NEW YORK STATE OF OPPORTUNITY. Department of Health

Syracuse Home Association
Comprehensive Emergency Management Plan

2020

Syracuse Home Association
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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	315-635-8787
Local Police Department	315-635-3131
Emergency Medical Services	315-638-4328
Fire Marshal	N/A
Local Office of Emergency Management	315-435-2525
NYSDOH Regional Office (Business Hours)[1]	315-435-3252
NYSDOH Duty Officer (Business Hours)	866-881-2809
New York State Watch Center (Warning Point) (Non-Business Hours)	518-292-2200

For complete emergency contact list, refer to the Disaster Manual.

[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:

Mark Murphy Administrator & CEO	9/2020
Al Tripodi, M.D. Medical Director	9/2020

Record of Changes

Table 2: Record of Changes

Version #	Implemented By	Revision Date	Description of Change

Record of External Distribution

Table 3: Record of External Distribution

Date	Recipient Name	Recipient Organization	Format	Number of Copies

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McHarrie Place COVID-19 POLICY

1 Background

1.1 Introduction

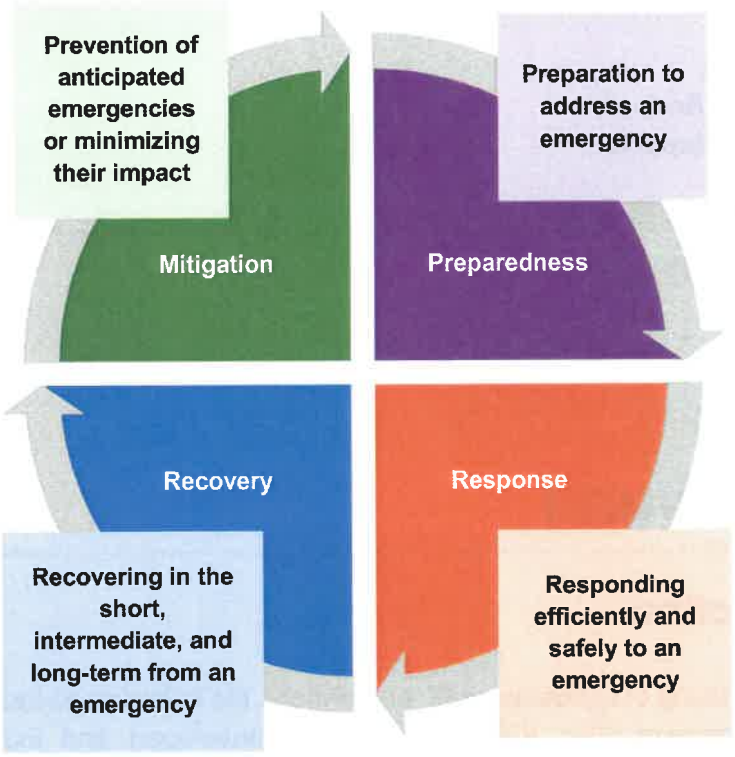
To protect the well-being of residents, staff, and visitors, the following all-hazards Comprehensive Emergency Management Plan (CEMP) has been developed and includes considerations necessary to satisfy the requirements for a Pandemic Emergency Plan (PEP). Appendix K of the CEMP has been adjusted to meet 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 the Long Term Care Executive Council and the Mutual Aide Plan.

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.

Depending upon the circumstances, please also refer to the facility Disaster Plan, the facility Infection Control plan, as well as the Long Term Care Mutual Aide plan.

1.4 Situation

1.4.1 Risk Assessment[2]

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 9/11/2020 and determined the following hazards may affect the facility's ability to maintain operations before, during, and after an incident:

- Blizzard/snow ice storn
- Infectious disease
- Cyber attack
- EHR/information system disruption
- Fire, internal
- Hazardous material incidents
- Extended utility outage
- Structural failure, etc.
- Earthquake
- Tornado
- Flood/external
- Acts of terrorism/riots
- Infectious disease
- Severe Weather Conditions
- Chemical, Biological, Radiological, Nuclear, or Explosive (CBRNE

This risk information serves as the foundation for the plan—including associated policies, procedures, and preparedness activities.

[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.

