

# GREATER NEW YORK NEWS

Greater New York Health Care Facilities Association

FOR THE NEWS THAT MATTERS TO OUR MEMBERS



## **\$25.5 Billion in COVID-19 Provider Funding**

George Horowitz, Chief Financial Officer, breaks down the HHS' announcement regarding provider funding. The HHS is making \$25.5 billion in new funding available for health care providers affected by the COVID-19 pandemic.

## **Infection Prevention & Control: Influenza**

Arlette Drigpaul, MSN, RN, Infection Preventionist, reminds us that Influenza season is fast approaching and encourages facilities stay vigilant in infection control practices. Included are tips for safe injection practices.

## **Life Safety Review**

John Kerney, Life Safety Consultant, encourages facilities to review their policies & procedures for flood emergencies and understand the possible health threats & damage that can occur.

## **Happy Hispanic Heritage Month**

Thank you to every Hispanic nurse and health provider – we celebrate YOU!

## **GNYHCFA's Webinar Series is Back!**

Our next webinar is on **October 7, 2021** from 1:00pm-2:30pm. Registration information to follow! Please be sure to visit our website at [www.gnyhcfa.org](http://www.gnyhcfa.org) for additional information.

# Happy Hispanic Heritage Month!

To every Hispanic nurse and health provider, we celebrate YOU!



You continue to provide the upmost care for your residents, families, and employees.

## HHS Announces the Availability of \$25.5 Billion in COVID-19 Provider Funding

George Horowitz, Chief Financial Officer, GNYHCFA

### HHS Announces the Availability of \$25.5 Billion in COVID-19 Provider Funding

*Combined application for Provider Relief Fund Phase 4 and American Rescue Plan rural funding will open on September 29*

On September 10, 2021, the federal government announced that the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), is making [\\$25.5 billion in new funding available for health care providers affected by the COVID-19 pandemic](#). This funding includes \$8.5 billion in American Rescue Plan (ARP) resources for providers who serve rural Medicaid, Children's Health Insurance Program (CHIP), or Medicare patients, and an additional \$17 billion for Provider Relief Fund (PRF) Phase 4 for a broad range of providers who can document revenue loss and expenses associated with the pandemic.

Consistent with the requirements included in the Coronavirus Response and Relief Supplemental Appropriations Act of 2020, PRF Phase 4 payments will be based on providers' lost revenues and expenditures between July 1, 2020, and March 31, 2021. PRF Phase 4 will also include bonus payments for providers who serve Medicaid, CHIP, and/or Medicare patients, who tend to be lower income and have greater and more complex medical needs. HRSA will price these bonus payments at the generally higher Medicare rates.

Providers will apply for both programs in a single application. HRSA will use existing Medicaid, CHIP and Medicare claims data in calculating payments. **The application portal will open on September 29, 2021.**

To promote transparency, HHS is releasing detailed about the methodology utilized to calculate PRF Phase 3 payments. Providers who believe their PRF Phase 3 payment was not calculated correctly according to this methodology will now have an opportunity to request a reconsideration. Further details on the PRF Phase 3 reconsideration process are forthcoming.

Additionally, HHS is announcing today a final 60-day grace period to help providers come into compliance with their PRF Reporting requirements if they fail to meet the deadline on September 30, 2021, for the first PRF Reporting Time Period. While the deadlines to use funds and the Reporting Time Period will not change, HHS will not initiate collection activities or similar enforcement actions for noncompliant providers during this grace period.

For information about eligibility requirements, the documents and information providers will need to complete their application, and the application process for PRF Phase 4 and ARP Rural payments, visit: <https://www.hrsa.gov/provider-relief/future-payments>.

#### Resources:

Reporting Requirements - <https://www.hrsa.gov/provider-relief/reporting-auditing>

Payment information - <https://www.hrsa.gov/provider-relief/future-payments>.

# Infection Prevention & Control

Arlette Drigpaul, MSN, RN, Infection Preventionist, GNYHCFA

## Influenza 2021 – 2022 Season

As fall approaches, we start to see an increase in respiratory illnesses – Influenza (flu), Respiratory Syncytial Virus (RSV), and SARS-CoV-2 (Covid-19). It's a sober reminder to remain vigilant in infection control practices, including hand hygiene, utilizing source control, maintaining social distancing, appropriate cohorting, and identifying outbreaks and taking swift action when they occur.

In the United States, flu season occurs during the fall and winter months, [peaking between December and February](#). The best way to reduce the risk of getting the seasonal flu and its potentially serious complications is to get vaccinated, [according to the CDC](#).

The influenza vaccine is recommended for all individuals ages 6 months and older. This flu season, there are a total of [9 different quadrivalent influenza vaccines](#), both egg based, and non-egg based. Ideally, the flu vaccine should be offered by the end of October through March. All flu vaccines, except LAIV4, are approved for those age 65 and older. The Fluzone and Flud vaccines are specifically designed for this age group. It's important to note that if co-administering Fluzone or Flud along with a COVID-19 vaccine, vaccines should be administered in separate limbs, if possible. Pregnant women in the 3<sup>rd</sup> trimester may be given the influenza vaccine as soon as it becomes available.

