



Pandemic Emergency Plan (PEP) Annex: V

2022

Wayne County Nursing Home
1529 Nye Road, Lyons, NY 14489
waynecountynursinghome.org

Instructions

The NYSDOH Comprehensive Emergency Management (CEMP) is a tool to help facilities develop and maintain facility-specific CEMPs. For 2020, Appendix V 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 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 document should be reviewed and tailored to meet the needs of each facility.

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	Lyons Fire Department 315-946-5304- do not default to 911
Local Police Department	Sheriff Department 315-946-9711 do not default to 911
Emergency Medical Services	Newark Hospital 315-332-2022
Fire Marshal	Rick Bond Fire Coordinator 315-946- 2008
Local Office of Emergency Management	George Bastedo 315-946-5663 weekends 315-946-9711
NYSDOH Regional Office (Business Hours)¹	Rochester NY 585-423-8100
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).

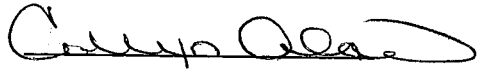
Approval and Implementation

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

Jeffrey Stalker Administrator

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Collyn Algier Compliance

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Record of Changes

Table 2: Record of Changes

Version #	Implemented By	Revision Date	Description of Change
Implemented Part 2 of CEMP	Lori Nudd	September 1, 2020	Implementation of template 2
2	Jeffrey Stalker	April 29, 2021	Updated Administrator
3	Jeffrey Stalker	6/30/2022	Updated Compliance Officer, Revised Formatting
4	Jeffrey Stalker	12/23/2023	Section 1. Clause A, C ammendment update. Also Kathy Hochul's memorandum.

Record of External Distribution

Table 3: Record of External Distribution

Date	Recipient Name	Recipient Organization	Format	Number of Copies
September 14, 2020	George Bastedo	Wayne County Office of Emergency Management	Digital (Email)	1
September 14, 2020	Diane Devlin	Wayne County Public Health	Digital (email)	1

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1. Background

1.1 Introduction

To protect the well-being of residents, staff, and visitors, an all-hazards Comprehensive Emergency Management Program (CEMP) is in place and includes considerations necessary to satisfy the requirements for a Pandemic Emergency Plan (PEP). Appendix V of the CEMP has been adjusted to meet the needs of the PEP and will also provide a form to post for the public on our facility's website, and to provide immediately upon request. The CEMP is informed by the conduct of facility-based and community-based risk assessment and pre-disaster collaboration with **Emergency Preparedness Coalitions, Rochester mutual aid partners, local emergency management agency.**

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

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.

Policy

This plan will be posted on the facility website and will be updated and submitted for review, by the Commissioner of Health, on an annual basis. The facility will make a copy of this plan available immediately upon request. The Plan will also be located in the Appendix V of the Emergency Operations Plan (EOP). During periods of quarantine and/or restricted visitation implement a method for residents to keep in touch with families or responsible parties, such as providing no-cost access to teleconferencing services, video conferencing or other means as preferred and identified by residents and their families.

- Currently, the facility is equipped with tablets for video conferencing via Zoom & Skype that are available for daily access. These tablets are available through the social work, nursing and activities departments.

When visitation is restricted the facility will update resident families or responsible parties on a weekly or more regular basis on how they can remotely keep in touch with residents. During an event, the facility will assign staff to ensure all residents and families are updated at least weekly on the number of pandemic related infections and deaths at the facility, including residents with pandemic related infections who pass away for reasons other than an infection. This responsibility will be assigned at the time of the event.

The facility will assign staff to update families and responsible parties as to the condition of infected residents on a daily basis or upon a change in a resident's condition. This responsibility will be assigned at the time of the event

Hospitalized residents will be admitted or readmitted 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.