1.4.2 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 McHarrie Place Disaster Plan or the Director of Maintenance.

1.5 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.

- McHarrie Place may reach out to Ononadaga County Emergency Management and LTCEC.

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 senior-most 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).
- McHarrie Place participates with LTCEC Mutual Aid exercises.

If one or more activation criteria are met and the plan is activated, the senior-most 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	Acts of Terrorism	Severe Weather Conditions	Hazard Material I	Earthquake	Structural Failure	Fire	Flood	CBRNE	Infectious Disease /	IT/Comms Failure	Power Outage	Tornado
NYSDOH Regional Office[4]	M	M	M	M	M	M	M	M	M	M	M	M
Facility Senior Leader	M	M	M	M	M	M	M	M	M	M	M	M
Local Emergency Management	M	R	R	M	R	R	R	M	M	R	R	M
Local Law Enforcement	M	R	R	R	R	R	R	M	R	R	R	R
Local Fire/EMS	M	R	M	M	M	M	M	M	R	M	R	M
Local Health Department	R	R	M	R	R	R	R	M	M	R	R	R
Off Duty Staff	M	R	M	R	R	R	R	M	M	R	R	R
Relatives and Responsible Parties	R	R	R	R	R	R	R	M	M	M	R	R
Resource Vendors	R	R	R	R	R	R	R	R	R	R	R	R
Authority Having Jurisdiction	M	R	R	R	R	M	R	M	R	R	R	R
Regional Healthcare Facility Evacuation Center	R	R	R	R	R	R	R	R	R	R	R	R

[4] 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 [region-specific phone number]. 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 Assistant Administrator Director of Nursing, Nursing Nursing Supervisor	Leads the response and activates and manages other Incident Management Team positions.
Public Information Officer	Assistant Administrator Director of Resident Services Public Relations Director	Provides information and updates to visitors, relatives and responsible parties, media, and external organizations.
Safety Officer	Director of Maintenance	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	Director of Nursing Director of Resident Services	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	Administrator Assistant Director of Nursing Director of Nursing Nursing Supervisor	Collects and evaluates information to support decision-making and maintains incident documentation, including staffing plans.
Logistics Section Chief	Assistant Administrator Director of Nursing Nursing Supervisor Director of Resident Services	Locates, distributes, and stores resources, arranges transportation, and makes alternate shelter arrangements with receiving facilities.
Finance/Admin Section Chief	CFO	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	Assistant Administrator	Director of Nursing
Public Information Officer	Director of Public Relations	Administrator	Assistant Administrator
Safety Officer	Director of Plant Operations	Maintenance Supervisor	
Operations Section Chief	Director of Nursing	Nursing Supervisor	Nurse Managers
Planning Section Chief	Director of Nursing	Nursing Supervisor	Nurse Managers
Logistics Section Chief	Director of Plant Operations	Nursing Supply	
Finance/Admin Section Chief	Administrator	CFO	Assistant Administrator

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 the Education room and the secondary/back-up location is the Activities room, 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
LTCEC **Long Term Care Executive Council**	To provide temporary shelter of member facility's resident if evacuation needed.	Main number: 315-449-6000 (Van Duyn) Cell: 315-838-5206 Back up: 315-638-2521 (Syracuse Home @ McHarrie Place)

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.

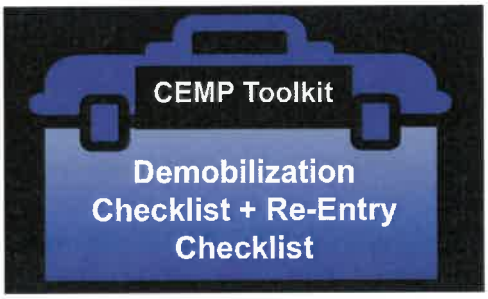
Resuming pre-incident staff scheduling will require a planned transition of staff resources, accounting for the following considerations:

- 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;[5]
- 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.	Plant Manager or designee	N/A
Clean-up of facility grounds (e.g., general housekeeping, removing debris and damaged materials).	Plant Manager or designee, Director of Housekeeping, Administrator, Assistant Administrator	ProScapes
Internal damage assessments (e.g., structural, environmental, operational).	Plant Manager or designee, Director of Housekeeping, Administrator, Assistant Administrator	N/A
Clinical systems and equipment inspection.	Administrator, Director of Nursing, Chief Finance Officer	ACC, SigmaCare, PNP, Rehab Optima

[5] Refer to the *NYSDOH Evacuation Plan Template* for more information about repatriation.

