

# GREATER NEW YORK NEWS

Greater New York Health Care Facilities Association  
FOR THE NEWS THAT MATTERS TO OUR MEMBERS



## COVID-19 OSHA Guidance

Our latest webinar provided updates on COVID-19 including OSHA guidance relating to nursing homes and long-term facilities. Please find a summary of topics discussed on page 2.

## Infection Prevention & Control

Mary Gracey-White, RN, Director of Regulatory Compliance discusses the recommendations for infection prevention and control as well as CDC's PPE and Infection Prevention & Control practices.

## Facility Ventilation

Notable contributions from Director of Health Life and Safety, John Kerney outline ASHRAE filtration and disinfection technologies to help mitigate disease transmission.

## Albany Happenings

Executive Director, Michael Balboni provided testimony in New York State Legislature Joint Virtual Public Hearing regarding a review of New York State's rate of infection and mortality due to COVID-19 in residential health care facilities including nursing homes.

## Upcoming Webinar

Our next webinar will take place on August 27, 2020. Please be sure to visit our website at [www.gnyhcfa.org](http://www.gnyhcfa.org) for additional information.

## COVID-19 OSHA Guidance

At our recent webinar, we were joined by Brian Crain, Compliance Assistance Specialist, US DOL OSHA – Region 2 as well as Harris Mufson, Partner at Proskauer LLP who is an expert in OSHA matters.

Both speakers confirmed that OSHA has not issued any new regulations regarding COVID-19. Instead, both speakers focused on the guidance and recommendations which OSHA has issued to assist employers in their response to the pandemic. Primarily, Employers must follow existing OSHA standards to help prevent workers from exposure to COVID-19. The overarching standard of care for employees during a pandemic is the same as for the everyday work place. Employers need to be aware of potential violations of the General Duty Clause, PPE and respiratory protection standards and reporting and recording requirements.

OSHA will use the General Duty Clause to enforce the safe working environment and the compliance with OSHA recommendations will be seen as benchmarking for this standard of care. Additionally, COVID-19 can be a recordable illness if the worker is infected as a result of performing their work-related duties. OSHA reporting and recording requirements will apply only if an employee tests positive for COVID-19 and its case was deemed an occupational illness. To be an occupational illness, it must be more likely than not that the workplace played a causal role in the illness. If a COVID-19 case is considered an occupational illness, it must be recorded in the OSHA 300 log. Incidents of a fatality, medical treatment beyond first aid, days away from work, restricted work, transfer to another job or loss of consciousness must all be recorded in the OSHA 300 log. Additionally, Employers must report fatalities within 8 hours and in-patient hospitalizations within 24 hours to OSHA. As our speaker Mr. Mufson noted, OSHA has recently issued COVID-19-related citations against out-of-state nursing homes. These citations were for PPE violations and failure to timely report hospitalizations.

For additional OSHA enforcement guidance and information please see [www.osha.gov/coronavirus](https://www.osha.gov/coronavirus).

We thank both Mr. Crain and Mr. Munson for their time and expertise.

## Infection Prevention & Control

Mary Gracey-White, RN, Director of Regulatory Compliance, GNYHCFA

As rates of COVID-19 transmission decreases markedly in NYS, on August 6<sup>th</sup> having just 635 cases reported, which comes to a 1% positive test rate, according to Johns Hopkins, facilities continue to have both NYS and Federal Infection Control Surveys. All NYS facilities have had at least one survey, with many having had a second survey. Survey results are generally good with few citations. Infection Prevention and Control is often viewed as a “chore” but that needs to change as it is what Skilled Nursing Facility leadership needs to do going forward while we are in the COVID-19 pandemic. It is difficult not to view Infection Prevention and Control as a “chore,” but that is what Skilled Nursing Facility leadership needs to do going forward through the COVID-19 pandemic. The addition of a facility Infection Preventionist is key to driving a quality Infection Prevention (IP) Program. Developing staff competency and confidence in the facility IP program is key to motivating staff and increasing morale.