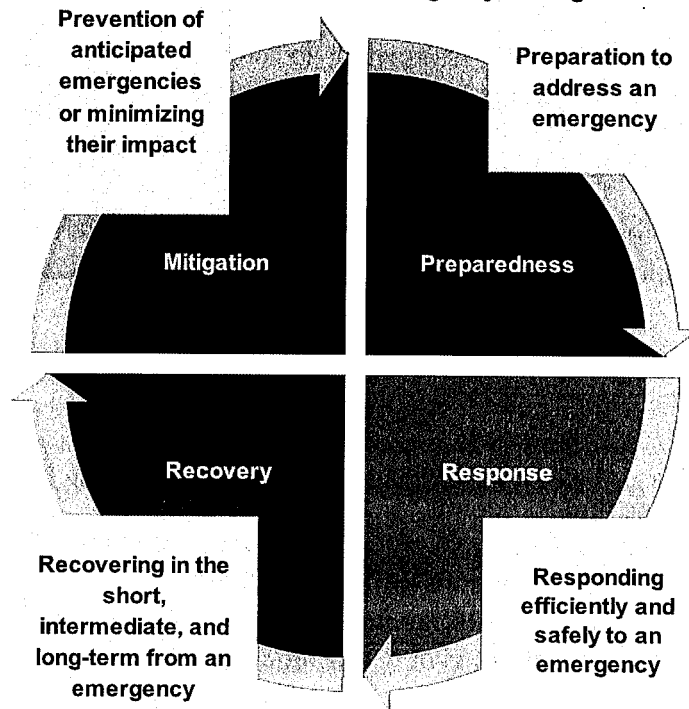
Any current resident hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e), shall have their place at the facility preserved.

As required by regulation the facility will maintain, or have access to, a two (2) month supply of Personal Protective Equipment (PPE), or any superseding requirements under New York State Executive Orders and/or NYS DOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic. This supply of PPE with either be stored onsite or will be readily accessible by the facility.

The facility will evaluate their vendor supply plan for resupply of food, water, medications, environmental cleaning agents, and sanitizing agents as part of their event assessment.

The facility will ensure it meets all reporting requirements for suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19, and reporting requirements of the Health Commerce System, e.g., HERDS survey reporting. This responsibility will be assigned at the time of the event.

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.

Facility holding site for evacuation is Fire Training Building

1.4 Situation

1.4.1 Risk Assessment

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 **6/2020** and determined the following hazards may affect the



facility's ability to maintain operations before, during, and after an incident:

- **Natural Occurring Events-Severe Thunderstorm, Snow Fall, Blizzard, Heat, and Infectious disease and Pandemic**
- **Technologic Events-Electrical Failure, Communication Failure, Information Systems, Fire, Hazmat Exposure, Structural Damage**
- **Human Related Events-Mass Casualty incident-trauma, medical or infectious, terrorism, Hostage situation, civil disturbance, missing resident, bomb threat**
- **Hazardous Materials-Chemical Exposure, Carbon Monoxide, Terrorism, Radiologic Exposure, Terrorism Radiologic**

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; **Located at the front desk**
- Procurement of emergency supplies and resources; **Appendix A and B**
- Establishment and maintenance of mutual aid and vendor agreements to provide supplementary emergency assistance; **Rochester Mutual Aide-Binder at Front Desk**
- Regular instruction to staff on plans, policies, and procedures; **CEMP book-labeled Policies and Procedure-kept at front desk**
- Validation of plans, policies, and procedures through exercises.³ **2 disaster drills a year-reviewed at safety committee**

For more information about the facilities fire prevention efforts (e.g., drills), safety inspections, and equipment testing, please refer to the **L17 Fire Policy in CEMP book at front desk**

1.5 Planning Assumptions (Rochester Mutual Aide-Drills to practice)

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). **Appendix G CEMP II, Rochester Mutual Aide**
- 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.

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

- 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.
- **Refer to life safety policy and procedures in CEMP Manual and facility P-drive**

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.

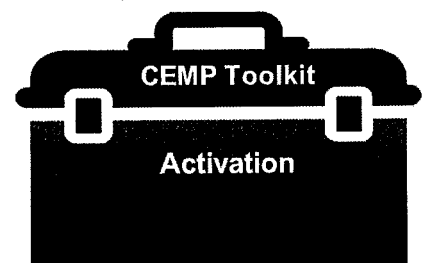
The Incident Commander may designate a staff member to monitor evolving conditions, typically through television news, reports from government authorities, and weather forecasts.

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, disaster drills**).
- **Appendix C Part 1 CEMP - Facility System Status Report**



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. **RAVE (automated mass call/texting system) will be sent out to all staff**

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). **RAVE to be sent to staff**

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. **In the CEMP Part I Evacuation Scripts section**