Activity	Responsible Entity	Contracts/Agreements
Strengthen infrastructure for future disasters (if repair/restoration activities are needed).	Chief Finance Officer, Administrator	ACC
Communication and transparency of restoration efforts to staff and residents.	Resident Services, Assistant Administrator	Telephone calls, social media, email, text, local news media
Recurring inspection of restored structures.	Plant Manager, Administrator, Chief Finance Officer,	N/A

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:

Emergency Disaster tags for every resident are kept in a fire proof safe behind the main reception desk.

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")[6] and the Resident Evacuation Critical Information and Tracking Form[7] 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.

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[6] 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.

[7] 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")[8] and the Resident Evacuation Critical Information and Tracking Form[9] 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 our ADP system and schedules 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 the 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.

[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.

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	✓	
Cell Phone	✓	
Text Messages		✓
Email	✓	
News Media		✓
Radio Broadcasts		✓
Social Media		✓
Runners		✓
Emergency Notification Systems[10]		✓
Facility Website	✓	

4.1.1 Communications Review and Approval

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;

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

- 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 Emergency list of all staff members, including emergency contact information, in the nursing office and the facility Disaster Manual. 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 may include communication from McHarrie Place via a letter from administration, email, and verbal communication via phone, video, social media, website or in person.

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 all identified authorized family member's and guardian's (responsible parties') contact information, including phone numbers and email addresses in each resident's electronic record (cloud based). 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 phone, website, social media, and video conversation. 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

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

Finance – provide money and document staff time and other costs for reimbursement purposes (Director of Human Resources & CFO)

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
- Any additional supply costs

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.

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 CFO 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.	Director of Plant Operations	Annually
Review and update contact information for response partners, vendors, and receiving facilities.	Director of Plant Operations	Annually or as response partners, vendors, and host facilities provide updated information.
Review and update contact information for staff members and residents' emergency contacts.	Director of Resident Services	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 Resident 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.	Director of Plant Operations	Annually
Maintain electronic versions of the CEMP in folders/drives that are accessible by others.	Director of Plant Operations	Annually
Revise CEMP to address any identified gaps.	Administrator Assistant Administrator	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 Plant Operations	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).	▪ Unforeseen disaster impacts cause facility to shelter residents in order to achieve protection.	▪ 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.	▪ 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.	▪ Can only be done for coastal storms. ▪ Requires pre-approval from NYSDOH prior to each hurricane season and re-authorization at time of the incident.

Protective Action		Potential Triggers	Authorization
Internal Relocation	**Internal Relocation** is the movement of residents away from threat within a facility.	▪ Need to consolidate staffing resources. ▪ Facility is structurally sound to withstand current conditions. ▪ Interruptions to clinical services would cause significant risk to resident health and safety.	▪ Determined by facility based on safety factors. ▪ If this protective action is selected, the NYSDOH Regional Office must be notified.
Evacuation	**Evacuation** is the movement of residents to an external location (e.g., a receiving facility) due to actual or anticipated unsafe conditions.	▪ 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.	▪ Refer to the *NYSDOH Evacuation Plan Template*.
Lockdown	**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.	▪ ▪ Presence of an active threat (e.g., active shooter, bomb threat, suspicious package). ▪ Direction from law enforcement.	▪ 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	
☐	The senior most on-site facility official will confirm that mobilization of off-duty personnel is permissible (e.g., overtime pay).
☐	Once approved, Department Managers will be notified of the need to mobilize off-duty personnel. Utilize staffing scheduler and Emergency Phone Tree.
☐	Off-duty personnel will be notified of the request and provided with instructions including: ▪ Time and location to report ▪ Assigned duties ▪ Safety information ▪ Resources to support self-sufficiency (e.g., water, flashlight)
☐	Once mobilized, off-duty staff will report for duty as directed.
☐	If staff are not needed immediately, staff will be requested to remain available by phone.

☐	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,[11] 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.