On July 30, 2020, GNYHCFA participated in the CMS/CDC “COVID-19 Knowledge for the Front-Line Staff” webinar. As facilities are continuing to work thru the pandemic, and were preparing for the recent coastal storm, we wanted to provide some highlights for those who could not participate.

Speakers included Namalie Stone CDC, Alice Bonner, Sarah Sjostrom, Chief Nursing Officer, Hebrew Rehab and Lori Porter, NACHA. These subject matter experts discussed strategies for reengaging frontline staff that have worked thru the pandemic. They recognized that staff can be exhausted, fearful, and traumatized. Recent media shows only hospital workers as heroes, while portraying nursing homes and workers in a negative light. Outlined below are actionable steps SNF’s can take to improve staff motivation and competency during COVID-19:

- Leadership connecting with staff to promote connectedness as a team, a sense of calm and hope to reduce staff fear and frustration.
- Maintain honest communication when sharing new information to build staff trust.
- When providing education to staff consider the issue of time, such as making trainings accessible, brief, and practical “real time” training opportunities.
- Direct involvement of CNAs to get input on how to set up units/assignments to improve workflow and resident care. Surveys done by the National Association of Nursing assistants (NAHCA) demonstrate that CNAs want professional and educational opportunities.

## Infection Prevention & Control Continued

As outlined in our GNYHCFA member email blast on July 29, 2020, additional Provider Relief federal funding for skilled nursing facilities will be linked to Infection Control training. We have received a response from CMS regarding training that will also be attached to Federal funds stating that “Later this month, a scenario-based training module will be released, and that training is tied to the Provider Relief Fund.” A website that allows you to get credit for any trainings watched online or attended live will be available to nursing homes to earn badges and for individuals to receive certificates at a later date. The unprecedented challenge that facilities experienced has broadened our experience and knowledge of Infection Prevention and Control including cohorting, donning/doffing PPE and crisis mode usage of PPE. The importance of environmental controls such as cleaning and disinfection, as well as source control with active screening of staff, consultants and for reopening visitation is now ingrained in the majority of facility teams. Facilities that can demonstrate effective Infection Control programs including environmental cleanliness and disinfection will invoke confidence from residents, staff, and health care partners. Many facilities are participating in the NYS QIO Collaborative with Infection Prevention training programs. These programs are evidenced based and facilities that participate receive recognition as well as certificates, staff badges and allow facilities to showcase their commitment to continued Infection Prevention and Control.

For more information on this and other Infection Prevention training please contact GNYHCFA.

### **CDC Resources for Using PPE and Infection Prevention Control Practices**

[Preparing for COVID-19](#)

[Responding to Coronavirus \(COVID-19\) in Nursing Homes](#)

[Using Personal Protective Equipment \(PPE\)](#)

## NYS Legislature Joint Public Hearing: Residential Health Care Facilities and COVID-19

Michael Balboni, Executive Director, GNYHCFA

The NYS Legislature convened the first of two hearings on August 3, 2020 examining COVID-19's rapid and deadly spread through New York nursing homes. The purpose outlined by the legislature was to receive testimony on COVID-19's impact on residential healthcare facilities and other long-term care settings, as well as recommendations for improving systems, protocols and practices to reduce transmission and mortality rates of contagious diseases. The witness list included Health Commissioner Dr. Howard Zucker, LTC Ombudsman, 1199 leadership as well as direct care staff and families.

GNYHCFA Executive Director Michael Balboni was invited to provide testimony on behalf of downstate skilled nursing facilities. An overview was provided of the unprecedented challenges that the industry experienced including staffing, Personal Protective Equipment (PPE), the numbers of residents and staff that were ill and lost their lives and the impact of "shutting down."

