



# NY FORWARD SAFETY PLAN TEMPLATE

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

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

## COVID-19 Reopening Safety Plan

**Name of Business:**

Epic Rehabilitation and Nursing at White Plains

**Industry:**

Skilled Nursing Facility

**Address:**

120 Church Street, White Plains, NY 10601

**Contact Information:**

914-350-9010

**Owner/Manager of Business:**

George Michaels, Administrator

**Human Resources Representative and Contact Information, if applicable:**

Wendy Dallas, 914-350-9010

## I. PEOPLE

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

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

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

*List common situations that may not allow for 6 ft. of distance between individuals. What measures will you implement to ensure the safety of your employees in such situations?*

1. Providing care for a resident.
2. Passing one another in a hallway.
3. Assisting a resident with locomotion.

Personnel will wear appropriate personal protective equipment (PPE), such as face masks, at all times.

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

1. Visitation letter and visitor expectations sent to designated representative prior to visit.
2. Visitation requirements will be posted in visible areas in visitor area.
3. Requirements and safety plan to be posted on facility social media page.
4. Facility staff will be educated on the requirements and safety plan.
5. Social distancing markers will be utilized.
6. Hand hygiene supplies and PPE will be readily available to all.

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

1. Social distancing marker placed.
2. Personnel wear appropriate PPE.
3. Education provided with compliance monitored through competencies and random audits.

## II. PLACES

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

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

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

The facility utilizes approximately 300 face masks daily. The face masks are obtained through the facility corporate ownership, through our own vendors and as needed, requests are made to our county Office of Emergency Management (OEM) if needed. The facility maintains an emergency preparedness stock surplus of PPE, this information is noted daily on the HERDS survey.

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

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

Facility policy regarding PPE and extended use, re-use, proper cleaning, storage and replacement and discarding of such equipment.

Facility policy is educated to employees.

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

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

Vital sign monitors, blood pressure cuffs, oxygen concentrators, medication and treatment carts, mechanical lifts, kitchen carts, wheelchairs, etc.

Personnel sanitize hands prior to use, shared items are disinfected between use and single use items are discarded.

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

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

*Who will be responsible for maintaining a cleaning log? Where will the log be kept?*

Housekeeping Director

Logs will be kept in the Housekeeping Director's Office by Month and in the Mixing Room during the current month

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

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

All employees have been educated on hand hygiene practices, signage regarding such is placed conspicuously throughout the facility.

Hand hygiene dispensers are located in all common areas, multiple locations on patient unit, entrances, break rooms, kitchen, bathrooms and administrative offices.

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

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

Facility uses cleaning and disinfecting products that are NYS registered disinfectants based on EPA list for use against SARS-CoV-2.  
Facility has a policy that outlines the cleaning and disinfecting of the environment.

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

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

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

The current log will be kept at the reception desk and then stored in the sixth floor storage room.

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

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

The Director of Nursing will notify state and local health departments.

### III. PROCESS

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

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

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

Health screening occurs upon the employees arrival. Designated and trained facility personnel perform the screen. The screening is comprised of taking temperatures, questions regarding symptoms, travel and possible exposure to COVID-19 are reviewed. Anyone failing the screening will not be permitted in the building and sent home with recommendation to follow up with personal physician.

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

Face masks and gloves are required and supplied from house stock.

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

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

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

The contaminated areas will be cleaned with bleach products. Our environmental vendor provides us with this product.

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

Contract tracing will be done to determine residents and staff who had contact with the employee and the appropriate notifications will be made to the involved parties.

## IV. OTHER

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

1. The facility will follow Department of Health and other applicable guidelines to determine policies and procedures on maintaining safe standards of practice for its personnel, residents and visitors.
  - a. Visitation of residents will be encouraged in outdoor areas, weather permitting, not to exceed 20% of census.
  - b. Visitation days and times are to be determined by the facility and will be limited as per facility operational needs and personnel available to monitor visits.
  - c. Visitation will take place by prearranged appointments which are arranged by the Recreation Department.
  - d. At the facility's discretion, a visit may be arranged in the Beauty Parlor (1 resident and 2 visitors) or the first floor dining room (4 residents and 8 visitors) or conference room (1 resident 2 visitors). Each are not being used as they were designated, are on the floor with no resident rooms, and are well ventilated.
  - e. Visits will be monitored by staff to assist adherence to core infection control practices such as social distancing, wearing a mask, use of hand sanitizer.

According to guidance issued 2/23/2021, in addition to the above listed plan, the following guidelines have been implemented:

1. The facility will have an absence of onset of Covid-19 in the nursing home for a period of no less than fourteen (14) days and County positivity rate is below 10%.
  2. The facility has access to adequate testing for both residents and staff as well as visitors.
  3. Visitors under the age of 16 years old must be accompanied by an adult 18 years of age or older.
  4. Visitors, including long-term care ombudsman, are continued to be screened for signs and symptoms of Covid-19 prior to resident access. Additionally, the visitor must present a verified negative test result within the last 72 hours or test negative at the facility prior to the visit when the County positivity rate is above 5% but below 10%. Visitors will be strongly encouraged to comply with testing even when the positivity rate is below 5%.
- Except for Compassionate Care visits, visitation must be refused if the individual(s) fails to present such negative test result or test negative, exhibits any Covid-19 symptoms, does not pass screening questions, or does not comply with core infection control practices.

Staying up to date on industry-specific guidance:

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

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

## State and Federal Resources for Businesses and Entities

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

### *General Information*

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

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

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

### *Workplace Guidance*

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

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

### *Personal Protective Equipment Guidance*

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

[OSHA Personal Protective Equipment](#)

### *Cleaning and Disinfecting Guidance*

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

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

[CDC Cleaning and Disinfecting Facilities](#)

### *Screening and Testing Guidance*

[DOH COVID-19 Testing](#)

[CDC COVID-19 Symptoms](#)

**STAY HOME.**

**STOP THE SPREAD.**

**SAVE LIVES.**