



Department
of Health

LAWRENCE NURSING CARE CENTER

Pandemic Emergency Management Plan

2020

**LAWRENCE NURSING CARE CENTER
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www.lawrencenursingcarecenter.com

Instructions

The NYSDOH Comprehensive Emergency Management (CEMP) Template is a tool to help facilities develop and maintain facility-specific CEMPs. For 2020, Appendix K has been updated to include guidance and formatted to provide a form to comply with the new requirements of Chapter 114 of the Laws of 2020 for the development of a Pandemic Emergency Plan (PEP). The plan template is designed to help facilities easily identify the information needed to effectively plan for, respond to, and recover from natural and man-made disasters. All content in this template should be reviewed and tailored to meet the needs of each facility.

Refer to *Part 1 – Instructions* for additional information about completion of this template.

Refer to *Part 3 – Toolkit* for supplementary tools and templates to inform CEMP development and implementation.

Emergency Contacts

The following table lists contact information for public safety and public health representatives for quick reference during an emergency.

Table 1: Emergency Contact Information

Organization	Phone Number(s)
Local Fire Department	718-476-6265
Local Police Department	718-868-3400
Emergency Medical Services	911
Fire Marshal	718-476-6265
Local Office of Emergency Management	718-422-8700
NYSDOH Regional Office (Business Hours) ¹	9AM-5:00pm
NYSDOH Duty Officer (Business Hours)	866-881-2809
New York State Watch Center (Warning Point) (Non-Business Hours)	518-292-2200

¹ During normal business hours (non-holiday weekdays from 8:00 am – 5:00 pm), contact the NYSDOH Regional Office for your region or the NYSDOH Duty Officer. Outside of normal business hours (e.g., evenings, weekends, or holidays), contact the New York State Watch Center (Warning Point).

Approval and Implementation

This Comprehensive Emergency Management Plan (CEMP) has been approved for implementation by:

LAWRENCE NURSING CARE CENTER _____

9/10/2020 _____

MARGARET ALADE R.N., MS. LNHA _____

9/10/2020 _____

Record of Changes

Table 2: Record of Changes

Version #	Implemented By	Revision Date	Description of Change
1.0	Medical Director, Administrator and Director of Nursing.	August 21, 2020	Updated Section 1:3 pages 20-28 to reflect legislative changes.

Record of External Distribution

Table 3: Record of External Distribution

Date	Recipient Name	Recipient Organization	Format	Number of Copies
May 1, 2020		Local Office of Emergency Management	Digital (Email)	1

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1 Background

1.1 Introduction

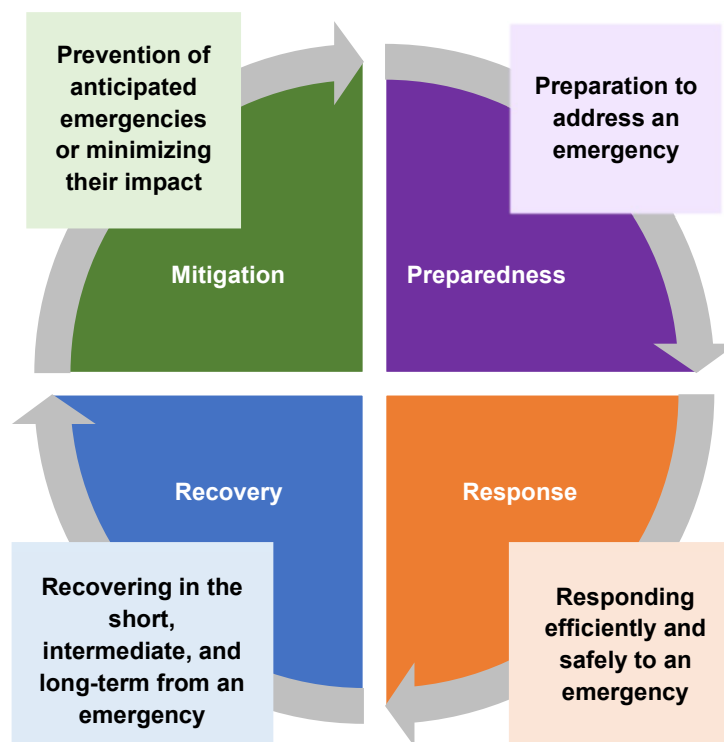
To protect the well-being of residents, staff, and visitors, the following all-hazards Comprehensive Emergency Management Plan (CEMP) has been developed and includes considerations necessary to satisfy the requirements for a Pandemic Emergency Plan (PEP). Appendix K of the CEMP has been adjusted to meet the needs of the PEP and will also provide facilities a form to post for the public on the facility's website, and to provide immediately upon request. The CEMP is informed by the conduct of facility-based and community-based risk assessments and pre-disaster collaboration with Health emergency preparedness Coalitions, mutual aid partners and local emergency management Agency.

This CEMP is a living document that will be reviewed annually, at a minimum, in accordance with *Section 7: Plan Development and Maintenance*.

1.2 Purpose

The purpose of this plan is to describe the facility's approach to mitigating the effects of, preparing for, responding to, and recovering from natural disasters, man-made incidents, and/or facility emergencies.

Figure 1: Four Phases of Emergency Management



1.3 Scope

The scope of this plan extends to any event that disrupts, or has the potential to significantly disrupt, the provision of normal standards of care and/or continuity of operations, regardless of the cause of the incident (i.e., man-made or natural disaster).

The plan provides the facility with a framework for the facility's emergency preparedness program and utilizes an all-hazards approach to develop facility capabilities and capacities to address anticipated events.

[The Pandemic Plan is a part of Lawrence Emergency Preparedness Plan using All Hazards Approach.]

1.4 Situation

1.4.1 Risk Assessment²

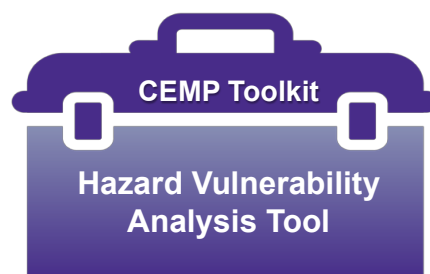
The facility conducts an annual risk assessment to identify which natural and man-made hazards pose the greatest risk to the facility (i.e., human and economic losses based on the vulnerability of people, buildings, and infrastructure).

The facility conducted a facility-specific risk assessment on 8/20/2020 and determined the following hazards may affect the facility's ability to maintain operations before, during, and after an incident:

Policy: This facility Policy has been developed to protect our Resident, Staff and Visitors from contagious disease by developing policies and procedures for preparing and responding to a **Declaration of a " Pandemic**

Virus" event including but not limited to outbreak of viral illness: MERS, SARS, Ebola, Zika , Influenza and newly identified Covid-19 Virus. The Facility will utilize the CMS, NYSDOH and CDC Guidelines for Long Term Care preparedness and incorporate same into this policy.

*This Policy is part of our Emergency Disaster Plan and will be reviewed annually and as needed for ongoing compliance.



² The Hazard Vulnerability Analysis (HVA) is the industry standard for assessing risk to healthcare facilities. Facilities may rely on a community-based risk assessment developed by public health agencies, emergency management agencies, and Health Emergency Preparedness Coalition or in conjunction with conducting its own facility-based assessment. If this approach is used, facilities are expected to have a copy of the community-based risk assessment and to work with the entity that developed it to ensure that the facility's emergency plan is in alignment.

Definitions for Education and Understanding:

- > **All Viruses** constantly change and mutate. The type of Virus that can spread quickly and cause Pandemic infection is called a “Novel Virus”, or indicative of a New Strain
- > **Novel** and variant **influenza A viruses** can infect and cause severe respiratory illness, as well as multiple symptoms in humans.
- > These **influenza viruses** are different from currently circulating human Influenza A Virus subtypes and include **Influenza viruses** from predominantly **Avian and Swine origin**.
- > Human infections with a “**Novel Virus**” are viruses that can be transmitted from person to person, and may signal the beginning of a **pandemic event**.

> Ebola:

Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

Ebola is caused by infection with a virus of the family *Filoviridae*, genus *Ebolavirus*. There are five identified Ebola virus species, four of which are known to cause disease in humans. Ebola viruses are found in several African countries, but may become Pandemic

1.5 > Zika:

Zika virus is spread to people through mosquito bites. Outbreaks of Zika have occurred in areas of Africa, Southeast Asia, the Pacific Islands, and the Americas. Because the *Aedes* species mosquitoes that spread Zika virus are found throughout the world, it is likely that outbreaks will spread to new countries. In December 2015, Puerto Rico reported its first confirmed Zika virus case. In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil. The outbreak in Brazil led to reports of Guillain-Barre syndrome and pregnant women giving birth to babies with birth defects and poor pregnancy outcomes.

> **Coronaviruses** are enveloped RNA viruses that cause respiratory illnesses of varying severity from the common cold to fatal pneumonia.

*Coronaviruses cause much more severe, and sometimes fatal, respiratory infections in humans than other Corona viruses and have caused major outbreaks of deadly pneumonia in the 21st century:

***SARS COVID-2** is a novel coronavirus identified as the cause of coronavirus disease 2019 (**COVID-19**) that began in Wuhan, China in late 2019 and spread worldwide.

***MERS-CoV** was identified in 2012 as the cause of Middle East respiratory syndrome (MERS).

***SARS-CoV** was identified in 2002 as the cause of an outbreak of severe acute respiratory syndrome (SARS). These coronaviruses that cause severe respiratory infections are zoonotic pathogens, which begin in infected animals and are transmitted from animals to people. In view of Viral mutations, these viruses may be the cause of a Pandemic Outbreak.

1. Quality Assurance Committee

1. The Facility has developed a Special Review Infection Control and Prevention QA Committee to implement our Disaster Plan when a Pandemic is expected or declared. Members of the Committee will be responsible for the coordinating and implementing the Disaster Plan.

The following Departments will be named to the Disaster Plan QA Committee:

Medical Director

Administrator
DNS
Infection Preventionist
Facility Chief Engineer
Assistant Director Building Service and Housekeeping
ADNS Staff Education

The Administrator and/or the DNS will identify the staff member responsible to be the “Response Coordinator” who will assist the Committee in all Infection Prevention and Control Disaster Plans.

2. Written Pandemic Management Plan: (coordinated with our Disaster Plans)

(see attached applicable Pandemic Management Plans)

1. Lawrence Nursing Care Center has developed a written Pandemic Management plan to outline the specific infection control and clinical directives to follow relative to the declaration of a **Pandemic Outbreak**. The Plan will be monitored and followed by the Medical Director, DNS, Administrator and the Infection Preventionist as well as communicated to the Attending Physicians for input regarding clinical care needs of Residents.

2. The Pandemic Management Plan will be inserviced to all members of the special QA Pandemic Committee as well as to all Nursing Staff

3. A copy of the Pandemic Management Plan will be available on each Nursing Unit and to all Department Heads for reference and implementation.

4. The Pandemic Management Plan will follow all DOH, CDC, CMS and FDA Guidelines relative to the Pandemic

5. The Pandemic Management Plan in conjunction with our Disaster Plans will have communication and contact with all our Transferring Hospitals, Dialysis Centers, Clinics etc to ensure safe and appropriate care needs of our Residents.

6. The Pandemic Management Plan will be reviewed and revised as Pandemic Guidelines are presented by DOH, CDC and CMS.

. The Director of Nursing has been designated as the Infection Preventionist as the “Pandemic Response Coordinator”, designee will also be the Assistant Director of Nursing in the absence of the IP.

7. The Infection Preventionist/designee is responsible for communicating with the staff, residents, and their families regarding the status and impact of the pandemic virus in the facility. One voice speaking for the facility ensures accurate and timely information.

8. Communication includes development and usage of a Staffing Roster to notify staff members of the pandemic outbreak. Efforts must be made, such as phone calls and posted signage to alert visitors, family members, volunteers, vendors, and staff members about the status of the seasonal/pandemic virus in the facility.

9. A follow up with a script message will be done by Social work to maintain ongoing communication with Family members and designated Representatives.