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

Notification Recipient	Example Hazard																	
	Active Threat	Blizzard/Ice Storm	Coastal Storm	Dam Failure	Water Disruption	Earthquake	Extreme Cold	Extreme Heat	Fire	Flood	CBRNE ⁵	Infectious Disease ⁴	Landslide	IT/Comms Failure	Power Outage	Tornado	Unlabeled	
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	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
Local Emergency Management	R	M	R	R	R	M	M	R	R	R	M	M	R	M	R	M	M	
Local Law Enforcement	M	M	R	M	M	M	M	R	R	M	R	M	M	M	M	M	M	
Local Fire/EMS	M	M	R	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
Local Health Department	M	M	R	M	M	M	M	R	R	M	R	M	M	M	M	M	M	
Off Duty Staff	M	M	R	M	M	M	M	R	R	M	R	M	M	M	M	M	M	
Relatives and Responsible Parties	M	M	R	M	M	M	M	R	R	M	R	M	M	M	M	M	M	
Resource Vendors	M	M	R	M	M	M	M	R	R	M	R	M	M	M	M	M	M	
Authority Having Jurisdiction	M	M	R	M	M	M	M	R	R	M	R	M	M	M	M	M	M	
Regional Healthcare Facility Evacuation Center	M	M	R	M	M	M	M	R	R	M	R	M	M	M	M	M	M	
[Additional Facility-Specific Recipient(s)]																		

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 [585-423-8100]. 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.

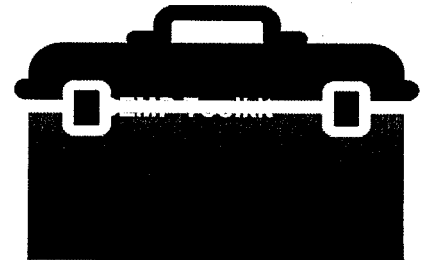


Table 5 outlines suggested facility positions to fill each of the Incident Management Team positions. The most appropriate individual given the event/incident may fill different roles as needed.

Table 5: Incident Management Team - Facility Position Crosswalk

Incident Position	Facility Position Title	Description
Incident Commander	Administrator, Director of Nursing	Leads the response and activates and manages other Incident Management Team positions.
Public Information Officer	Residential Services Director	Provides information and updates to visitors, relatives and responsible parties, media, and external organizations.
Safety Officer	Maintenance Director, Administrator	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 Preventionist, DON, ADON, Compliance	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	Education , 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	Compliance, Purchasing	Locates, distributes, and stores resources, arranges transportation, and makes alternate shelter arrangements with receiving facilities.
Finance/Admin Section Chief	Business Office Manager, Comptroller	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	Jeffrey Stalker Administrator	Collyn Algier	Shift Supervisor
Public Information Officer	Jeffrey Stalker	Michele Blair- Resident Services	County Command Center
Safety Officer	Wayne Ellison Director of Maintenance	Joelyn Osipovich- Infection control	Shift Supervisor
Operations Section Chief	Joelyn Osipovich	Michelle Sheldon	Kim Kemp
Planning Section Chief	Jason Serafin	Jessica Morency	Kim Kemp
Logistics Section Chief	Tanish Whitfield	Gina Fasano	Sam Duvall
Finance/Admin Section Chief	Barb Keefe Comptroller	Jeffrey Stalker administrator	Vicky Strong

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 – Primary: **Administrative Conference Room**, Secondary: **Education Room**

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
Re-Occupancy	Follow the reverse sequence of evacuation- Use the resident evacuation critical information and tracking forms to ensure tracking is done	RAVE message, facebook
RE-occupancy planning	Planning section chief oversee development of the incident action plan it will include timeline, re-occupancy time lines, priorities and sequencing, resource allocation and needs projection, safety analysis and mitigation measures and leadership assignments	RAVE message, facebook, facility website, and individual phone calls, E-FINDS
Re-Occupancy Decision	Decision is based on the authority having jurisdiction, state and local health department, Community public, nursing leadership, staff representatives, resident representatives, Community representatives, County Administrator and Board Members	RAVE message, facebook, Facility website

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.

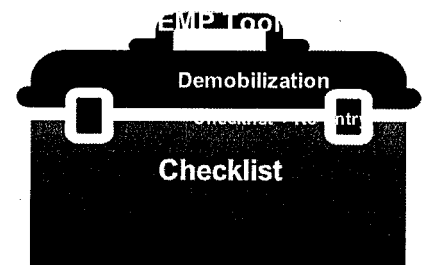
Resuming pre-incident staff scheduling will require a planned transition of staff resources, accounting for the following considerations:

- 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 **CEMP-Appendix I**

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.	Maintenance Director and NYSEG	Appendix C –CEMP II

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).	Housekeeping, Maintenance	Appendix C-CEMP II
Internal damage assessments (e.g., structural, environmental, operational).	Maintenance Director, Fire Department	Appendix C-CEMP II
Clinical systems and equipment inspection.	IT department	Policy H-31 Electronic System Disaster recovery and Business Continuity Plan
Strengthen infrastructure for future disasters (if repair/restoration activities are needed).	Board of Supervisor to approve, Building and grounds and Maintenance	Appendix C –CEMP I Facility Systems Status Report
Communication and transparency of restoration efforts to staff and residents.	Administrator	Facility Memo or RAVE system
Recurring inspection of restored structures.	Maintenance Director, Buildings and Grounds Director	Internal/external contract per case

2.4.4 Resumption of Full Services- Annex B Resource Management CEMP II

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).