[11] 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.	Staff Development Director of Plant Operations	Orientation held within 3 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.	Staff Development Director of Plant Operations	Annually
Maintain records of staff completion of training.	Staff Development	Monthly
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.	Director of Resident Services Administrator Assistant Administrator	Annually and as needed Repeat briefly at time of incident.
Identify specific training requirements for individuals serving in Incident Management Team positions.	Assistant Administrator Staff Development	Annually and as needed Repeat briefly at time of incident

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). [12]	Director of Plant Operations Assistant Administrator	Annually
Conduct one discussion-based exercise (e.g., tabletop exercise).	Director of Plant Operations Assistant Administrator	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.

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.

[12] 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:

- development of a Communication Plan,

- 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

- 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>	
☐ 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. In-servicing and learning moments will be provided to new hires and all staff on an annual and as needed basis to assure staff is competent in all areas of infection contor.
☐ Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies. ICP and/or designee will conduct facility wide audits, monitoring.
☐ 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. A line list is implemented to track and report infectious diseases to the Regional Department of Health.
☐ Recommended	Develop/Review/Revise plan for staff testing/laboratory services. Employee Health/Staff Development will assist with necessary training of staff.
☐ 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. Facility assures and routinely monitors adequate HCS access by appropriate staff.
☐ Required	Develop/Review/Revise internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary. Director of Nursing, Director of Plant Operations, Director of Housekeeping will work with Nursing Supply to assure medication, environmental agents and PPE are stocked and available in the event of an emergency.
☐ Recommended	Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).
☐ Required	Develop/Review/Revise environmental controls (e.g., areas for contaminated waste) Director of Plant Operations and the Maintenance Supervisor assures that environmental

	hazards are in a secured area for disposal.
☐ Required	Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. Vendors would be contacted to re-supply our needs.
☐ 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. During a pandemic, residents with an infectious disease requiring isolation/cohorting, the end hall on Unit 3 will be utilized. Signage will be posted. Dedicated staffing and supplies will be used for this unit. No co-mingling with other nursing home residents.
☐ 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.
☐ Recommended	Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated. Social distancing of residents when out of rooms as able. All staff to monitor and assist residents in complying as indicated. Residents to wear face masks as able.
☐ 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. Administration and interdisciplinary team will meet to discuss when and if certain events can resume and what plans will be put in place to assure safety of residents and staff.
Additional Preparedness Planning Tasks for <u>Pandemic Events</u>	
☐ Required	***In accordance with PEP requirements,*** Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP. Incident Commander will refer to emergency phone tree to start the communication of the event that is occurring. If outside resources are needed, the Incident Commander and/or designee will alert resources as required.
☐ Required	***In accordance with PEP requirements,*** Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP. Incident Commander will refer to the emergency phone tree to start the communication and request assistance with notifying staff and families of the infectious disease process, including implementation of isolation precautions and/or cohorting and use of PPEs.
Response Tasks for <u>all Infectious Disease Events</u>:	
☐ 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: The ICP

	nurse and/or designee will ensure appropriate signage is displayed during a disease response. ICP will coordinate with Staff Development on educating staff on response actions required for specific infectious diseases.
☐ 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). Director of Nursing and/or designee will report infectious disease to the Regional DOH and on the HCS website.
☐ Required	The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting. Director of Nursing and/or designee will report infectious disease to Regional DOH and on the HCS website.
☐ 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.
☐ 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. Any resident with an infectious disease R/T a pandemic and requires isolation will be cohorted at the end hall on Unit 3. Signage will be posted. Dedicated staffing and supplies are used for this section. No co-mingling with other nursing home residents. Director of Nursing and/or designee will report infectious disease to Regional DOH and on the HCS website.
☐ 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: Staffing scheduler will ensure that proper staffing will be assigned to the designated unit as needed.
☐ 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.
☐ 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. Written, verbal, social media and/or the facility's website will be utilized to provide residents, relatives, and friends with education about the disease and the facility's response.
☐ 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.
☐ 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: In the event of a pandemic, visitation will be limited to only necessary visits from family members approved by Administration. In a pandemic, all staff and visitors will be monitored per guidelines from Federal, State, CDC and/or local agencies, whichever is the most strict and current.
Additional Response Tasks for <u>Pandemic Events</u>:	
☐ Recommended	Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures. Staff Development and ICP will ensure all staff have been appropriately trained and fitted for PPE.
☐ Required	***In accordance with PEP requirements,*** 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. This will be updated by and Assistant Administrator. The Administrator will be responsible for ensureing the content is updated according.
☐ Required	**In accordance with PEP requirements,** 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 at least once per day and upon a change in a resident's condition, including but not limited to letters, phone calls, and virtual technology.
☐ Required	***In accordance with PEP requirements***, 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, including but not limited to letter, phone calls and virtual technology.
☐ Required	***In accordance with PEP requirements***, 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. This will be done via tablets and/or any technology available that has video capability for communication to family members and guardians.
☐ Required	***In accordance with PEP requirements,*** 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): ▪ Assess each hospitalized resident on a case by case basis for admission or readmission based on the clinical status of the resident and if McHarrie Place can safely meet that resident's needs. ▪ Request any clinical documentation from the hospital prior to any admission or readmission that is pertinent and will support in meeting that resident's needs.