10. The Infection Preventionist also maintains communications with the Emergency Management Office, Hospitals as well as other providers regarding the status of a viral outbreak.

3.Notification Criteria: Emergency Procedure - Pandemic Viruses:

The following procedures should be utilized in the event of a Pandemic Viral or Influenza outbreak:

1. Inform all employees verbally, phone calls, e-mails and through posting a memorandum near the time clock and information will be posted on all nursing units, as well as inform all Department Heads when a virus is increasing and sustaining human-to-human spread in the United States, and cases are occurring in the facility's area and state which are declared "prevalent" by the Commissioner of Health.
2. Notify the Administrator and Director of Nursing if they are not on the premises. Activate the Staffing Roster for staffing needs if warranted as per our directives in the Disaster Plan.
3. Activate the Incident Command System (ICS) to manage the Infection Control incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position
4. Facility Management staff should report to the Incident Command Post for briefing and instruction on Infection Control Procedures.
5. Guidelines of this Pandemic Emergency Plan will be implemented and followed by all staff and will incorporate all requirements relative to Infection Control by CDC, CMS and NYSDOH Guidelines
6. Residents, employees, contract employees, and visitors will be evaluated daily/Q shift for symptoms. Employees should be instructed to self-report symptoms and exposure.
7. All Management staff will follow Pandemic Emergency Plan in regards to managing high-risk employees and for guidelines as to when infected employees can return to work in accordance with CDC and NYSDOH Guidelines
8. Adherence to infection prevention and control policies and procedure is critical. Signs will be posted in all areas of the Facility for Infection Control Directives, Cough Etiquette, Hand Hygiene as well as any additional IC/IP information needed. Adherence to Droplet precautions during the care of a resident with symptoms or a confirmed case of pandemic virus is a must.

9. Management will determine when to restrict Admissions and visitations. Same will be communicated to the involved staff, and Family members as well as all involved Consultants and Vendors. Signage and Posters will be placed at the Front Door as well as throughout the Facility for awareness of any Restrictions and Directives.

10. The Medical Director, local and state health departments will be contacted as needed to discuss the availability of vaccines and antiviral medications, as well as any recommendations for treatments.

11. The Administrator will ensure adequate supplies of PPE, Food, Water, and Medical supplies are available to sustain the facility if Pandemic virus occurs at the facility and interrupts normal deliveries.

Deliveries from vendors will be arranged and Supervised.

12. Residents and employees will be cohorted as necessary to prevent transmission, as well as designated units for affected Residents.

13. The Administrator and DNS will implement contingency staffing plans as needed.

14. Residents and employees will be screened daily and Q shift to identify exposure to Pandemic novel virus.

15. Viral Testing will be done as per DOH/CDC requirements

4. Staff Training:

1. All staff members will be trained on the facility Pandemic Management Plan and related policies and procedures for Infection Control and transmission precautions as part of Disaster Planning, and staff awareness. Same will be on Orientation, as well as if outbreak is suspected or as identified by CDC, CMS or NYSDOH.

2. Staff will be educated on Infection Control Plan following CDC Guidelines as well as education on signs/symptoms of the diseases and care protocols which will be incorporated into our Management Plans

3. Education and Communication will also be sent to Family members and significant others regarding our Management Plans and new directives for care; as well as notification of change regarding their loved one.

5. Education and Training

1. The Facility's Designated In-Service RN is responsible for coordinating education and training on seasonal and Pandemic Viruses. NYSDOH, CMS and hospital-sponsored resources are researched, as well as usage of web-based training programs. The website www.cdc.gov is considered as a resource and the Facility will download applicable information for education

2. Education and training of staff members regarding infection prevention and control precautions, standard and droplet precautions, as well as respiratory hygiene/cough etiquette should be ongoing to

prevent the spread of infections, but particularly at the first point of contact with a potentially infected person with seasonal/pandemic virus. Facility will follow NYSDOH and CDC Guidelines.

3. Education and training should include the usage of language and reading-level appropriate, informational materials, such as brochures, posters, as well as relevant policies. Such materials should be developed or obtained from www.cdc.gov.

4. Informational materials should be disseminated during before and during seasonal/pandemic outbreaks, and as conditions change

6. Pandemic Virus Management Plan /Surveillance and Detection

1. The Pandemic Virus Response Coordinator will be appointed and is responsible for monitoring public health advisories (federal and state) and updating the Pandemic Virus Committee, particularly when pandemic virus has been reported and is nearing the specific geographic location. www.cdc.gov will be utilized daily as a resource and recommendations will be followed in conjunction with CMS and DOH requirements.

2.A protocol has been developed specifically to monitor the seasonal influenza-like illnesses in residents and staff during the influenza season, as well as any other Viral illness outbreak which tracks illness in residents and staff.

>The Admission policy includes that residents admitted during periods of seasonal influenza should be assessed for symptoms of seasonal influenza, and receives a flu vaccine.

>A system will be implemented to daily monitor residents and staff for symptoms of seasonal influenza, as well as confirmed cases of influenza and other viral illnesses that have been emergent.

>Information from the monitoring systems is utilized to implement prevention interventions, such as isolation precautions or cohorting as well as notification procedures

*** Note: The above procedures are the same for all Pandemic Viral Outbreaks**

7.Facility Communications

Public Health and Other Agencies:

1. The Pandemic Influenza Response Coordinator is responsible for communications with the public health authorities during a declared pandemic outbreak.

*Local Health Department contact information:

New York City Department of Health

Long Term Care Division

90 Church St, New York, NY 10007

(212) 417-4200

Long Island Metropolitan Regional Office: **Long Term Care**

Phone:(631)851-6309

Fax: (631) 851-4324

***State Health Department contact information:**

New York State Department of Health

175 Green St, Albany, NY 12202

(518) 447-4580

8.FAMILY/SIGNIFICANT OTHER COMMUNICATON:

Family members and responsible parties are notified prior to an outbreak that visitations may be restricted during an outbreak to protect the safety of their loved ones

1. The Communication Plan will designate a staff member on each unit ie Charge Nurse update authorized family members and guardians of residents infected with the pandemic infectious disease at **least once per day** and upon a change in the resident's condition; this information will be documented in the EMR for validation and/or on a Notification Log
- 2.Communication will be given to all residents and authorized family members and guardians once per week on the number of infections and deaths at the facility; via our website, or Robo calls
- 3.Our plan will provide all residents with daily access to free remote videoconferencing, or similar communication methods, with authorized family members and guardians; and by electronic means or other method selected by each family member or guardian. The TR staff or SW staff will be assigned accordingly.

9.Infection Prevention and Control:

1. The Facility will develop a plan for Hospitalization and readmission of residents to the facility for management of the pandemic infectious disease
- 2.Our plan will comply with all applicable State and federal laws and regulations, including but not limited to 10 NYCRR, 415.19, 415.3 and 415.26, as well as 42 CFR 483.15
- 3.Infection prevention and control policies will require staff to use Contact and Droplet Precautions (i.e., gowns, mask and (eye shield as suggested) for close contact with symptomatic residents).
- 4.Respiratory hygiene/cough etiquette, and Hand Hygiene will be practiced at all times by all staff
- 5.Cleaning and disinfection for transmission prevention during pandemic virus follows the general principles used daily in health care settings (1:10 solution of bleach in water), or other EPA approved sanitizers.
- 6.The IP shall develop procedures to cohort symptomatic residents or groups using one of more of the following strategies:
Signage will be placed at Entry to Floors to Identify Designated Units and Precautions Being Implemented
 - *Confining symptomatic residents and their exposed roommates to their room.
 - * There will be no sharing of bathrooms by residents outside of the Cohorted areas
 - * Privacy Curtains will be kept closed
 - * Closing units where symptomatic and asymptomatic residents reside, i.e., restricting all residents to a specific unit, for management and surveillance of symptoms.
 - *Develop criteria for closing units or placing the entire facility on lockdown to new admissions during pandemic viral or influenza outbreak.
 - * Residents will be informed of Infection Control procedures and necessity and encouraged to wear face mask when out of their rooms.

- * Staff will ensure Visitor Restrictions are enforced per policy daily
- >The Medical Director will develop clinical care policies for treatment of ill residents and those under suspicion. All Nursing staff will be educated on the Clinical Care Protocols which will be outlines in the Pandemic Management Plan
- >The Infection Preventionist will maintain a daily line list per unit of all residents with positive or suspect viral illness. Same will include all needed information for reporting to NYSDOH and other Federal Agencies as mandated.

10.Occupational Health

- 1.Practices are in place that addresses the needs of symptomatic staff and facility staffing needs, including:
 - *Handling staff members who develop symptoms while at work.
 - * Staff testing as mandated by DOH
 - * Determining when staff may return to work after having Pandemic viral illness
- 2.A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents’ needs and essential facility operations. The staffing plan includes collaboration with local and regional DOH planning and CMS to address widespread healthcare staffing shortages during a crisis.
- 3.Staff are educated to self-assess and report symptoms of pandemic virus/ influenza before reporting to duty.
- 4.Mental health services or faith-based resources will be available to provide counseling to staff during a pandemic as needed and available
- 5.Influenza vaccinations of staff are encouraged and monitored for any influenza outbreaks.
- 6.High-risk employees (pregnant or immuno-compromised) will be monitored and managed by placing them on administrative leave or altering their work assignments in accordance with Pandemic Management Plan

11.PPE USAGE and Storage:

1. In conjunction with our Disaster Plan, the Facility will ensure a 60 day supply and storage of all needed PPE in accordance with CDC, including but not limited to:
 - * N95 respirators
 - * Face shield,
 - * Eye protection
 - * Gowns/isolation gowns,
 - * Gloves,
 - * Face masks
 - * Hand Sanitizer
 - * Sanitizer and disinfectants in accordance with current EPA Guidance.
2. The Infection Preventionist will identify need in accordance with affected residents and ensure availability of PPE in designated areas
3. PPE use will be monitored for appropriate use and appropriate Infection control interventions to prevent disease transmission
4. The DOH will be notified of any surge in identified infections and concerns regarding availability of PPE, needs of Residents and staff use will be anticipated and evaluated throughout the Pandemic.

Preparedness of Supplies and Surge Capacity including PPE

* A member of the QA Committee has been assigned to assess the need and availability of all PPE during a Pandemic. The Administrator and /or the DNS will ensure that all needed supplies are available and kept in a secure location.

* Quantities of essential PPE, food, materials, medical supplies, and equipment have been determined to sustain the facility for a six-week pandemic. A predetermined amount of supplies are stored at the facility or satellite location, and the Pandemic Coordinator will be responsible for ensuring availability.

* Housekeeping will be responsible for ensuring Hand Hygiene equipment is available daily throughout the Facility.

* Housekeeping will also be responsible for disinfection of units conjunction with all Infection Prevention Policies, including terminal cleaning of rooms where positive residents were transferred or expired using EPA approved disinfectants.

*Plans for Surge Capacity will include strategies to help increase hospital bed capacity in the community.

*Agreements have been established with area hospitals for admission to the facility of patients to facilitate utilization of acute care resources for more seriously ill patients.

*Capacity and need will be determined for deceased residents as needed, including a space to serve as a temporary morgue. **(Facility already invested in a holding area to serve as a Temporary Morgue.)**

12.Vaccinations and Antiviral Usage

1.The Centers for Disease Control (CDC) and the Health Department will be contacted to obtain the most current recommendations and guidance for the usage, availability, access, and distribution of vaccines and other antiviral medications during a pandemic.

2.Guidance from the State Health Department will be sought to estimate the number of staff and residents who are targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. A plan is in place to expedite delivery of vaccine or antiviral prophylaxis.

*Facility space has been identified that could be adapted for use as expanded inpatient beds and information has been provided to local DOH for implementation and awareness.

*Capacity and need will be determined for deceased residents as needed, including a space to serve as a temporary morgue.

