



May 7, 2020

To All Staff,

This is week five 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					New Suspected Cases							
Employees	To date (since pandemic start)				Employees tested	Tests Pending	Employees Positive	Employees Negative				
	Employees tested	Tests Pending	Employees Positive	Employees Negative	Employees tested	Tests Pending	Employees Positive	Employees Negative				
Chase	3	0	0	3	0	0	0	0				
GSFH	2	0	0	2	0	0	0	0				
GSVE	7	0	1*	6	2	0	0	2				
* 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	0	0	0	0				
GSFH	8	0	0	8	1	0	0	1				
GSVE	4	0	0	4	0	0	0	0				
Tested as of 4/29/20					4/30/20-5/6/20							
Please note some testing was purely precautionary as the individual was asymptomatic. Ex: fall led to ER visit and tested.												
Correction: Last week incorrectly identified GSVE Employees Negative = 6. Correct # is 5.												

Cross-training Staff for Redeployment (if needed)

While no Good Shepherd facility has had a resident test positive for COVID-19, we are putting plans in place to help us be prepared if we do. Here are some of the initiatives we are working on to cross-train non-direct care employees to work in Health Care in new capacities if needed:

- Feeding Assistants: In early April, NYS Department of Health announced it had received a waiver from the Centers for Medicare and Medicaid Services (CMS) to allow facilities to train and use feeding assistants. We have already trained over 35 staff members who complete a self-study course, then work under the supervision of a member of our Therapy Department to complete a competency assessment.

These staff will then provide dining assistance for residents who do not have complicated feeding problems and not for those at high risk.

- Unit Assistants: We have cross-trained staff to help out on the units with non-clinical tasks. They help maintain the unit's cleanliness and assist nursing staff in meeting resident needs with the explicit intent that these positions do not provide hands-on, direct care to the residents. This is responsible, supportive work to provide an acceptable living environment for the residents. The work is done under the direction of a staff nurse.
- Temporary CNAs: CMS has also announced a number of waivers involving CNA training and certification for the duration of the pandemic, including allowing Temporary CNAs who must demonstrate competencies across a number of topics\tasks after completing an abbreviated training program. We are hoping to offer this program on a pilot basis at GSVE and then assess whether to expand it to GSFH and Chase.

Moving New York Forward

Governor Cuomo outlined a plan to re-open New York State. He said that the plan focuses on getting people back to work and easing social isolation without triggering renewed spread of the virus or overwhelming the hospital system.

New York will re-open on a regional basis as each region meets the criteria necessary to protect public health as businesses re-open. New York State remains on PAUSE through May 15.

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	0.11	58%	52%	NO	190	5/7

Once the Southern Tier meets these criteria, we will see a staged re-opening of businesses. We do not anticipate Long Term Care being included in the early stages.

The New Normal Post-COVID- Reopening Our Communities

We are all anxious to have the restrictions currently imposed lifted, and Good Shepherd management team has begun the planning process for a staged re-opening when we are allowed to do so and when we feel and are instructed it is safe for our residents and staff. We are reviewing guidance from the federal and state governments, industry experts and our peers as we start this process. The most important things to note are (1) that it will be a phased process and (2) the new normal may not mean a complete return to the old ways.

Some of the items we are brainstorming include:

- Visitations: The President's plan does not recommend visits to Health Care until Phase 3, the last phase of the 'comeback'. During Phase 3, they advise "Vulnerable individuals can resume public interactions,

but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed. Low risk populations should consider minimizing time spent in crowded environments.” We will need to incorporate these considerations into our policy on visitors, and we anticipate it being an evolving process.

- Independent Living Dining (GSFH and GSVE): Again, we anticipate a phased re-opening in keeping with NYS’ plans for restaurants. Social distancing and infection control concerns will not immediately disappear when we re-open our dining areas. We will have to plan for various stages addressing density-25% initially then hopefully increasing over time as COVID-19 subsides in our region.
- Health Care Dining (all facilities): We are currently avoiding congregate dining and are spreading our residents out throughout other areas, such as individual rooms and common areas. We will have to carefully evaluate when to fully return to congregate dining.
- Social Activities: Considerations include when to re-introduce group social activities, and whether to limit the size of these activities going forward.

At this time, we believe re-opening is still a few weeks away, but we wanted to insure everyone that we are actively planning for it, and trying to balance our needs for social interaction with our responsibility for the safety of our residents and staff.

DOH Testing for all Residents and Staff

Good Shepherd has been in contact with the NYS Department of Health (DOH) to explore COVID-19 viral testing for all our Health Care residents (voluntary basis) and staff (required). NYS DOH is offering this program throughout the state for interested nursing facilities and adult care facilities, but it is still a relatively new initiative and is still evolving. Priorities for testing change frequently based on current conditions and resources, so it is too early to provide any definitive information as to the actual process or timing. Possibilities include a DOH team conducting the testing on-site, Broome County coordinating the effort, or our internal team doing the testing with testing kits provided by DOH. We are also asking whether our IL residents could be included, but we do not have clarification on this yet.

It is also very important to note that such testing captures a single moment in time. A person may test negative today, then be exposed to the virus and develop an infection. ***Ongoing infection control practices remain critical, including handwashing, social distancing and wearing masks.***

We will keep you informed as our discussions with NYS DOH continue.

Generic Information on Testing

Two kinds of tests are available for COVID-19: viral tests and antibody tests.

- A viral test tells you if you have a current infection.
- An antibody test tells you if you had a previous infection

To learn if you have a **current infection**, **viral tests** are used. Though, not everyone needs this test. Most people will have mild illness and can recover at home without medical care and may not need to be tested. Furthermore, the CDC has guidance for who should be tested, but decisions about testing are made by state and local health departments or healthcare providers.

To learn if you have had a previous infection, antibody tests are used. However, an antibody test may not be able to show if you have a current infection, because it can take 1-3 weeks after infection to make antibodies. It is not known yet if having antibodies to the virus can protect someone from getting infected with the virus again, or how long that protection might last.



We appreciate you and your on-going commitment in following all practices and protocols put in place to help maintain a healthy working environment for all of us. Please, if you have questions or concerns, contact your HR department or your manager so we can address them. These are trying times for us all, and we are here for you!

Sincerely,

Linda Parke
Director of Human Resources