	▪ Based on the above, the facility will determine if that hospitalized resident is acceptable for admission or readmission. ▪ All of above are dependent on bed availability.
☐ Required	***In accordance with PEP requirements,*** 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): ▪ The facility can safely meet that resident's needs. ▪ The facility has an appropriate bed available. ▪ The facility will re-admit the resident to another appropriate bed if the hospitalized resident was admitted to the hospital for an extended period of time that required the facility to fill the original bed.
☐	***In accordance with PEP requirements,*** the facility will implement the following planned procedures to maintain at least a two-month (60-day) supply of personal protective equipment (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. At a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile. – N95 respirators – Face shields – Eye protection – Gowns/isolation gowns – Gloves – Masks – Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic) Storage location is in the basement.
Recovery for all Infectious Disease Events	
☐ 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.
☐ Required	The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders

SYRACUSE HOME ASSOCIATION
PANDEMIC EMERGENCY PLAN

As of September 15, 2020, Syracuse Home has finalized the following Pandemic Emergency Plan. This plan is posted on the facility's public website and is available upon request at the facility within 24 hours of request. This plan addresses COVID-19.

1. **Communication:**
    - Authorized family members and guardians of residents infected with the pandemic infectious disease will be contacted daily and upon a change in the resident's condition. This will be done via phone on the clinical unit.
    - All residents and authorized family members and guardians will be updated once per week on the number of infections and deaths at the facility. This will be conducted via secured email and/or phone.
    - At no cost to the resident, videoconferencing or equivalent communication methods will be made available at the resident's request. Staff will provide assistance as necessary.
    - Required forms of communication will be selected by each resident, family member or guardian.
2. **Infection Control Plan:**
    a. Staff:
        - The facility will maintain a 60-day supply of personal protective equipment (PPE) 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 shields
            - ✓Eye protection
            - ✓Gowns/isolation gowns
            - ✓Gloves
            - ✓Masks
            - ✓Sanitizers and disinfectants (meeting EPA Guidance current at the time of the pandemic)
        - Health checks/screening are required in the Employee Health Office for all HCP and other facility staff at the beginning of their shift. This includes all personnel regardless of whether they are providing direct resident care. They will have their temperature taken and will be sent home with a temperature of >100. Screening questions will be focused on travel history. contacts with those with symptoms of COVID-19 or have tested positive with COVID-19.

- Staff with symptoms of cough, trouble breathing, rash, vomiting, and diarrhea will be further assessed by the RN screener and not be permitted to work.
- Staff are encouraged to observe social distancing (6ft) during meals and breaks. Staff dining room tables are placed to accommodate social distancing.
- Staff that present with symptoms during their shift will be immediately sent home. They are encouraged to be evaluated by their personal provided.
- Staff will not be permitted to return to work until fully recovered.
- The NYSDOH will be notified of any staff that have tested positive for COVID-19.

b. Staff Testing:

- At this time, all staff that are or will be on site at the facility, including contracted staff and administrative staff will be required to be tested weekly.
- Staff will be able to report to work while they are awaiting the results of any one of their weekly testing as long as they are not experiencing any symptoms.
- Staff will be required to share a copy of their test results with the Administrator and/or Employee Health Nurse upon receipt.
- Those staff members that refuse to participate in the mandated testing will not be permitted to work or provide any services at the facility until such time as they comply with the requirement.
- Employees who receive a positive COVID-19 test will be furloughed 14 days and must test negative at the end of the 14 days to be eligible to return to work. Testing at this time will need to be outside of the facility.
- In the event a COVID-19 positive staff person has had contact with residents on a unit, that unit will be placed on droplet/contact precautions for 14 days and all residents will be monitored for signs and symptoms of COVID-19.
- All testing is at no cost to the employee.

c. Residents:

- Communal dining and all internal group activities where resident cannot maintain social distancing will be cancelled.
- Those residents that can safely eat in their rooms will do so. Staff will circulate regularly to assure safety.
- Residents will only go to necessary appointments outside of the facility. The resident will be brought to the front door where they will then be transported to their appointment. They will wear a mask.

- Upon return from an outside appointment, that resident will be placed on contact/droplet precautions and monitored for signs and symptoms of COVID-19 for 14 days.
- All routine dental, podiatry and vision consults will occur in the resident's room.

d. Volunteers:
- All volunteer activity will be suspended. An exception is made for the Ombudsman, who will be subject to the same screening process as employees. The Ombudsman will have to present a verified negative test result to the facility that was done within the past week.

e. Vendors/Deliveries:
- All deliveries made through the front entrance will be left at the front desk. All deliveries made to the back dock will require the outside delivery person(s) to be screened and have their temperature taken. They will not leave the back hall for any reason during delivery/pickup.

f. Visitors:

Facility (residents or staff) have not been COVID-19 free for a period of no less than fourteen (14) days.

- All visitation will be suspended in the facility when staff or a resident has confirmed COVID-19 within the past 14 days. Exceptions are made for family members of residents in imminent end-of-life situations, and those providing Hospice care. Visits are limited to no more than 2 visitors in a semi-private room and no more than 3 visitors in a private room. These visitors will be screened upon admission at the front desk, will receive guidance outlining restrictions before going to the unit and are allowed only to go to the resident's room. They must wear a mask at all times, and other PPEs if required at the time. These visitors must present a verified negative test result done within the last week (7 days) and visitation will be refused if the individual(s) fails to present such negative test result, exhibits any COVID-19 symptoms, or does not pass screening questions.
- Signage will be posted notifying the public if visitation has been suspended and families members will be notified via email/phone. An announcement of same will be posted on the facility website.

Facility (residents or staff) have been COVID-19 free for a period of no less than fourteen (14) days. At this time, visitation is restricted to outdoor areas.

a. Screening:
- Signs will be clearly posted to identify the point of entry (front entrance only) and screening process prior to entering the facility.

- All visitors must present a verified negative test result within the last week (7 days) and visitation must be refused if the individual(s) fails to present such negative test result.
- If fever or Covid-19 symptoms are present, or they have recently traveled to a state or country listed as restricted, the visitor will not be allowed to visit.
- A daily log will be maintained with names and contact information for all visitors.
- Visitors are required to sanitize their hands upon entering the facility.
- Visitors will be supplied with a mask/face covering before entering the facility. They will be educated that if their mask becomes soiled, they should notify the facility to receive a replacement mask.

b. Physical Space, Distancing and Occupancy Limits:

- Physical distancing of at least six feet will be required between the visitor and resident.
- No more than two visitors at one time will be permitted.
- Visitors under the age of 18 years old are prohibited from visiting residents at this time.
- Common visitation areas will be cleaned and disinfected after each visitation.
- Visitors will be escorted to and from the visitation area by a staff member.
- Visitors will not enter any resident care areas.
- Outside areas used for visitation by more than one resident, will have approximately 150 square foot per resident and visitor(s) to support physical distancing, privacy and decrease interactions between those who are present.
- and tables will be placed to cue social distancing.
- Visitation will be scheduled by appointment only. Visits will be scheduled 5 days a week during the hours of 9:30a-3:30p, excluding weekends and holidays.
- A maximum of 2 residents will be scheduled per unit during any visitation time.
- ***Any visitor that fails to adhere to the above protocol, he/she will be prohibited from visiting for the duration of the COVID-19 state declared public health emergency.***

3. **Residents Positive for COVID-19:**

- Residents diagnosed with COVID-19 will be transferred to the temporary "COVID-19 Unit". They will wear a mask while being transferred. Residents on Unit 3 will have their temperature, O2 SATs and lungs sounds auscultated and be monitored for symptoms of COVID-19 each shift.