KEY POINTS

* **The Facility will follow daily all DOH/CDC /CMS requirements as notified and respond with revisions to our plans accordingly**

* **Clinical Care Protocols (as part of our Pandemic Management Plan) developed will be attached to this Disaster Emergency Plan for inclusion and Validation**

LAWRENCE NURSING CARE CENTER

PANDEMIC EMERGENCY PREPAREDNESS AND COOP PLAN

Issued By: Administration – Clinical Operations

Effective

Date: New 8/2020

Last Review

Date: 9/15/2020

Supersedes:

Approved By: _____

Administrator

Date

Annex E: Infectious Disease/Pandemic Emergency

As the COVID-19 pandemic surged around the world, healthcare policy makers, management and staff have had to recognize a risk that was talked about, but never really prepared for. Complicating the response further was that this pandemic was caused by a new pathogen, (novel virus), and to which there was no natural immunity or vaccination. We are still learning about how this disease is transmitted, which population is the most vulnerable and the best course of treatment. The most terrible aspect of the experience so far is that COVID-19 takes a terrible toll on the elderly and those sick with co-morbidities. As such, Skilled Nursing Facilities congregate care settings were especially at risk during this outbreak. As a result of this, the State and Federal governments have enacted additional requirements for the safe operation of a home. This document lays out the required elements of new legal and regulatory responsibilities during a pandemic.

(R) = Required Element

* *NYSDOH regulation indicates both required and recommended elements need to be addressed in PEP*

Preparedness Tasks for all Infectious Disease Events

1. Staff Education on Infectious Diseases (R)

- The Facility Infection Preventionist (IP) in conjunction with In-service Coordinator/Designee, must provide education on Infection Prevention and Management upon the hiring of new staff, as well as ongoing education on an annual basis and as needed should a facility experience the outbreak of an infectious disease.
- The IP/ Designee will conduct annual competency-based education on hand hygiene and donning/doffing Personal Protective Equipment (PPE) for all staff.
- The IP in conjunction with the in-service Coordinator will provide in-service training for all staff on Infection Prevention policies and procedures as needed for event of an infectious outbreak

- including all CDC and State updates/guidance.

Refer to Policy and Procedure: Infection Prevention Staff Training

2. Develop/Review/Revise and Enforce Existing Infection Prevention Control, and Reporting Policies (R)

The facility will continue to review/revise and enforce existing infection prevention control and reporting policies. The Facility will update the Infection Control Manual, which is available in a digital and print form for all staff, annually or as may be required during an event. From time to time, the facility management will consult with local Epidemiologist to ensure that any new regulations and/or areas of concern as related to Infection Prevention and Control are incorporated into the Facilities Infection Control Prevention Plans.

Refer to Facility Assessment for Attestation of Yearly Review or Paper Copy with Signature Review Sheet

3. Conduct Routine/Ongoing, Infectious Disease Surveillance

- The Quality Assurance (QA) Committee will review all resident infections as well as the usage of antibiotics, on a monthly basis so as to identify any trends and areas for improvement.
- At daily Morning Meeting, the IDT team will identify any issues regarding infection control and prevention.
- As needed, the Director of Nursing (DON)/Designee will establish Quality Assurance Performance Projects (QAPI) to identify root cause(s) of infections and update the facility action plans, as appropriate. The results of this analysis will be reported to the QA committee.
- All staff are to receive annual education as to the need to report any change in resident condition to supervisory staff for follow up.
- Staff will identify the rate of infectious diseases and identify any significant increases in infection rates and will be addressed.
- Facility acquired infections will be tracked/reported by the Infection Preventionist.

Refer to Policy and Procedure: Infection Control Surveillance

4. Develop/Review/Revise Plan for Staff Testing/Laboratory Services

- The Facility will conduct staff testing, if indicated, in accordance with NYS regulations and Epidemiology recommendations for a given infectious agent.
- The facility shall have prearranged agreements with laboratory services to accommodate any testing of residents and staff including consultants and agency staff. These arrangements shall be reviewed by administration not less than annually and are subject to renewal, replacement or additions as deemed necessary. All contacts for labs will be updated and maintained in the
- communication section of the Emergency Preparedness Manual.
- Administrator/ DON/Designee will check daily for staff and resident testing results and take action in accordance with State and federal guidance.

Refer to Vendor List in Emergency Management Plan (EMP)

Refer to P/P Testing

5. Staff Access to Communicable Disease Reporting Tools (R)

- The facility has access to Health Commerce System (HCS), and all roles are assigned and updated as needed for reporting to NYSDOH.
- The following Staff Members have access to the NORA and HERDS surveys: Administrator, Director of Nursing, Infection Preventionist, and Assistant Director of Nursing. Should a change in staffing occur, the replacement staff member will be provided with log in access and Training for the NORA and HERDS Survey
- The IP/designee will enter any data in NHSN as per CMS/CDC guidance

*Refer to Annex K Section 1 Communicable Disease Reporting
Refer to Facility Assessment*

6. Develop/Review/Revise Internal Policies and Procedures for Stocking Needed Supplies

(R)

- The Medical Director, Director of Nursing, Infection Control Practitioner, Safety Officer, and other appropriate personnel will review the Policies for stocking needed supplies.
- The facility has contracted with Pharmacy Vendor to arrange for 4-6 weeks supply of resident medications to be delivered should there be a Pandemic Emergency.
- The facility has established par Levels for Environmental Protection Agency (EPA) approved environmental cleaning agents based on pandemic usage.
- The facility has established par Levels for PPE.

Refer to Policy and Procedure on Personal Protective Equipment: Par Level, Storage and Calculating Burn Rate

Refer to Policy and Procedure on Environmental Cleaning Agents

Refer to Vendor list and Contracts in EMP (Emergency Management Plan)

7. Develop/Review/Revise Administrative Controls with regards to Visitation and Staff Wellness

- All sick calls will be monitored by Department Heads to identify any staff pattern or cluster of symptoms associated with infectious agent. Each Department will keep a line list of sick calls
- Each Department will keep track of all sick calls and report any issues to IP/DON during Morning Meeting.
- All members of staff are screened on entrance to the facility to include symptom check and thermal screening.
- As per D.O.H. Health Advisory: Skilled Nursing Facility revised September 15, Families and Visitors will be informed of modified visitation restriction related to the Pandemic and visitation restriction will be enforced/lifted as allowed by NYSDOH.
- A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional DOH planning and CMS to address widespread healthcare staffing shortages during a crisis.

Refer to Policy and Procedure: Visitation Guidelines during Pandemic

Refer to Policy and Procedure Staff Screening and Monitoring During a Pandemic.

Refer to contingency staffing plan in EMP

8. Develop/Review/Revise Environmental Controls related to Contaminated Waste (R)

- Areas for contaminated waste are clearly identified as per NYSDOH guidelines
- The facility environmental coordinator shall follow all Department of Environmental Conservation (DEC) and DOH rules for the handling of contaminated waste. The onsite

storage of waste shall be labeled and in accordance with all regulations. The handling policies are available in the Environmental Services Manual. Any staff involved in handling of contaminated product shall be trained in procedures prior to performing tasks and shall be given proper PPE.

- The facility will amend the Policy and Procedure on Biohazardous wastes as needed related to any new infective agents.

Refer to Policy and Procedure on Handling of Biohazardous Waste Material

9. Develop/Review/Revise Vendor Supply Plan for food, water, and medication (R)

- The facility currently has a 3-4 days' supply of food and water available. This is monitored on a quarterly basis to ensure that it is intact and safely stored.
- The facility has adequate supply of stock medications for 4-6 weeks.
- The facility has access to a minimum of 2 weeks supply of needed cleaning/sanitizing agents in accordance with storage and NFPA/Local guidance. The supply will be checked each quarter and weekly as needed during a Pandemic.
- A log, will be kept by the Department head responsible for monitoring the supply and reporting to Administrator any specific needs and shortages.

Refer to the following

P/P Subsistence Food and Water EMP

Facility Logs: Water and Food: Food Service Director

Stock Medications: Director of Nursing

Sanitizing/Cleaning Agents: Director of Environmental Services

10. Develop Plans to Ensure Residents are Cohorted based on their Infectious Status (R)

- Residents are isolated/cohorted based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control guidance.
- The facility Administration maintains communication with Local Epidemiologist, NYS DOH, and CDC to ensure that all new guidelines and updates are being adhered to with respect to Infection Prevention.
- The resident will have a comprehensive care plan developed indicating their Cohort Group and specific interventions needed.

Refer to Policy and Procedure on Cohorting

11. Develop a Plan for Cohorting residents using a part of a unit, dedicated floor or wing, or group of rooms

- The Facility will dedicate a wing or group of rooms at the end of a unit in order to Cohort residents. This area will be clearly demarcated as isolation area.
- Appropriate transmission-based precautions will be adhered to for each of the Cohort Groups as stipulated by NYS DOH
- Staff will be educated on the specific requirements for Cohort Group.
- Residents that require transfer to another Health Care Provider will have their Cohort status communicated to provider and transporter and clearly documented on the transfer forms..
- All attempts will be made to have dedicated caregivers assigned to Cohort group and to minimize the number of different caregivers assigned.

Refer Policy and Procedure Cohorting Guidelines during a Pandemic

Refer Policy and Procedure Transferring Residents with Infection Diseases.

12. Develop/Review/Revise a Plan to Ensure Social Distancing Measures

- The facility will review/ revise the Policy on Communal Dining Guidelines and Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with
 - State and CDC guidance.
 - The facility will review/revise the Policy on Recreational Activities during a Pandemic to ensure that Social Distancing is adhered to in accordance with State and CDC guidelines. Recreation Activities will be individualized for each resident.
 - The facility will ensure staff break rooms and locker rooms allow for social distancing of staff
 - All staff will be re-educated on these updates as needed

Refer to Policy and procedure: Dining Guidelines during a Pandemic

Refer to Policy and procedure: Recreation Needs During a Pandemic

13. Develop/Review/Revise a Plan to Recover/Return to Normal Operations

- The facility will adhere to directives as specified by, State and CDC guidance at the time of each specific infectious disease or pandemic event e.g., regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.
- The facility will maintain communication with the local NYS DOH and CMS and follow guidelines for returning to normal operations. The decision for outside consultants will be made on a case by case basis taking into account medical necessity and infection levels in the community. During the recovery period residents and staff will continue to be monitored daily in order to identify any symptoms that could be related to the infectious agent.

Refer to Policy and Procedure Staff Monitoring during a Pandemic Emergency

Refer to Policy and Procedure Resident Monitoring during the Recovery phase of a Pandemic Emergency

Additional Preparedness Planning Tasks for Pandemic Events

1. Develop/Review/Revise a Pandemic Communication Plan (R)

- The Administrator in conjunction with the Social Service Director will ensure that there is an accurate list of each resident's Representative, and preference for type of communication.
- Communication of a pandemic includes utilizing established Staff Contact List to notify all staff members in all departments.
- The Facility will update website on the identification of any infectious disease outbreak of potential pandemic.

Refer to Section of PEP Additional Response Communication and Notifying Families/ Guardians.

Refer to Policy and Procedure Communication with Residents and Families During Pandemic

Refer to list of Resident representatives/contact information

Refer to Staff Contact List located in EMP

2. Develop/Review/Revise Plans for Protection of Staff, Residents, and Families Against Infection (R)

- Education of staff, residents, and representatives
- Screening of residents
- Screening of staff
- Visitor Restriction as indicated and in accordance with NYSDOH and CDC
- Proper use of PPE
- Cohorting of Residents and Staff

Refer to Infection Prevention and Control Policy and Procedures

Response Tasks for All Infectious Disease Events

1. Guidance, Signage, Advisories

- The facility will obtain and maintain current guidance, signage advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions.
- The Infection Preventionist/Designee will ensure that appropriate signage is visible in designated areas for newly emergent infectious agents
- The Infection Control Practitioner will be responsible to ensure that there are clearly posted signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas.
- The Infection Preventions/Designee will ensure that appropriate signage is visible in designated areas to heighten awareness on cough etiquette, hand hygiene and other hygiene measures in high visible areas.