-L09 Equipment deemed faulty or unsafe-in CEMP book under policies

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- Rochester Mutual Aide book, 60 day of PPE-gloves, masks, and gowns

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. **Refer to L09 Policy, A-67, A-74**

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:

- All resources are Cloud databased

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. **Policy L-66 in CEMP Book**

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. **L-66 Policy and E find section of the CEMP book**

3.3.2 Tracking and 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 Fob system, time clock system, daily staffing assignments, communication with scheduler/ADON and department heads 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/Employee Health Nurse

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	X
Cell Phone	X	X
Voice over Internet Protocol (VOIP)		<input type="checkbox"/>
Text Messages	X	X
Email	<input type="checkbox"/>	X
News Media	<input type="checkbox"/>	X
Radio Broadcasts	X	X
Social Media	X	<input type="checkbox"/>
Runners	X	X
Weather Radio	X	<input type="checkbox"/>
Emergency Notification Systems ¹²	X	<input type="checkbox"/>
Facility Website	X	X
Rave System	X	<input type="checkbox"/>

4.1.1 Communications Review and Approval

In CEMP manual Evacuation Scripts Section –for state, family, and staff

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 a **Wayne County resource** list of all staff members, including emergency contact information **in front section of CEMP manual and section Vendor list**. 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. **All staff are screened at employee entrance. Receptionist and/or designee conducts daily screen including temperature and symptom checklist.**

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, **admission documentation, newsletters, resident council meetings, resident group meetings, family council meetings, etc.).**

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 Corporate/Parent Organization

The facility will coordinate all messaging with Wayne County Administrator to ensure external communications are in alignment with corporate policies, procedures, and brand standards. Prior to an incident, the facility will coordinate with command center to ensure an on-site facility staff member(s) has authorization and approval to disseminate messages.

4.3.2 Authorized Family and Guardians

The facility maintains a list of emergency contacts in the CEMP manual and Rochester Mutual Aid manual. Such individuals will receive information about the facility's preparedness efforts upon admission.

The facility will update authorized family members and guardians of infected residents at least once per day and upon a change in a resident's condition, and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility, and to update all residents, authorized family members, and guardians of residents at the facility no later than 5:00pm on the day following the detection of an infectious disease, or at any earlier time in accordance with federal guidance, of an infection by a resident or staff member, by electronic or such other means as may be selected by each resident, authorized family member or guardian by **RAVE, facebook, and by telephone.**

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**
- **The pandemic current information at the time of the update**

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.

4.3.3 Media and General Public

During an emergency, the facility will utilize traditional media (e.g., television, newspaper, radio) and social media (e.g., Facebook, Rave) 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 **Using the Taskers under the Appendix I in CEMP I Evacuation Status Form section in the CEMP I;**
- **Ensure key processes are documented in the CEMP; Under the Area Evacuation Status Form**
- **Coordinate annual CEMP review, including the Annexes for all hazards; in both the CEMP I and CEMP II**
- Ensure CEMP is in compliance with local, state, and federal regulations; and
- **Rochester Mutual Aide**

5.2 Finance

5.2.1 Preparedness

If residents are required to evacuate and/or quarantine in a different location of facility, supplies will be moved. Refer to policy N244 and A74

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**
- **Cost of tests for the Covid-19 or Infectious diseases**

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: **Evacuation Taskers in the CEMPI**

- 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.	Compliance	Annually
Review and update contractor information for response partner vendors at receiving facilities	Administrator and designee	Annually
Review and update contact information for residents and resident representatives	Residential Service Director	Admission and Care plan meetings
Post clear and visible facility maps	Maintenance Director or designee	Annually
Emergency resources at all nurse stations, staff areas and front desk	Administrative assistance	Annually or as needed
Inventory emergency supplies, potable water and food	Maintenance director, Food director, housekeeping and purchasing	Quarterly
Resident care supplies, communication devices, batteries and flashlights	Maintenance Director	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*.