- All residents on the Unit from which the diagnosed resident transfers from will be monitored will have their temperature, VS, O2 SAT and lungs sounds auscultated and be monitored for symptoms of COVID-19 each shift for 14 days.
- A moveable zip wall will separate those rooms designated for the COVID-19 Unit on Unit 3. It is located at the end of the long hall. Only COVID-19 residents will reside within this Unit. Each individual room has it's own bathroom.
- Any staff entering the COVID-19 Unit will don a gown, mask, gloves, eye shields, and an N95 that has been fit-tested.
- If tolerated, the resident will wear a mask while being provided care.
- Dedicated staff will work inside the COVID-19 unit. They will don all PPEs before entering the COVID-19 Unit via the zip wall and will not leave the COVID-19 unit until the end of their shift. When they leave the COVID-19 unit, they will exit the outside door within the COVID-19 Unit (which has access to the front parking lot). The COVID-19 Unit contains a staff bathroom, supply closet, a medication cart, kitchenette, computer and available phones.
- Resident/staff meals in the COVID-19 unit will be served on disposable plates, utensils, cups and trays. The meals will be delivered via the end door located in the lounge of the COVID-19 unit. Dietary staff will not enter the COVID-19 Unit.
- Soiled linen will be collected via the end door located in the lounge of the COVID-19 unit.
- Bundling of care will be done by nursing, unless it is absolutely necessary that another department such as maintenance has to enter. No staff can enter the COVID-19 Unit without wearing an N95 that they have been fit-tested for.
- Virtual visits will be done between the Unit Nurse, Resident and MD/NP, unless necessary to be seen in person.
- Necessary blood draws will be done by an RN on Unit 3 or Nursing Supervisor.
- Communication between staff in the COVID-19 Unit and other parts of the facility will be done via cell phones.
- Dedicated staff will punch the time clock in at the beginning of their shift. They will not renter the main facility to punch out. They will keep a log and the time they leave will be logged in by payroll.
- Dedicated staff to the COVID-19 unit are instructed to furlough themselves outside of work and monitor for signs and symptoms of COVID-19 every 12 hours.
- Floating staff from unit to unit is minimized, unless absolutely necessary.

- Following a minimum of 14 days of isolation, no fever or COVID-19 symptoms and 2 consecutive negative COVID-19 tests, the resident will be returned to their previous unit/room.
- Cleaning/decontamination in response to COVID-19 will be in accordance with applicable NYSDOH, EPA and CDC guidance, as well as Syracuse Home's policy for cleaning and disinfecting of isolation rooms.

4. **Admissions/Readmissions:**
   a. During the screening process for admission/re-admission, the resident must be deemed appropriate, medically stable and whether the resident is symptomatic.
   b. No resident shall be denied re-admission or admission to the facility based on a confirmed or suspected diagnosis of COVID-19.
   c. For residents that have been transferred for hospitalization, the facility will reserve a bed for them in compliance with federal and/or state regulations. If the bed is not held, the Resident Services Department will plan a priority readmission to the facility if the resident desires to return.
   d. New admissions to the facility will be placed in a private room on isolation. They will be monitored for signs and symptoms of COVID-19, including temperature, lung sounds, and O2 SATs. They will remain on this isolation until they have had 2 consecutive negative COVID-19 tests - one on the day of admission and the second on the fourth day after admission.
   e. Residents that are being re-admitted, following hospitalization, will follow the same procedure as 4.a.
5. **Communicable Disease Reporting:**
   - Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be report to NYSDOH. This will be done electronically via the Nosocomial Outbreak reporting Application (NORA), which is a NYSDOH Health Commerce System Application. This reporting will be done by the Infection Control Preventionist or his/her designee.
6. **Recovery Procedure:**
   - Maintain, review and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic even, regarding how, when and which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.
   - Communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.
   - Obtain resolution from the NYSDOH.