Refer to the attached listing of government agencies and contact numbers

Refer to the CDC website for Signage download

2. Reporting Requirements (R)

- The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19 (see Annex K of the CEMP toolkit for reporting requirements).
- The DON/Infection Preventionist will be responsible to report communicable diseases via the NORA reporting system on the HCS
- The DON/Infection Preventionist will be responsible to report communicable diseases on NHSN
- as directed by CMS.

Refer to Annex K CEMP for reportable diseases

3. Signage (Refer to Guidance, Signage, Advisories)

4. Limit Exposure

- The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies.
- Facility will Cohort residents according to their infection status
- Facility will monitor all residents to identify symptoms associated with infectious agent.
- Units will be quarantined in accordance with NYSDOH and CDC guidance and every effort will be made to cohort staff.

- Facility will follow all guidance from NYSDOH regarding visitation, communal dining, and activities and update policy and procedure and educate all staff.
- Facility will centralize and limit entryways to ensure all persons entering the building are screened and authorized.
- Hand sanitizer will be available on entrance to facility, exit from elevators, and according to NYSDOH and CDC guidance
- Daily Housekeeping staff will ensure adequate hand sanitizer and refill as needed.

Refer Policy and Procedure Cohorting Guidelines during a Pandemic

5. Separate Staffing

- The facility will implement procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.

Refer to Policy and Procedure on Cohorting

6. Conduct Cleaning/Decontamination

- The facility will conduct cleaning/decontamination in response to the infectious disease utilizing cleaning and disinfection product/agent specific to infectious disease/organism in accordance with any applicable NYSDOH, EPA, and CDC guidance.

Refer to Environmental Cleaning /Disinfection P/P

Refer to the attached Policy and Procedure on Terminal Room Cleaning

7. Educate Residents, Relatives, and Friends About the Disease and the Facility's Response (R)

- The facility will implement procedures to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information.
- All residents will receive updated information on the infective agent, mode of transmission, requirements to minimize transmission, and all changes that will affect their daily routines.

Refer to the attached Policy and Procedure on Communication During a Pandemic

8. Policy and Procedures for Minimizing Exposure Risk (Refer to section 4)

- The facility will contact all staff including Agencies, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents and staff.
- Consultants that service the residents in the facility will be notified and arrangements made for telehealth, remote chart review, or evaluating medically necessary services until the recovery phase according to State and CDC guidelines.

Refer to Memo regarding vendor delivery during a Pandemic

Refer to P/P Telehealth Services

9. Advise Vendors, Staff, and other stakeholders on facility policies to minimize exposure risks to residents (R)

- Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors and vendors to limit/discontinue visits to reduce exposure risk to residents and staff.
- Emergency staff including EMS will be informed of required PPE to enter facility
- Vendors will be directed to drop off needed supplies and deliveries in a designated area to avoid entering the building.

- The facility will implement closing the facility to new admissions in accordance with any NYSDOH directives relating to disease transmission

Refer to Policy and Procedure on Visitation during a Pandemic

Refer to Policy and Procedure on Limited Services During a Pandemic

Refer to Vendor Contact List in EPM

10. Limiting and Restriction of Visitation (R)

- The facility will limit and or restrict visitors as per the guidelines from the NYSDOH
- Residents and Representatives will be notified as to visitation restrictions and/or limitations as regulatory changes are made.

Refer to Policy and Procedure on Visitation during a Pandemic

Additional Response Tasks for Pandemic Events

1. Ensure Staff Are Using PPE Properly

- The facility has an implemented Respiratory Protection Plan
- Appropriate signage shall be posted at all entry points, and on each residents', door indicating the type of transmission-based precautions that are needed.
- Staff members will receive re-education and have competency done on the donning and doffing of PPE.
- Infection Control rounds will be made by the DON, IP, and designee to monitor for compliance with proper use of PPE
- The facility has a designated person to ensure adequate and available PPE is accessible on all shifts and staff are educated to report any PPE issues to their immediate Supervisor

Refer to Policy and Procedure on Respiratory Protection Program

Refer to Infection Control Surveillance Audit

Refer to P/P on PPE

2. Post a Copy of the Facility's PEP (R)

- The facility will post a copy of the facility's PEP in a form acceptable to the commissioner on the facility's public website and make available immediately upon request.
- The PEP plan will be available for review and kept in the COMMAND CENTER and circulated to all Heads of Departments.

Refer to attestation that PEP will be readily available

3. The Facility Will Update Family Members and Guardians (R)

- The facility will communicate with Residents, Representatives as per their preference i.e. Email, text messaging, calls/robocalls and document all communication preference in the CCP/medical record.
- During a pandemic, Representatives of residents that are infected will be notified daily by Nursing staff as to the resident's status.
- Representatives will be notified when a resident experience a change in condition
- Representatives will be notified weekly on the status of the pandemic at the facility including the number of pandemic infections.

- The Hotline message will be updated within 24 hours indicating any newly confirmed

cases and/or deaths related to the infectious agent.

- Residents will be notified with regards to the number of cases and deaths in the facility unless they verbalize that they do not wish to be notified. This will be documented in the medical record/CCP
- All residents will be provided with daily access to communicate with their representatives. The type of communication will be as per the resident's preference i.e. video conferencing/telephone calls, and/or email.

*Refer to Policy and Procedure Communication with Residents and Families During Pandemic
Refer to CMS guidelines regarding a change in condition*

4. The Facility Will Update Families and Guardians Once a Week (R) – (See Section 3 Above)

5. Implement Mechanisms for Videoconferencing/Zoom (R)

- The facility will provide residents with no cost, daily access to remote videoconference or equivalent communication methods with Representatives
- The Director of Recreation/Designee will arrange for the time for all videoconferencing/Zoom

*Refer to Policy and Procedure Communication with Residents and Families During Pandemic
Refer to P and P on Recreational Needs of Residents during a Pandemic*

6. Implement Process/Procedures for Hospitalized Residents (R)

- The facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415(i); and 42 CFR 483.15(e).
- Prior to Admission/readmission the DON/designee will review hospital records to determine resident needs and facility's ability to provide care including cohorting and treatment needs.
- At the present time, All patients readmitted to the Skilled Nursing facility must have a negative Covid-19 test.

Refer to Policy and Procedure for Bed Hold During a Pandemic

7. Preserving a Resident's Place (R)

- The facility will implement processes to preserve a resident's place in a residential health care facility if such resident is hospitalized, in accordance with all applicable laws and regulations
- Including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).

Refer to Policy and Procedure for Bed Hold During a Pandemic

8. The Facility's Plan to Maintain at least a two-month supply of Personal Protective Equipment (PPE) (R)

- The facility has implemented procedures to maintain at least a two-month (60 day) supply of PPE (including consideration of space for storage) or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or

pandemic.

- This includes, but is not limited to:
 - N95 respirators
 - Face shield
 - Eye protection
 - Isolation gowns
 - Gloves
 - Masks
 - Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)
 - Facility will calculate daily usage/burn rate to ensure adequate PPE

Refer to Policy and Procedure on Securing PPE

Refer to Vendor Contract List including information for Local and State OEM in EPM

Recovery of all Infectious Disease Events

1. Activities/Procedures/Restrictions to be Eliminated or Restored (R)

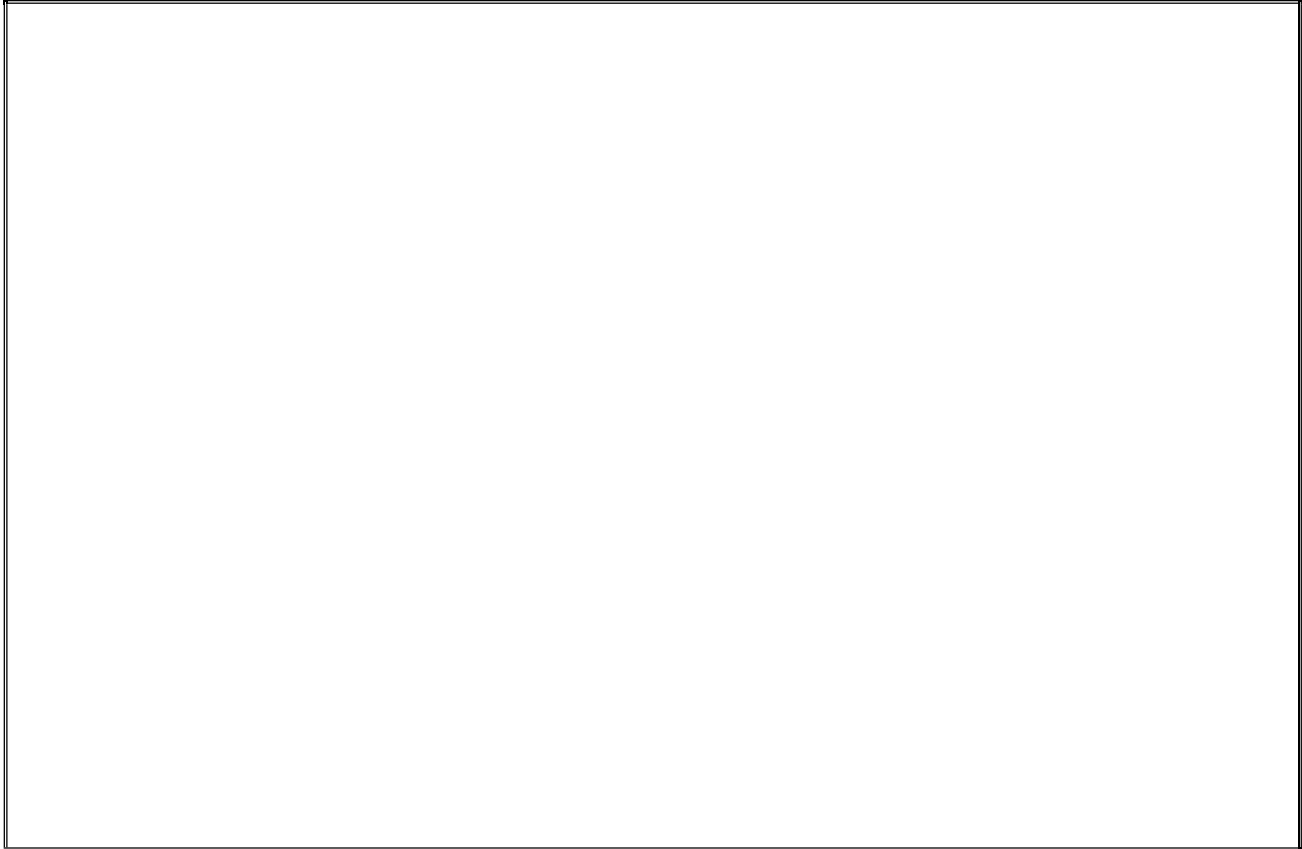
- The facility will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.

Refer to Pandemic Tracking Sheet

2. Recovery/Return to Normal Operations (R)

- The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.
- The facility will ensure that during the recovery phase all residents and staff will be monitored and tested to identify any developing symptoms related to the infectious agent in accordance with State and CDC guidance.
- The facility already have screening in place and testing requirements for all outside consultants that re-enter the facility, as per the NYS DOH guidelines during the recovery phase.

Refer to Policy and Procedure: Staff Testing during Pandemic



Page

1.5.1 Mitigation Overview

The primary focus of the facility's pre-disaster mitigation efforts is to identify the facility's level of vulnerability to various hazards and mitigate those vulnerabilities to ensure continuity of service delivery and business operations despite potential or actual hazardous conditions.

To minimize impacts to service delivery and business operations during an emergency, the facility has completed the following mitigation activities:

- Development and maintenance of a CEMP;
- Procurement of emergency supplies and resources;
- Establishment and maintenance of mutual aid and vendor agreements to provide supplementary emergency assistance;
- Regular instruction to staff on plans, policies, and procedures; and
- Validation of plans, policies, and procedures through exercises.³

For more information about the facility's fire prevention efforts (e.g., drills), safety inspections, and equipment testing, please refer to the **Lawrence Nursing Care Center Fire Plan**.