Mr. Balboni was asked about the high vacancy rates currently within the industry. Specifically, he was asked if numbers started to trickle back or if we're still in a holding pattern with the vacancy rates higher than normal. Mr. Balboni acknowledged that the industry has been significantly impacted, saying "you are not going to send your folks to nursing homes because they can't visit their loved ones." However, regarding visitation, all acknowledge it is essential for the residents well-being, as Mr. Balboni stated that it can be done safely and that "...nursing homes have learned so much about decontamination, about contamination control, in fact [he] would argue that in many of the nursing homes in the state of COVID right now, it is the safest of facilities in which to put someone because they learned and now they the equipment and they now they have staff come back because they are not sick anymore". Mr. Balboni went on to say that resources including enhanced Medicaid funding as well as communication and continued surveillance are key to the future of emergency preparedness. Additional key points made were for the support and expansion of telehealth as well as technology as components for the skilled nursing facility industry.

For more, the recorded hearing can be found [here](#).

# ASHRAE | Facility Ventilation

John Kerney, Life Safety Consultant, GNYHCFA

Requirements are in Title 10 711.2 Pertinent Standards.

NFPA 90 Standard for the Installation of Air Conditioning and Ventilating Systems.

ANSI/ASHRAE Standard 52.2 Method of Testing Air-Cleaning Devices for Removal Efficiency by Particle Size.

ASHRAE addresses heating-, ventilation-, and air-conditioning- (HVAC) related technologies that change exposures to airborne contaminants harmful for humans. This need applies to filtration and air-cleaning technologies because they traditionally are part of the HVAC system, their use is included and/or required in many guidelines and ventilation standards published by ASHRAE. These standards are adopted by localities and state construction codes. Various filtration and air-cleaning technologies are available, depending on the type of contaminants removed and the principle of contaminant removal.

Based on the accumulated information, statements on the effectiveness and use of different technologies are proposed and are briefly summarized as follows:

- Mechanical filters have been shown to reduce significantly indoor concentrations of airborne particles. Modest empirical evidence shows that their use will have positive effects on health. These are rated by filtering of the filter and a drop-in airflow. Older systems may not produce proper airflow with a HEPA installation.
- Electronic filters have been shown to range from being relatively ineffective to highly effective at removing indoor airborne particles. Studies of ionizers have shown results ranging from no benefit to some benefit for acute health symptoms. Will require retrofitting in most systems and proper staff training in maintenance of charged wires.
- There are some sorbent air cleaners that have been shown to substantially reduce the concentrations of gaseous contaminants. There are minimal empirical data that indicate the effects of sorbent air cleaners on health.
- Photocatalytic oxidation technologies have been shown to remove harmful contaminants, to be ineffective in removing contaminants, and/or to generate harmful contaminants during the air-cleaning process. There is no data on how their use affects health.
- Ultraviolet germicidal energy (UV-C) has been shown to inactivate viruses, bacteria, and fungi. A few studies have shown that air-cleaning technologies using UV-C disinfection (also termed *ultraviolet germicidal irradiation* [UVGI]) produce beneficial health effects. There are also studies that have failed to detect health benefits.



## ASHRAE | Facility Ventilation Continued

### Types of disinfection systems using UV-C energy:

- In-duct air disinfection
- Upper-air disinfection
- In-duct surface disinfection
- Portable room decontamination
- Requires retrofitting

Many types of packaged stand-alone air cleaners using combinations of air-cleaning technologies are available. Scientific data addressing the effects of these air cleaners on health are sparse and inconclusive. There are units available for whole room sanitizing.

Negative health effects arise from exposure to ozone and its reaction products. Devices that use the reactivity of ozone for cleaning the air should not be used in occupied spaces. Extreme caution is warranted when using devices in which ozone is not used for the purpose of air cleaning but is emitted unintentionally during the air-cleaning process as a by-product of their operation.

For the ASHRAE website, please [click](#) here.

Additional information on this topic is available from GNYHCFA upon request.

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Greater New York Health Care Facilities Association mourns all of the staff members and nursing home residents who lost their lives due to the COVID-19 pandemic. We convey our sincerest and deepest condolences to their families, friends, and coworkers.

We ask that facilities send information regarding the celebration of a staff member who went above and beyond during this crisis, as well as any resident to be honored. Please include a picture and a brief summary of why this person was chosen.