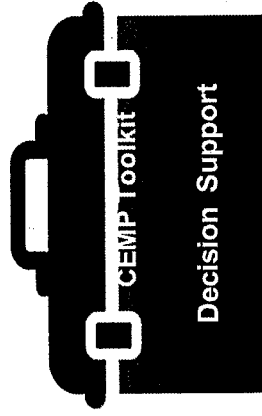


Table 11: Protective Actions

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 require 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
<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.
<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>.
<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), **60 day supply**
- 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 **In the CEMP manual, Facility Assessment Tool and the Rochester Mutual Manual.**

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 Rochester 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.

Rochester Mutual Aide needs to be activated to share supplies, Emergency Management

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: **Staff will be notified by RAVE**

Table 12: Off-Duty Personnel Mobilization Checklist

Off-Duty Personnel Mobilization Checklist	
<input type="checkbox"/>	The senior most on-site facility official will confirm that mobilization of off-duty personnel is permissible (e.g., overtime pay). Administrator /Comptroller
<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: Through RAVE or personal call <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. Through RAVE
<input type="checkbox"/>	

<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).
<input type="checkbox"/>	
	Staff will be notified by RAVE messaging system

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:

- 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.
- **Social Work, Activities, Business office, Admissions, Therapy department**
- 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., **Wayne County Emergency Management and Rochester Mutual Aide**

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.

Emergency Generator Policy L-06 in CEMP manual

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. **Emergency Generator Policy: L-06**

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.	Education Department	Orientation held within 3 days of start date
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.	Education Department	Annually Mandatory Training on CEMP
Maintain records of staff completion of training.	Education Department	Yearly records
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.	Resident Service Director will annually review with residents at Resident Council Will Review with family members annually	During incident make resident aware of any changes to the policies during the Pandemic outbreak
Identify specific training requirements for individuals serving in Incident Management Team positions.	Administration and DON	Annual safety training and as needed
All staff that will be working with COVID19 patients will be trained and demonstrated competency in performing all COVID19 related infections	Education department	Annually and as needed

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	Administration, Education, Maintenance, staff from each department	Annually
Conduct one discussion-based exercise (e.g., tabletop exercise).	Participate in Rochester Mutual Aide Disaster Drill	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 records are kept in the P drive under Education Munis**

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:

- Development of a Communication Plan: **Policy N-244 Coronavirus COVID19 plan and A74 Infectious diseases Response (Pandemic Response 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 maintain adequate PPE supply of 60 day duration.

When there is an outbreak as defined by CMS/CDC and/or NYS DOH, the residents will go to all paper products for meals

The facility has a procedure for designating a separate cohort area during an infectious disease outbreak in the facility for the separation of residents that are suspected of being infectious, including the creation of a designated infectious disease care unit in accordance with all applicable laws and regulations. **See Policy N244 and A-74**

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; Staff will be educated on policy N244 and A74 and test for competency
Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies. N244 and A74
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 facility will test as the New York State, DOH and Federal rules deemed necessary
Recommended	Develop/Review/Revise plan for staff testing/laboratory services; Testing will be dependent of guidance provided from CMS, CDC and NYS DOH (most stringent guidance will be followed)
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 to follow guidance provided by CMS, CDC and NYS DOH
<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: 60 day supply of PPE
<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). Facility to follow guidance provided by CMS, CDC and NYS DOH
<input type="checkbox"/> Required	Develop/Review/Revise environmental controls (e.g., areas for contaminated waste) EOP under Appendix S
<input type="checkbox"/> Required	Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents Food and Nutrition Disaster Menu Policy-L58
<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 Policy N244 and A74
<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. Policy N244
<input type="checkbox"/> Recommended	Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated: Refer to policy N244
<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. Facility to follow guidance provided by CMS, CDC and NYS DOH
<input type="checkbox"/>	
<input type="checkbox"/>	
Additional Preparedness Planning Tasks for <u>Pandemic Events</u>	
<input type="checkbox"/> Required	In accordance with PEP requirements, Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP. Refer to policy A74
<input type="checkbox"/> 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. Refer to policy N244

Response Tasks for all Infectious Disease Events:	
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: Refer to policy A74
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). Facility to follow guidance provided by CMS, CDC and NYS DOH
Required	The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting. Facility to follow guidance provided by CMS, CDC and NYS DOH
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. Refer to policy N244
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: Refer to policy N244
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. Refer to policy N244
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. Refer to policy N244
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. Refer to CEMP 1 manual
	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