1.6 Planning Assumptions

This plan is guided by the following planning assumptions:

- Emergencies and disasters can occur without notice, any day, and on any shift.
- Emergencies and disasters may be facility-specific, local, regional, or state-wide.
- Local and/or state authorities may declare an emergency.
- The facility may receive requests from other facilities for resource support (supplies, equipment, staffing, or to serve as a receiving facility).
- Facility security may be compromised during an emergency.
- The emergency may exceed the facility's capabilities and external emergency resources may be unavailable. The facility is expected to be able to function without an influx of outside supplies or assistance for 72 hours.
- Power systems (including emergency generators) could fail.
- During an emergency, it may be difficult for some staff to get to the facility, or alternately, they may need to stay in the facility for a prolonged period of time.

³ Refer to the "Training and Exercises" section of this plan for additional information about pre-incident trainings and exercises.

2 Concept of Operations

2.1 Notification and Activation

2.1.1 Hazard Identification

The facility may receive advance warning about an impending natural disaster (e.g., hurricane forecast) or man-made threat (e.g., law enforcement report), which will be used to determine initial response activities and the movement of personnel, equipment, and supplies. For no-notice incidents (e.g., active shooter, tornado), facilities will not receive advance warning about the disaster, and will need to determine response activities based on the impact of the disaster.

The Incident Commander may designate a staff member to monitor evolving conditions, typically through television news, reports from government authorities, and weather forecasts.

All staff have a responsibility to report potential or actual hazards or threats to their direct supervisor.

2.1.2 Activation

Upon notification of hazard or threat—from staff, residents, or external organizations—the most Senior on-site facility official will determine whether to activate the plan based on one or more of the triggers below:

- The provision of normal standards of care and/or continuity of operations is threatened and could potentially cause harm.
- The facility has determined to implement a protective action.
- The facility is serving as a receiving facility.
- The facility is testing the plan during internal and external exercises (e.g., fire drills).
- Threat could be identified from outside source.



If one or more activation criteria are met and the plan is activated, the most Senior on-site facility official—or the most appropriate official based on the incident—will assume the role of “Incident Commander” and operations proceed as outlined in this document.

2.1.3 Staff Notification

Once a hazard or threat report has been made, an initial notification message will be disseminated to staff in accordance with the facility's communication plan.

Department Managers or their designees will contact on-duty personnel to provide additional instructions and solicit relevant incident information from personnel (e.g., status of residents, status of equipment).

Once on-duty personnel have been notified, Department Managers will notify off-duty personnel if necessary and provide additional guidance/instruction (e.g., request to report to facility).

Department personnel are to follow instructions from Department Managers, keep lines of communication open, and provide status updates in a timely manner.

2.1.4 External Notification

Depending on the type and severity of the incident, the facility may also notify external parties (e.g., local office of emergency management, resource vendors, relatives and responsible parties) utilizing local notification procedures to request assistance (e.g., guidance, information, resources) or to provide situational awareness.

The NYSDOH Regional Office is a mandatory notification recipient regardless of hazard type, while other notifications may be hazard-specific. **Table 4: Notification by Hazard Type** provides a comprehensive list of mandatory and recommended external notification recipients based on hazard type.

Table 4: Notification by Hazard Type

M = Mandatory
R = Recommended

Notification Recipient	Example Hazard	Active Threat ⁴	Blizzard/Ice Storm	Coastal Storm	Dam Failure	Water Disruption	Earthquake	Extreme Cold	Extreme Heat	Fire	Flood	CBRNE ⁵	Infectious Disease / Pandemic	Landslide	IT/Comms Failure	Power Outage	Tornado	Wildfire
	NYSDOH Regional Office ⁶	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Facility Senior Leader	M	□	□	□	□	□	□	□	□	□	□	□	M	□	□	□	□	□
Local Emergency Management	R	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Local Law Enforcement		□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Local Fire/EMS		□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Local Health Department	R	□	□	□	□	□	□	□	□	□	□	□	M	□	□	□	□	□
Off Duty Staff		□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Relatives and Responsible Parties		□	□	□	□	□	□	□	□	□	□	□	M	□	□	□	□	□
Resource Vendors		□	□	□	□	□	□	□	□	□	□	□	M	□	□	□	□	□
Authority Having Jurisdiction		□	□	□	□	□	□	□	□	□	□	□	M	□	□	□	□	□
Regional Healthcare Facility Evacuation Center		□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Administrator Director of Nursing Asst. Dir. of Nursing Facility Engineer													M					

⁴ “Active threat” is defined as an individual or group of individuals actively engaged in killing or attempting to kill people in a populated area. Example attack methods may include bombs, firearms, and fire as a weapon.

⁵ “CBRNE” refers to “Chemical, Biological, Radiological, Nuclear, or Explosive”

⁶ To notify NYSDOH of an emergency during business hours (non-holiday weekdays from 8:00 am – 5:00 pm), the Incident Commander will contact the NYSDOH Regional Office **718-422-8700 (OEM)** Outside of normal business hours (e.g., evenings, weekends, or holidays), the Incident Commander will contact the New York State Watch Center (Warning Point) at 518-292-2200. The Watch Command will return the call and will ask for the type of emergency and the type of facility (e.g. hospital, nursing home, adult home) involved. The Watch Command will then route the call to the Administrator on Duty, who will assist the facility with response to the situation.

2.2 Mobilization

2.2.1 Incident Management Team

Upon plan activation, the Incident Commander will activate some or all positions of the Incident Management Team, which is comprised of pre-designated personnel who are trained and assigned to plan and execute response and recovery operations.

Incident Management Team activation is designed to be flexible and scalable depending on the type, scope, and complexity of the incident. As a result, the Incident Commander will decide to activate the entire team or select positions based on the extent of the emergency.

Table 5 outlines suggested facility positions to fill each of the Incident Management Team positions. The most appropriate individual given the event/incident may fill different roles as needed.

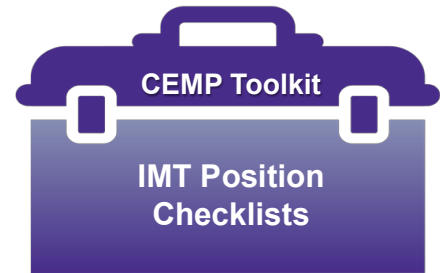


Table 5: Incident Management Team - Facility Position Crosswalk

Incident Position	Facility Position Title	Description
Incident Commander	Administrator, Director of Nursing, Facility Chief Engineer	Leads the response and activates and manages other Incident Management Team positions.
Public Information Officer	Admissions, Director of Social Services	Provides information and updates to visitors, relatives and responsible parties, media, and external organizations.
Safety Officer	Facility Chief Engineer, Assistant Director of Building Services	Ensures safety of staff, residents, and visitors; monitors and addresses hazardous conditions; empowered to halt any activity that poses an immediate threat to health and safety.
Operations Section Chief	Infection Control Practitioners, Registered Nurses, Licensed Practical Nurses	Manages tactical operations executed by staff (e.g., continuity of resident services, administration of first aid).

Incident Position	Facility Position Title	Description
Planning Section Chief	Director Of Nursing, Assistant Director Of Nursing.	Collects and evaluates information to support decision-making and maintains incident documentation, including staffing plans.
Logistics Section Chief	Admission Director, Procurement Manager, Transportation Coordinator.	Locates, distributes, and stores resources, arranges transportation, and makes alternate shelter arrangements with receiving facilities.
Finance/Admin Section Chief	Business Office Manager, Human Resources Director.	Monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.

If the primary designee for an Incident Management Team position is unavailable, **Table 6** identifies primary, secondary, and tertiary facility personnel that will staff Incident Management Team positions.

While assignments are dependent upon the requirements of the incident, available resources, and available personnel, this table provides initial options for succession planning, including shift changes.

Table 6: Orders of Succession

Incident Position	Primary	Successor 1	Successor 2
Incident Commander	Administrator	Facility Engineer	Director Of Nursing.
Public Information Officer	Director of SS	Director Of Admissions	Social Worker
Safety Officer	Chief Facility Engineer	Assist. Director Building Services	Lead Maintenance
Operations Section Chief	Director of Nursing.	Assist. Director of Nursing.	Nurse Manager
Planning Section Chief	Director of Nursing	Assist. Director of Nursing.	Nurse Manager
Logistics Section Chief	Admission Director	Procurement Officer.	Transportation Coord.
Finance/Admin Section Chief	Business Office Manager	Human Resources Director	Director of Recreation.

2.2.2 Command Center

The Incident Commander will designate a space, e.g., facility conference room or other large gathering space, on the facility premises to serve as the centralized location for incident management and coordination activities, also known as the “Command Center.”

The designated location for the Command Center is **First Floor Conference room** and the secondary/back-up location is **Second Floor Classroom**, unless circumstances of the emergency dictate the specification of a different location upon activation of the CEMP, in which case staff will be notified of the change at time of activation.

2.3 Response

2.3.1 Assessment

The Incident Commander will convene activated Incident Management Team members in the Command Center and assign staff to assess designated areas of the facility to account for residents and identify potential or actual risks, including the following:

- Number of residents injured or affected;
- Status of resident care and support services;
- Extent or impact of the problem (e.g., hazards, life safety concerns);
- Current and projected staffing levels (clinical, support, and supervisory/managerial);
- Status of facility plant, utilities, and environment of care;
- Projected impact on normal facility operations;
- Facility resident occupancy and bed availability;
- Need for protective action; and
- Resource needs.

2.3.2 Protective Actions

Refer to **Annex A: Protective Actions** for more information.

2.3.3 Staffing

Based on the outcomes of the assessment, the Planning Section Chief will develop a staffing plan for the operational period (e.g., remainder of shift). The Operation Section Chief will execute the staffing plan by overseeing staff execution of response activities. The Finance/Administration Section Chief will manage the storage and processing of timekeeping and related documentation to track staff hours.

2.4 Recovery

2.4.1 Recovery Services

Recovery services focus on the needs of residents and staff and help to restore the facility’s pre-disaster physical, mental, social, and economic conditions.

Recovery services may include coordination with government, non-profit, and private sector organizations to identify community resources and services (e.g., employee assistance programs, state and federal disaster assistance programs, if eligible). Pre-existing facility- and community- based services and pre-established points of contact are provided in **Table 7**.

Table 7: Pre-Identified Recovery Services

Service	Description of Service	Point(s) of Contact
Adequate Supply Of PPE’S. Medical Supplies and Food Supplies and Water. Employee Testing as Per CDC. guidelines	Employee Testing and Periodic Resident’s Testing. Maintain inventory and Contact Tracing. Coordination with Laboratory Vendor and Daily/Weekly reporting to D.O.H. and CDC. General Monitoring of Staff and Residents.. Medical Director will oversee Residents’s Care.	Administrator : 718-945-0400. PANDEMIC POSTING on Website.. Director Of Nursing as Alternate contact. www.lawrencenursingcare.com
Adequate Staffing for Resident’s Care	Collaboration with External Staffing Agencies as recommended by D.O.H and other vendors for supplemental staffing as needed.	Director of Nursing and Human Resources Director. 718-945-0400.
Infrastructure Readiness to accommodate New Admissions. Adequate Linen Supplies	Oversee General Cleanliness. Directs Assistant Director of Environmental Services to ensure overall cleanliness and Terminal disinfection using approved EPA products.	Building Engineer/Admission Director and Assistant Director of Environmental Services. www.lawrencenursingcarecenter.com

Ongoing recovery activities, limited staff resources, as well as the incident’s physical and mental health impact on staff members may delay facility staff from returning to normal job duties, responsibilities, and scheduling.

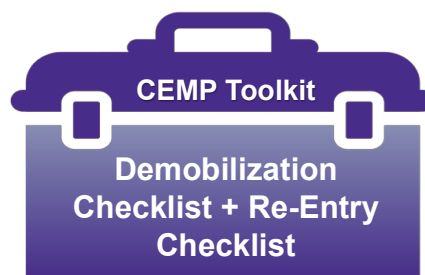
Resuming pre-incident staff scheduling will require a planned transition of staff resources, accounting for the following considerations:

- Priority staffing of critical functions and services (e.g., resident care services, maintenance, dining services).
- Personal staff needs (e.g., restore private residence, care for relatives, attend memorial services, mental/behavioral health services).
- Continued use or release of surge staffing, if activated during incident.