When administering any vaccine, ensure that [safe injection practices](#) are followed. Some tips:

- Performing hand hygiene prior to preparing and administering injections.
- Disinfecting the rubber septum on a medication vial with alcohol prep pad prior to piercing.
- Using a sterile, single-use disposable needle and syringe for each injection given. **Don't** administer medications from a syringe to multiple residents, even if the needle or cannula on the syringe is changed.
- Using single-dose vials for parenteral medications (ex: intramuscular, subcutaneous, intravenous) whenever possible.
- Dedicating multi-dose vials (MDV) to individual residents whenever possible.
- Piercing multi-dose vials with a new needle and a new syringe even when obtaining additional doses for the same resident.
- Dating multi-dose vials when they are first opened and discard within 28 days unless the manufacturer specifies a different date (may be longer or shorter).

Lastly, it's important to ensure appropriate documentation. Before administering a vaccine, make certain there is a signed consent form for receipt of each type of vaccine. After vaccine administration, document the name, dosage, lot #, manufacturer, and expiration of the vaccine, along with the site where the vaccine was administered. Also, enter vaccination information for each individual (resident and staff) in the City Immunization Registry (CIR) or New York State Immunization Information System (NYSIIS), as applicable, within 24 hours of vaccine administration. Facilities should consider adding Influenza and RSV to their CLIA waiver to expand current Point of Care Testing (POC) capabilities. This can aid in early identification/differentiation and treatment of respiratory illnesses to aid in improving clinical care, delays in lab results, and potentially avoiding unnecessary hospitalizations.

# Life Safety Review

John Kerney, Life Safety Consultant, GNYHCFA

## Managing Facility Flooding

With the recent storms and unprecedented rain, we have seen flooding in areas normally not effected. However, the storms are not the only potential source of flooding, as water that flows throughout the facility may also cause flooding.

When looking at the facility's Hazard Vulnerability Assessment, Facility leadership needs to address this as a possible occurrence. Indoor flooding could be as simple as an overflowing toilet or as destructive as a ruptured sprinkler main. As we are in Coastal Storm season, there is an increased risk of major flooding, which can overload the ejector pumps or even the streets in front of your facility and enter through the doors. It's assumed most staff know what to do when water is running out of a room – that's what linens, mops and wet floor signs are for. All facilities need to have policies & procedures for flood emergencies that can be implemented quickly on all shifts and all times. This should include contact information for Administration, Environmental Services and any other pertinent services needed.

### **Note these cautions:**

Shut down electric before entering areas. Turn off circuit breakers, which control the power to that room. If the electrical panel is inaccessible due to flooding – call an electrician.

### **Consider the Source**

If water came from a ruptured water supply line or an event, like an overflowing tub or bathing area, basic personal protection (gloves and rubber boots) is likely sufficient. However, if it's a sewage backup, outdoor flooding, toilet overflow or other potentially toxic source, proper PPE should be utilized.

### **Tips for Flooding**

- Before starting - take photos to document the extent of flooding.
- Use buckets – flexible, plastic buckets to scoop up standing water is a quick way to remove.
- A wet-dry vacuum is better - if you have one, or can rent one quickly, use it.
- Push it out - once the main volume of water is removed, use a floor squeegee to push remaining puddles if there's an exterior door nearby or a floor drain. A push broom also works.
- Mop and sop - for residual water on a hard floor, repeated mopping will get most of it.
- Ventilate - open windows and run fans to move air continuously through the room. Dehumidifier operation must start - run the air-conditioner to remove indoor humidity if temperatures permit. You can run air-conditioners inside and they will act as dehumidifiers, just collect the water they produce.

Flooding often delivers a one-two punch. First there's the immediate damage to the facility and supplies caused by submersion. The aftermath includes a period in which water damage

continues. That's why rapid response by your water damage recovery team is vital in the immediate wake of flooding.

Mold growth begins within 48 hours following exposure to moisture and toxic mold growth starts getting a foothold plus releasing airborne reproductive spores. Contamination intensifies rapidly unless/until mold remediation techniques are utilized to interrupt the cycle.

### **Health Threats Are Possible**

Floodwater may carry disease-causing pathogens such as hepatitis virus, e Coli bacteria, cryptosporidium, and giardia, which continue to infect the wet, enclosed environment.

### **Damage**

Saturated wallboard and ceilings begin to sag beneath the weight, losing structural integrity and eventually collapsing. Corrosion begins forming on electrical wiring, outlets and switch boxes contacted by the water. All affected electrical components will require inspection/replacement for safe operation. Flooring damage will occur as adhesives and underlayment's dry out.