our campuses.

Please note testing is different than screening. Screening staff involves staff answering a series of questions about travel, work and symptoms, and having their temperature taken at the start of their shifts and every 12 hours thereafter. Testing is a laboratory test to find out if a person has coronavirus (COVID-19).

Results of Mass Testing (for employees who passed the screening process)

	Tested	Positive	Negative	Inconclusive or Indeterminate
GSFH	197	1	196	0
GSVE	133	1*	132	0
Chase	104	0	104	0

- *Employee has since tested negative within days of the positive test and has been completely asymptomatic, raising the possibility this was a 'false positive.' However, they will remain self-isolated for the 14 days and then retest per NYS guidelines.

As you are aware, we have had two asymptomatic staff members test positive for COVID-19 as part of this mass testing. One was at GSVE in dietary and the other in an Administrative capacity at GFSH. Both are in self-isolation for 14 days. Per Department of Health recommendations, we interviewed these people extensively to identify anyone that they were potentially in close contact with during the 48 hours prior to being tested on Wednesday. Close contact is defined as contact within 6 feet for a period of at least 10 minutes. Those people were notified and instructed to Self-Quarantine for 14 days. Self-Quarantine is defined as self-monitoring for symptoms and staying at home, with the exception of reporting to work. Those considered in close contact were all staff members. No resident was identified as having close contact with this individual during the look-back period.

As previously stated, our team is monitoring the situation in collaboration with both the NYS Department of Health and our local health department and will follow all their recommendations.

Please remember we are testing over 500 staff members twice per week between all of our campuses. With this type of wide-spread testing, it is highly probable that we will have some additional positive results. We will continue to follow appropriate infection control protocols to protect our residents and staff, and will continue to conduct the twice weekly staff testing, and will alert you to any positive results.



We still do not have a resident with the COVID-19, but as we have stressed previously that's not to say we won't have one in the future. Please, if you have questions or concerns, contact your HR department or your manager so we can address them. We are here for you.

Sincerely,

Linda Parke,
Director of Human Resources