2.4.2 Demobilization

As the incident evolves, the Incident Commander will begin to develop a demobilization plan that includes the following elements:

- Activation of re-entry/repatriation process if evacuation occurred;⁷
- Deactivation of surge staffing;
- Replenishment of emergency resources;
- Reactivation of normal services and operations; and
- Compilation of documentation for recordkeeping purposes.



2.4.3 Infrastructure Restoration

Once the Incident Commander has directed the transition from incident response operations to demobilization, the facility will focus on restoring normal services and operations to provide continuity of care and preserve the safety and security of residents.

Table 8 outlines entities responsible for performing infrastructure restoration activities and related contracts/agreements.

Table 8: Infrastructure Restoration Activities

Activity	Responsible Entity	Contracts/Agreements
Internal assessment of electrical power.	Facility Engineer. Director of Building services	Not Applicable.

⁷ Refer to the *NYSDOH Evacuation Plan Template* for more information about repatriation.

Activity	Responsible Entity	Contracts/Agreements
Clean-up of facility grounds (e.g., general housekeeping, removing debris and damaged materials).	Assistant Director of Building Services and Environmental Crew	Not Applicable.
Internal damage assessments (e.g., structural, environmental, operational).	Facility Engineer	Not Applicable. However, based on assessment would determine if to activate outside Vendors.
Clinical systems and equipment inspection.	Administrator, Director of Nursing and ADON and Admissions Director. Matrix Care for Electronic Medical; Records. Facility I.T. Manager Applied Biomedical Inc.	There is Contract with Matrix care for Any EMR issues in collaboration with Facility I.T. Manager as well as Reliable Health Vendor. There is contract with Biomedical to provide scheduled Maintenance of electrical safety, Performance assurance Test and maintenance with results of the testing. Recommendations are provided for follow up actions.
Strengthen infrastructure for future disasters (if repair/restoration activities are needed).	Facility Engineer.	Not Applicable. He will activate Vendors and Contractors based on required Services.
Communication and transparency of restoration efforts to staff and residents.	Senior Leadership, Administrator, Director of Social services.	Information will be posted on website, Instagram, Robocalls as necessary and personal outreach to families and residents. There is contract with Psych Associates to provide Psychological support for residents and staff.
Recurring inspection of restored structures.	Facility Engineer	Facility Engineer will follow the Regulations of the Department of Health and NYS Department of Buildings.

2.4.4 Resumption of Full Services

Department Managers will conduct an internal assessment of the status of resident care services and advise the Incident Commander and/or facility leadership on the prioritization and timeline of recovery activities.

Special consideration will be given to services that may require extensive inspection due to safety concerns surrounding equipment/supplies and interruption of utilities support and resident care services that directly impact the resumption of services (e.g., food service, laundry).

Staff, residents, and relatives/responsible parties will be notified of any services or resident care services that are not available, and as possible, provided updates on timeframes for resumption. The Planning Section Chief will develop a phased plan for resumption of pre-incident staff scheduling to help transition the facility from surge staffing back to regular staffing levels.

2.4.5 Resource Inventory and Accountability

Full resumption of services involves a timely detailed inventory assessment and inspection of all equipment, devices, and supplies to determine the state of resources post-disaster and identify those that need repair or replacement.

All resources, especially resident care equipment, devices, and supplies, will be assessed for health and safety risks. Questions on resource damage or potential health and safety risks will be directed to the original manufacturer for additional guidance.

3 Information Management

3.1 Critical Facility Records

Critical facility records that require protection and/or transfer during an incident include:

- Resident's data, Relative or responsible party information, Staff information.
- Matrix Care, Reliable System and Facility IT stores electronic Medical Records in Clouds and also has a back off Server off site for Critical information.

If computer systems are interrupted or non-functional, the facility will utilize paper-based recordkeeping in accordance with internal facility procedures.

3.2 Resident Tracking and Information-Sharing

3.2.1 Tracking Evacuated Residents

The facility will use the New York State Evacuation of Facilities in Disasters System ("eFINDS")⁸ and the Resident Evacuation Critical Information and Tracking Form⁹ to track evacuated residents and ensure resident care is maintained.

Resident Confidentiality

The facility will ensure resident confidentiality throughout the evacuation process in accordance with the Health Insurance Portability and Accountability Act Privacy Rule (Privacy Rule), as well as with any other applicable privacy laws. Under the Privacy Rule, covered health care providers are permitted to disclose protected health information to public health authorities authorized by law to collect protected health information to control disease, injury, or disability, as well as to public or private entities authorized by law or charter to assist in disaster relief efforts. The Privacy Rule also permits disclosure of protected health information in other circumstances. Private counsel should be consulted where there are specific questions about resident confidentiality.

⁸ eFINDS is a secure, confidential system intended to provide authorized users with real-time access to the location of residents evacuated during an emergency event. The system is to be used to log and track residents during an urgent or non-emergent evacuation. See Appendix K of the *NYSDOH Evacuation Plan Template* for further information and procedures on eFINDS.

⁹ The Resident Evacuation Critical Information and Tracking Form is a standardized form utilized to provide pertinent individual resident information to receiving facilities and provide redundant tracking during the evacuation process, including repatriation. See Appendix L of the *NYSDOH Evacuation Plan Template* for the complete form.

¹⁰ see HIPAA privacy rule information in CEMP toolkit, Annex K) or:

<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/hipaa-privacy-emergency-situations.pdf>

3.3 Staff Tracking and Accountability

3.3.1 Tracking Facility Personnel

The facility will use the New York State Evacuation of Facilities in Disasters System (“eFINDS”)¹⁰ and the Resident Evacuation Critical Information and Tracking Form¹¹ to track staff.

3.3.2 Staff Accountability

Staff accountability enhances site safety by allowing the facility to track staff locations and assignments during an emergency. Staff accountability procedures will be implemented as soon as the plan is activated.

The facility will utilize Time clock and Time and attendance sign in/out to track the arrival and departure times of staff. During every operational period (e.g., shift change), Department Managers or designees will conduct an accountability check to ensure all on-site staff are accounted for.

If an individual becomes injured or incapacitated during response operations, Department Managers or designees will notify the Incident Commander to ensure the staff member’s status change is reflected in in the Time and Attendance sign in/out or on the Department schedule.

3.3.3 Non-Facility Personnel

The Incident Commander—or Logistics Section Chief, if activated—will ensure that appropriate credentialing and verification processes are followed. Throughout the response, the Incident Commander—or Planning Section Chief, if activated—will track non-facility personnel providing surge support along with their respective duties and the number of hours worked.



¹⁰ eFINDS is a secure, confidential system intended to provide authorized users with real-time access to the location of residents evacuated during an emergency event. The system is to be used to log and track residents during an urgent or non-emergent evacuation. See Appendix K of the *NYSDOH Evacuation Plan Template* for further information and procedures on eFINDS.

¹¹ The Resident Evacuation Critical Information and Tracking Form is a standardized form utilized to provide pertinent individual resident information to receiving facilities and provide redundant tracking during the evacuation process, including repatriation. See Appendix L of the *NYSDOH Evacuation Plan Template* for the complete form.

4 Communications

4.1 Facility Communications

As part of CEMP development, the facility conducted a communications assessment to identify existing facility communications systems, tools, and resources that can be leveraged during an incident and to determine where additional resources or policies may be needed.



Primary (the best and intended option) and alternate (secondary back-up option) methods of communication are outlined in **Table 9**.

Table 9: Methods of Communication

Mechanism	Primary Method of Communication	Alternate Method of Communication
Landline telephone	X	<input type="checkbox"/>
Cell Phone	X	<input type="checkbox"/>
Voice over Internet Protocol (VOIP)	<input type="checkbox"/>	<input type="checkbox"/>
Text Messages	X	<input type="checkbox"/>
Email	X	<input type="checkbox"/>
News Media	<input type="checkbox"/>	<input type="checkbox"/>
Radio Broadcasts	<input type="checkbox"/>	<input type="checkbox"/>
Social Media	<input type="checkbox"/>	<input type="checkbox"/>
Runners	<input type="checkbox"/>	X
Weather Radio	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Notification Systems ¹² ROBO CALL	<input type="checkbox"/>	X
Facility Website		X
OEM Two way Radio	X	<input type="checkbox"/>

4.1.1 Communications Review and Approval:

Pre scripted messages are pre recorded for Robo calls and Pre scripted messages for text messaging and for the phone system.

¹² An emergency notification system is a one-way broadcast, sometimes coordinated by a third-party vendor, and is not required by NYSDOH.

Upon plan activation, the Incident Commander may designate a staff member as the Public Information Officer to serve as the single point of contact for the development, refinement, and dissemination of internal and external communications.

Key Public Information Officer functions include:

- Develops and establishes mechanisms to rapidly receive and transmit information to local emergency management;
- Develops situational reports/updates for internal audiences (staff and residents) and external audiences;
- Develops coordinated, timely, consistent, and reliable messaging and/or tailor pre-scripted messaging;
- Conducts direct resident and relative/responsible party outreach, as appropriate; and
- Addresses rumors and misinformation.

4.2 Internal Communications

4.2.1 Staff Communication

The facility maintains an update Telephone Directory for of all staff members, including emergency contact information, at the Command Center and with respective Heads of Departments. To prepare for impacts to communication systems, the facility also maintains redundant forms of communication with on-site and off-site staff. The facility will ensure that all staff are familiar with internal communication equipment, policies, and procedures.

4.2.2 Staff Reception Area

Depending on the nature of the incident, the facility may choose to establish a staff reception area (e.g., in a break room or near the time clock) to coordinate and check-in staff members as they arrive to the facility to support incident operations.

The staff reception area also provides a central location where staff can receive job assignments, checklists, situational updates, and briefings each time they report for their shift. Implementing a sign-in/sign-out system at the staff reception area will ensure full staff accountability. The staff reception area also provides the Incident Commander with a central location for staffing updates and inquiries.

4.2.3 Resident Communication

Upon admission, annually, and prior to any recognized threat, the facility will educate residents and responsible parties on the CEMP efforts. Resident communication include:

Admission Documentation, Resident council Minutes and postings around the Facility.

During and after an incident, the Incident Commander—or Public Information Officer, if activated—will establish a regular location and frequency for delivering information to staff, residents, and on-site responsible parties (e.g., set times throughout the day), recognizing that message accuracy is a key component influencing resident trust in the facility and in perceptions of the response and recovery efforts.

Communication will be adapted, as needed, to meet population-specific needs, including memory-care residents, individuals with vision and/or hearing impairments, and individuals with other access and functional needs.

4.3 External Communications

Under no circumstances will protected health information be released over publicly-accessible communications or media outlets. All communications with external entities shall be in plain language, without the use of codes or ambiguous language.



4.3.1 Authorized Family and Guardians

The facility maintains a list in the Emergency Preparedness COOP plan of all identified authorized family member's and guardian's (responsible parties') contact information, including phone numbers and email addresses at in the Command Center, Social Services and Therapeutic Recreation. Such individuals will receive information about the facility's preparedness efforts upon admission.

During an incident, the facility will notify responsible parties about the incident, status of the resident, and status of the facility by Robocall, and Facility website. Additional updates may be provided on a regular basis to keep residents relatives/responsible parties apprised of the incident and the response.

The initial notification message to residents' primary point of contact (e.g., relative) will include the following information:

- Nature of the incident;
- Status of resident;
- Restrictions on visitation; and
- Estimated duration of protective actions
- Point of Contact for any additional information.

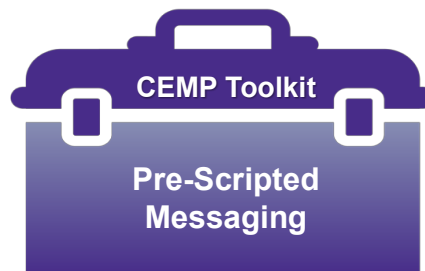
When incident conditions do not allow the facility to contact residents' relatives/responsible parties in a timely manner, or if primary methods of communication are unavailable, the facility

will utilize local or state health officials, the facility website, and/or a recorded outgoing message on voicemail, among other methods, to provide information to families on the status and location of residents.