Required	<p>to reduce exposure risk to residents and staff.</p> <p>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: Refer to policy N244</p>
Additional Response Tasks for <u>Pandemic Events</u>:	
Recommended	<p>Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures) <i>Audits to be conducted by compliance to assure PPE compliance.</i></p>
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: Facility to follow guidance provided by CMS, CDC and NYS DOH</p>
Required	<p><i>In accordance with PEP requirements</i>, the facility will update authorized family members and guardians of infected residents at least once per day and upon a change in a resident's condition, and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility, and to update all residents, authorized family members, and guardians of residents at the facility no later than 5:00pm on the day following the detection of an infectious disease, or at any earlier time in accordance with federal guidance, of an infection by a resident or staff member, by electronic or such other means as may be selected by each resident, authorized family member or guardian by RAVE, facebook, and by telephone.</p>
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: Per policy A74</p>
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): Facility to follow guidance provided by CMS, CDC and NYS DOH</p>
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): Facility to follow guidance</p>

	provided by CMS, CDC and NYS DOH
Required	<p><i>In accordance with PEP requirements</i>, the facility will implement the following planned procedures to maintain a 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>60 day stockpiled supply of PPE to be stored in purchasing storage closets</p>
Recovery for all Infectious Disease Events	
x 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.
x Required	The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders

APPROVAL #34
CHAPTER #662

December 7, 2022

MEMORANDUM filed with Assembly Bill 6052, entitled:

"AN ACT to amend the public health law, in relation to requiring infection updates and infection control planning in residential health care facilities"

APPROVED

This legislation requires residential health care facilities, as part of their mandated pandemic emergency plans, to update all residents and family members or guardians of residents within twelve hours of detection of an infectious disease in a resident or staff member. The bill would also require the facilities to develop a plan or procedure designating a separate cohort area during an infectious disease outbreak.

This bill builds upon critical safety measures we have enacted as a result of lessons learned during the Covid-19 pandemic. However, as drafted, the notification process established by the bill is overly burdensome and could prevent the bill's goals from being accomplished. . To address this issue, I have reached an agreement with the Legislature to allow the residential care facilities to contact all residents and their representatives by ~~no later than 5:00 PM on the day following the detection of an infectious disease~~, or at any earlier time in accordance with federal guidance. This balances the needs of all residents and their loved ones to be informed during an infectious disease outbreak with the operational and responsibilities of residential healthcare facilities during emergency situations.

The Legislature has also agreed to require residential health care facilities to develop cohorting plans consistent with any guidance issued by the Centers for Medicaid and Medicare Services or the Centers for Disease Control and Prevention. As we have seen during the Covid-19 pandemic, it is vital that health care providers strictly adhere to any safety protocols established by the federal government, and these amendments will ensure compliance with federal guidance in these facilities that serve as homes for our most vulnerable New Yorkers. Based upon these agreements I am signing this bill.

This bill is approved.

Ruth Hochul

1. The first part of the document is a list of the names of the persons who were present at the meeting.

△ PEP

NH- Stalker, Jeffrey

From: Scott Schabel MD <scott@schabelmd.com>
Sent: Thursday, December 8, 2022 8:18 AM
To: NH- Stalker, Jeffrey
Subject: text of law

STATE OF NEW YORK

6052

2021-2022 Regular Sessions

IN ASSEMBLY

March 5, 2021

Introduced by M. of A. LUNSFORD -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to requiring infection updates and infection control planning in residential health care facilities

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Clause (A) of subparagraph (i) of paragraph (a) of subdivision
2 sion 12 of section 2803 of the public health law, as added by chapter
3 114 of the laws of 2020, is amended to read as follows:

4 (A) to update authorized family members and guardians of infected
5 residents at least once per day and upon a change in a resident's condi-
6 tion and at least once a week to update all residents and authorized
7 families and guardians on the number of infections and deaths at the
8 facility, and to update all residents, authorized family members, and
9 guardians of residents at the facility within twelve hours of the
10 detection of the presence of an infection by a resident or staff member,
11 by electronic or such other means as may be selected by each resident,
12 authorized family member or guardian; and

13 § 2. Subparagraph (ii) of paragraph (a) of subdivision 12 of section
14 2803 of the public health law is amended by adding a new clause (C) to
15 read as follows:

16 (C) a plan or procedure designating a separate cohort area during an
17 infectious disease outbreak in the residential health care facility for
18 the separation of residents that are suspected of being infectious,
19 including the creation of a designated infectious disease care unit; and

20 § 3. This act shall take effect on the sixtieth day after it shall
21 have become a law.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

LBD02906-04-1

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