4.3.2 Media and General Public

During an emergency, the facility will utilize traditional media (e.g., television, newspaper, radio) and social media (e.g., Facebook, Twitter) to keep relatives and responsible parties aware of the situation and the facility's response posture.

The Incident Commander—or Public Information Officer, if activated—may assign a staff member to monitor the facility's social media pages and email account to respond to inquiries and address any misinformation.



5 Administration, Finance, Logistics

5.1 Administration

5.1.1 Preparedness

As part of the facility's preparedness efforts, the facility conducts the following tasks:

- Identify and develop roles, responsibilities, and delegations of authority for key decisions and actions including the approval of the CEMP;
- Ensure key processes are documented in the CEMP;
- Coordinate annual CEMP review, including the *Annexes for all hazards*;
- Ensure CEMP is in compliance with local, state, and federal regulations; and

5.2 Finance

5.2.1 Preparedness

Administrator works in Collaboration with Logistics and Business Department to tract Purchase and inventory.

5.2.2 Incident Response

Financial functions during an incident include tracking of personnel time and related costs, initiating contracts, arranging for personnel-related payments and Workers' Compensation, tracking of response and recovery costs, and payment of invoices.

The Finance/Administration Section Chief or designee will account for all direct and indirect incident-related costs from the outset of the response, including:

- Personnel (especially overtime and supplementary staffing)
- Event-related resident care and clinical support activities
- Incident-related resources
- Equipment repair and replacement
- Costs for event-related facility operations
- Vendor services
- Personnel illness, injury, or property damage claims
- Loss of revenue-generating activities
- Cleanup, repair, replacement, and/or rebuild expenses

5.3 Logistics

5.3.1 Preparedness

Logistics functions prior to an incident include identifying and monitoring emergency resource levels, and executing mutual aid agreements, resource service contracts, and memorandums of understanding. These functions will be carried out pre-incident by the Administrator or their designee.

5.3.2 Incident Response

To assess the facility's logistical needs during an incident, the Logistics Section Chief or designee will complete the following:

- Regularly monitor supply levels and anticipate resource needs during an incident;
- Identify multiple providers of services and resources to have alternate options in case of resource or service shortages; and
- Coordinate with the Finance Section Chief to ensure all resource and service costs are being tracked.
- Restock supplies to pre-incident preparedness levels,
- Coordinate distribution of supplies to service areas.

6 Plan Development and Maintenance

To ensure plans, policies, and procedures reflect facility-specific needs and capabilities, the facility will conduct the following activities:

Table 10: Plans, Policies, and Procedures

Activity	Led By	Frequency
Review and update the facility’s risk assessment.	Administrator	Annually
Review and update contact information for response partners, vendors, and receiving facilities.	Business Office Manager.	Annually or as response partners, vendors, and host facilities provide updated information.
Review and update contact information for staff members and residents’ emergency contacts.	Human Resources Manager.	Annually or as staff members provide updated information.
Review and update contact information for residents’ point(s) of contact (i.e., relatives/responsible parties).	Director Of Social Services.	At admission/readmission, at each Care Plan Meeting, and as residents, relatives, and responsible parties provide updated information.
Post clear and visible facility maps outlining emergency resources at all nurses’ stations, staff areas, hallways, and at the front desk.	Facility Plant Engineer.	Annually
Maintain electronic versions of the CEMP in folders/drives that are accessible by others.	Director Of Nursing.	Annually
Revise CEMP to address any identified gaps.	Administrator, Director of Nursing, Facility Engineer.	Upon completion of an exercise or real-world incident.
Inventory emergency supplies (e.g., potable water, food, resident care supplies, communication devices, batteries, flashlights,	Director of Nursing, ADON, Director of Food Services and Facility Engineer.	Quarterly

7 Authorities and References

This plan may be informed by the following authorities and references:

- Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended, 42 U.S.C. 5121-5207)
- Title 44 of the Code of Federal Regulations, Emergency Management and Assistance
- Homeland Security Act (Public Law 107-296, as amended, 6 U.S.C. §§ 101 et seq.)
- Homeland Security Presidential Directive 5, 2003
- Post-Katrina Emergency Management Reform Act of 2006, 2006
- National Response Framework, January 2016
- National Disaster Recovery Framework, Second Edition, 2016
- National Incident Management System, 2017
- Presidential Policy Directive 8: National Preparedness, 2011
- CFR Title 42, Chapter IV, Subchapter G, Part 483, Subpart B, Section 483.73, 2016
- Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006
- March 2018 DRAFT Nursing Home Emergency Operations Plan – Evacuation
- NYSDOH Healthcare Facility Evacuation Center Manual
- Nursing Home Incident Command System (NHICS) Guidebook, 2017
- Health Insurance Portability and Accountability Act (HIPAA) of 1996, Privacy Rule
- NYSDOH Healthcare Facility Evacuation Center Metropolitan Area Regional Office Region Facility Guidance Document for the 2017 Coastal Storm Season
- NFPA 99 – Health Care Facilities Code, 2012 edition and Tentative Interim Amendments 12-2, 12-3, 12-5, and 12-6
- NFPA 101 – Life Safety Code, 2012 edition and Tentative Interim Amendments 12-1, 12-2, 12-3, and 12-4
- NFPA 110 – Standard for Emergency and Standby Power Systems, 2010 edition and Tentative Interim Amendments to Chapter 7
- 10 NYCRR Parts 400 and 415
- NYS Exec. Law, Article 2-B
- Public Health Service Act (codified at 42 USC §§ 243, 247d, 247d-6b, 300hh-10(c)(3)(b), 311, 319)
- Cybersecurity Information Sharing Act of 2015 (Pub. L. No. 114-113, codified at 6 U.S.C. §§ 1501 et seq.)
- Chapter 114 of the Laws of New York 2020.

Annexes



Annex A: Protective Actions

The Incident Commander may decide to implement protective actions for an entire facility or specific populations within a facility. A brief overview of protective action options is outlined in **Table 11**. For more information, refer to the *NYSDOH Evacuation Plan Template*, *NYSDOH Healthcare Facility Evacuation Center Metropolitan Area Regional Office Region Facility Guidance Document for the 2018 Coastal Storm Season*, and the *NYSDOH Healthcare Facility Evacuation Center Manual*.



Table 11: Protective Actions

Protective Action		Potential Triggers	Authorization
Defend-in-Place	Defend-in-Place is the ability of a facility to safely retain all residents during an incident-related hazard (e.g., flood, severe weather, wildfire).	<ul style="list-style-type: none"> Unforeseen disaster impacts cause facility to shelter residents in order to achieve protection. 	<ul style="list-style-type: none"> May be initiated by the Incident Commander ONLY in the absence of a mandatory evacuation order. Does not required NYSDOH approval.
Shelter-in-Place	Shelter-in-Place is keeping a small number of residents in their present location when the risks of relocation or evacuation exceed the risks of remaining in current location.	<ul style="list-style-type: none"> Disaster forecast predicts low impact on facility. Facility is structurally sound to withstand current conditions. Interruptions to clinical services would cause significant risk to resident health and safety. 	<ul style="list-style-type: none"> Can only be done for coastal storms. Requires <u>pre-approval</u> from NYSDOH prior to each hurricane season and <u>re-authorization</u> at time of the incident.

Protective Action		Potential Triggers	Authorization
Internal Relocation	<p>Internal Relocation is the movement of residents away from threat within a facility.</p>	<ul style="list-style-type: none"> ▪ Need to consolidate staffing resources. ▪ Consolidation of mass care operations (e.g., clinical services, dining). ▪ Minor flooding. ▪ Structural damage. ▪ Internal emergency (e.g., fire). ▪ Temperature presents life safety issue. 	<ul style="list-style-type: none"> ▪ Determined by facility based on safety factors. ▪ If this protective action is selected, the NYSDOH Regional Office must be notified.
Evacuation	<p>Evacuation is the movement of residents to an external location (e.g., a receiving facility) due to actual or anticipated unsafe conditions.</p>	<ul style="list-style-type: none"> ▪ Mandatory or advised order from authorities. ▪ Predicted hazard impact threatens facility capacity to provide safe and secure shelter conditions. ▪ Structural damage. ▪ Emergency and standby power systems failure resulting in facility inability to maintain suitable temperature. 	<ul style="list-style-type: none"> ▪ Refer to the <i>NYSDOH Evacuation Plan Template</i>.
Lockdown	<p>Lockdown is a temporary sheltering technique used to limit exposure of building occupants to an imminent hazard or threat. When “locking down,” building occupants will shelter inside a room and prevent access from the outside.</p>	<ul style="list-style-type: none"> ▪ Presence of an active threat (e.g., active shooter, bomb threat, suspicious package). ▪ Direction from law enforcement. 	<ul style="list-style-type: none"> ▪ Determined by facility based on the notification of an active threat on or near the facility premises.

Annex B: Resource Management

1. Preparedness

Additionally, the facility maintains an inventory of emergency resources and corresponding suppliers/vendors, for supplies that would be needed under all hazards, including:

- Generators
- Fuel for generators and vehicles
- Propane tanks
- Food and water for a minimum of 72 hours for staff and residents
- Disposable dining supplies and food preparation equipment and supplies
- Medical and over-the-counter pharmaceutical supplies
- Personal protective equipment (PPE), as determined by the specific needs for each hazard
- Emergency lighting, cooling, heating, and communications equipment
- Resident movement equipment (e.g., stair chairs, bed sleds, lifts)
- Durable medical equipment (e.g., walkers, wheelchairs, oxygen, beds)
- Linens, gowns, privacy plans
- Housekeeping supplies, disinfectants, detergents
- Resident specific supplies (e.g., identification, medical risk information, medical records, physician orders, Medication Administration Records, Treatment Administration Records, Contact Information Sheet, last 72 hours of labs, x-rays, nurses' notes, psychiatric notes, doctor's progress notes, Activities of Daily Living (ADL) notes, most recent History and Physical (H&P), clothing, footwear, and hygiene supplies)
- Administrative supplies

The facility's resource inventory will be updated annually to ensure that adequate resource levels are maintained, and supplier/vendor contact information is current.

2. Resource Distribution and Replenishment

During an incident, the Incident Commander—or Logistics Section Chief, if activated—will release emergency resources to support operations. The Incident Commander—or Operations Section Chief, if activated—will ensure the provision of subsistence needs.

The Incident Commander—or Planning Section Chief, if activated—will track the status of resources used during the incident. When defined resource replenishment thresholds are met, the Planning Section Chief will coordinate with appropriate staff to replenish resources, including:

- Procurement from alternate or nontraditional vendors
- Procurement from communities outside the affected region
- Resource substitution
- Resource sharing arrangements with mutual aid partners
- Request for external stockpile support from healthcare associations, local emergency management.

3. Resource Sharing

In the event of a large-scale or regional emergency, the facility may need to share resources with mutual aid partners or healthcare facilities in the community, contiguous geographic area, or across a larger region of the state and contiguous states as indicated.

4. Emergency Staffing

4.1. Off-Duty Personnel

If off-duty personnel are needed to support incident operations, the facility will conduct the following activities in accordance with facility-specific employee agreements:

Table 12: Off-Duty Personnel Mobilization Checklist

Off-Duty Personnel Mobilization Checklist	
<input type="checkbox"/>	The senior most on-site facility official will notify the Director of Nursing to confirm that mobilization of off-duty personnel is permissible (e.g., overtime pay).
<input type="checkbox"/>	Once approved, Department Managers will be notified of the need to mobilize off-duty personnel.
<input type="checkbox"/>	Off-duty personnel will be notified of the request and provided with instructions including: <ul style="list-style-type: none"> ■ Time and location to report ■ Assigned duties ■ Safety information ■ Resources to support self-sufficiency (e.g., water, flashlight)
<input type="checkbox"/>	Once mobilized, off-duty staff will report for duty as directed.
<input type="checkbox"/>	If staff are not needed immediately, staff will be requested to remain available by phone.

<input type="checkbox"/>	To mobilize additional off-duty staff, the facility may need to provide additional staff support services (e.g., childcare, respite care, pet care). These services help to incentivize staff to remain on site during the incident, but also need to be carefully managed (e.g., reduce liability, manage expectations).

4.2. Other Job Functions

In accordance with employment contracts, collective bargaining agreements, etc., an employee may be called upon to aid with work outside of job-prescribed duties, work in departments or carry out functions other than those normally assigned, and/or work hours in excess of (or different from) their normal schedule. Unless temporarily permitted by an Executive Order issued by the Governor under section 29-a of Executive Law, employees may not be asked to function out-of-scope of certified or licensed job responsibilities.

The Incident Management Team will request periodic updates on staffing levels (available and assigned). In addition to deploying clinical staff as needed for resident care activities, non-medical assignments from the labor pool may include:

- Security augmentation
- Runners / messengers
- Switchboard support
- Clerical or ancillary support
- Transportation
- Resident information, monitoring, and one-on-ones, as needed
- Preparing and/or serving meals, snacks, and hydration for residents, staff, visitors, and volunteers
- Cleaning and disinfecting areas, as needed
- Laundry services
- Recreational or entertainment activities
- Providing information, escorts, assistance, or other services to relatives and visitors
- Other tasks or assignments as needed within their skill set, training, and licensure/certification.

In accordance with employment contracts, collective bargaining agreements, etc., and at the determination of the Incident Commander, all or some staff members may be changed to 12-hour emergency shifts to maximize staffing. These shifts may be scheduled as around regular work hours, in six or 12-hour shifts, or as needed to meet facility emergency objectives.

4.3. Surge Staffing

If surge staffing is required—for example, staff has become overwhelmed—it may be necessary to implement surge staffing (e.g., staffing agencies).

The facility may coordinate with pre-established credentialed volunteers included in the facility roster or credentialed volunteers associated with programs such as Community Emergency Response Team (CERT), Medical Reserve Corps (MRC), and ServNY.

The facility will utilize emergency staffing as needed and as identified and allowed under executive orders issued during a given hazard/emergency.

Annex C: Emergency Power Systems

1. Capabilities

In the event of an electrical power disruption causing partial or complete loss of the facility's primary power source, the facility is responsible for providing alternate sources of energy for staff and residents (e.g., generator).

In accordance with the facility's plans, policies, and procedures,¹³ the facility will ensure provision of the following subsistence needs through the activation, operation, and maintenance of permanently attached onsite generators:

- Maintain temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;
- Emergency lighting;
- Fire detection and extinguishing, and alarm systems; and
- Sewage and waste disposal.

2. Resilience and Vulnerabilities

Onsite generators and associated equipment and supplies are located, installed, inspected, tested, and maintained in accordance with the National Fire Protection Association's (NFPA) codes and standards.

In extreme circumstances, incident-related damages may limit generator and fuel source accessibility, operability, or render them completely inoperable. In these instances, an urgent or planned evacuation will be considered if a replacement generator cannot be obtained in a timely manner.

¹³ CMS requires healthcare facilities to accommodate any additional electrical loads the facility determines to be necessary to meet all subsistence needs required by emergency preparedness plans, policies, and procedures. It is up to each facility to make emergency power system decisions based on its risk assessment and emergency plan.

Annex D: Training and Exercises

1. Training

To empower facility personnel and external stakeholders (e.g., emergency personnel) to implement plans, policies, and procedures during an incident, the facility will conduct the following training activities:

Table 13: Training

Activity	Led By	Frequency
Conduct comprehensive orientation to familiarize new staff members with the CEMP, including PEP specific plans, the facility layout, and emergency resources.	Director Of Nursing	Orientation held within 5 days of employment.
Incorporate into annual educational update training schedule to ensure that all staff are trained on the use of the CEMP, including PEP specific plans, and core preparedness concepts.	Director of Nursing and ADON	Annually
Maintain records of staff completion of training.	Director Of Nursing	Annually
Ensure that residents are aware appropriately of the CEMP, including PEP specific plans, including what to expect of the facility before, during, and after an incident.	Social Service	Bi-Annually Repeat briefly at time of incident.
Identify specific training requirements for individuals serving in Incident Management Team positions.	Administrator	Annually

2. Exercises

To validate plans, policies, procedures, and trainings, the facility will conduct the following exercise activities:

Table 14: Exercises

Activity	Led By	Frequency
Conduct one operations-based exercise (e.g., full-scale or functional exercise). ¹⁴	Administrator/Director of Nursing	Annually
Conduct one discussion-based exercise (e.g., tabletop exercise).	Administrator/Facility Engineer.	Annually

3. Documentation

3.1. Participation Records

In alignment with industry best practices for emergency preparedness, the facility will maintain documentation and evidence of course completion through sign-in sheets and feedback forms.

3.2. After Action Reports

The facility will develop After Action Reports to document lessons learned from tabletop and full-scale exercises and real-world emergencies and to demonstrate that the facility has incorporated any necessary improvements or corrective actions.

After Action Reports will document what was supposed to happen; what occurred; what went well; what the facility can do differently or improve upon; and corrective action/improvement plan and associated timelines.



¹⁴ If a facility activates its CEMP due to a disaster, the facility is exempt from the operational exercise for the year ending November 15. A facility is only exempt if the event is fully documented, a post-incident after action review is conducted and documented, and the response strengths, areas for improvement, and corrective actions are documented and maintained for three (3) years. However, the secondary requirement for a tabletop exercise still applies.

Annex E: Infectious Disease/Pandemic Emergency

The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics and pandemics. The facility must plan effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic.

The following Infectious Disease/Pandemic Emergency Checklist outlines the hazard-specific preparedness, response, and recovery activities the facility should plan for that are unique to an incident involving infectious disease as well as those incidents that rise to the occasion of a pandemic emergency. The facility should indicate for each checklist item, how they plan to address that task.

The Local Health Department (LHD) of each New York State county, maintains prevention agenda priorities compiled from community health assessments. The checklist items noted in this Annex include the identified LHD priorities and focus areas. Nursing homes should use this information in conjunction with an internal risk assessment to create their plan and to set priorities, policies and procedures.

This checklist also includes all elements required for inclusion in the facility's Pandemic Emergency Plan (PEP), as specified within the new subsection 12 of Section 2803, Chapter 114 of the Laws of 2020, for infectious disease events that rise to the level of a pandemic.

To assure an effective, comprehensive and compliant plan, the facility should refer to information in Annex K of the CEMP Toolkit, to fully understand elements in the checklist including the detailed requirements for the PEP.

A summary of the key components of the PEP requirements for pandemic situations is as follows:

- o development of a Communication Plan,
- o development of protection plans against infection for staff, residents, and families, including the maintenance of a 2-month (60 day) supply of infection control personal protective equipment and supplies (including consideration of space for storage), and
- o A plan for preserving a resident's place in and/or being readmitted to a residential health care facility or alternate care site if such resident is hospitalized, in accordance with all applicable laws and regulations.

Finally, any appendices and documents, such as regulations, executive orders, guidance, lists, contracts, etc. that the facility creates that pertain to the tasks in this Annex, and/or refers to in this Annex, should be attached to the corresponding Annex K of the CEMP Toolkit rather than attached here, so that this Annex remains a succinct plan of action.

Infectious Disease/Pandemic Emergency Checklist	
Preparedness Tasks for <u>all Infectious Disease Events</u>	
<input type="checkbox"/> Required	Provide staff education on infectious diseases (e.g., reporting requirements (see Annex K of the CEMP toolkit), exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment, regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80), and Federal and State guidance/requirements Section 1:3 Page 20.
<input type="checkbox"/> Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies. Section 1:3 Page 21
<input type="checkbox"/> Recommended	Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those rates. This will allow for immediate identification when rates increase above these usual baseline levels. Section 1:3 Page 21
<input type="checkbox"/> Recommended	Develop/Review/Revise plan for staff testing/laboratory services. Section 1:3 Page 21
<input type="checkbox"/> Required	Review and assure that there is, adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys. Section 1:3 Page 22.
<input type="checkbox"/> Required	Develop/Review/Revise internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary. (Include facility's medical director, Director of Nursing, Infection Control Practitioner, safety officer, human resource director, local and state public health authorities, and others as appropriate in the process) Section 1:3 Page 22.
<input type="checkbox"/> Recommended	Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave). Section 1:3 Page 22.
<input type="checkbox"/> Required	Develop/Review/Revise environmental controls (e.g., areas for contaminated waste) Section 1:3 Page 23.
	Develop/Review/Revise vendor supply plan for re-supply of food, water, medications,

<input type="checkbox"/> Required	other supplies, and sanitizing agents.
<input type="checkbox"/> Required	Develop/Review/Revise facility plan to ensure that residents are isolated/cohorted and or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance Section 1:3 Page23.
<input type="checkbox"/> Recommended	Develop plans for cohorting, including using of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, and discontinuing any sharing of a bathroom with residents outside the cohort.
<input type="checkbox"/> Recommended	Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated . Section 1:3 Page 24.
<input type="checkbox"/> Recommended	Develop/Review/Revise a plan to recover/return to normal operations when, and as specified by, State and CDC guidance at the time of each specific infectious disease or pandemic event e.g., regarding how, when, which activities /procedures /restrictions may be eliminated, restored and the timing of when those changes may be executed. Section 1:3 Page 24.
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Preparedness Planning Tasks for Pandemic Events

<input type="checkbox"/> Required	<i>In accordance with PEP requirements</i> , Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP. Section 1:3 Page 24
<input type="checkbox"/> Required	<i>In accordance with PEP requirements</i> , Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP. Section 1:3 Page 25.
<input type="checkbox"/>	
<input type="checkbox"/>	

Response Tasks for all Infectious Disease Events:

<input type="checkbox"/> Recommended	The facility will implement the following procedures to obtain and maintain current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease: Section 1:3 Page 25.
<input type="checkbox"/> Required	The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19. (see Annex K of the CEMP toolkit

	for reporting requirements). Section 1:3 Page 25
<input type="checkbox"/> Required	The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting Section 1:3 Page 25.
<input type="checkbox"/> Recommended	The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks, if practical.
<input type="checkbox"/> Recommended	The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies Section 1:3 Page 25-26.
<input type="checkbox"/> Recommended	The facility will implement the following procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies: Section 1:3 Page 26.
<input type="checkbox"/> Recommended	The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.
<input type="checkbox"/> Required	The facility will implement the following procedures to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information . Section 1:3 Page 26.
<input type="checkbox"/> Recommended	The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents. Section 1:3 Page 25-26.
<input type="checkbox"/> Required	Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to residents and staff. If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection: Section 1;3 Page 27.
<input type="checkbox"/>	
<input type="checkbox"/>	
Additional Response Tasks for <u>Pandemic Events</u>:	
<input type="checkbox"/> Recommended	Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures) Section 1:3 Page 27.

<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, the facility will follow the following procedures to post a copy of the facility’s PEP, in a form acceptable to the commissioner, on the facility’s public website, and make available immediately upon request: Section 1:3 Page 27.</p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition: Section 1:3. Page27-28.</p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection. Section 1:3 Page 28.</p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, the facility will implement the following mechanisms to provide all residents with no cost daily access to remote videoconference or equivalent communication methods with family members and guardians: Section 1:3 Page 28.</p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, the facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e): Section 1:3 Page 28.</p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, the facility will implement the following process to preserve a resident's place in a residential health care facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e): Section 1:3 Page 28.</p>
<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) <u>or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic</u>. As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile. This includes, but is not limited to:</p> <ul style="list-style-type: none"> – N95 respirators – Face shield – Eye protection – Gowns/isolation gowns – Gloves – Masks – Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic) <p>Section 1:3 Page 29.</p>

<input type="checkbox"/>	
<input type="checkbox"/>	
Recovery for <u>all Infectious Disease Events</u>	
<input type="checkbox"/> Required	The facility will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.
<input type="checkbox"/> Required	The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders
<input type="checkbox"/>	