



**Department
of Health**

Methodist Home for Nursing & Rehabilitation

Comprehensive Emergency Management Plan

2020

Methodist Home for Nursing & Rehabilitation
4499 Manhattan College Parkway
Riverdale, New York 10471
www.methodisthome.org

Instructions

Emergency Contacts

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

Table 1: Emergency Contact Information

Organization	Phone Number(s)
Local Fire Department	718 999-1438
Local Police Department	NYPD 50 th Precinct 718 543-5700
Emergency Medical Services	718 999-2770/1753
Fire Marshal	516 603-1260 (Plant Operations)
Local Office of Emergency Management	518 292-2200
NYSDOH Regional Office (Business Hours) ¹	718 422-8700
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:

Maria E. Perez
Administrator & CEO



Genevieve Castillo
Director of Nursing



Paul Cavaluzzi, MD
Medical Director



September 14, 2020

Record of Changes

Table 2: Record of Changes

Version #	Implemented By	Revision Date	Description of Change
1.0			

Record of External Distribution

Table 3: Record of External Distribution

Date	Recipient Name	Recipient Organization	Format	Number of Copies
9/14/2020			post on Facility Website	1

Table of Contents

INSTRUCTIONS	2
EMERGENCY CONTACTS	2
APPROVAL AND IMPLEMENTATION	3
RECORD OF CHANGES	4
RECORD OF EXTERNAL DISTRIBUTION	5
1 BACKGROUND	9
1.1 Introduction	9
1.2 Purpose	9
1.3 Scope	10
1.4 Situation	11
1.4.1 Risk Assessment	11
1.4.2 Mitigation Overview	12
1.5 Planning Assumptions	12
2 CONCEPT OF OPERATIONS	14
2.1 Notification and Activation	14
2.1.1 Hazard Identification	14
2.1.2 Activation	14
2.1.3 Staff Notification	16
2.1.4 External Notification	16
2.2 Mobilization	18
2.2.1 Incident Management Team	18
2.2.2 Command Center	20
2.3 Response	20
2.3.1 Assessment	20
2.3.2 Protective Actions	20
2.3.3 Staffing	21
2.4 Recovery	22
2.4.1 Recovery Services	22
2.4.2 Demobilization	23
2.4.3 Infrastructure Restoration	23
2.4.4 Resumption of Full Services	24
2.4.5 Resource Inventory and Accountability	24
3 INFORMATION MANAGEMENT	26
3.1 Critical Facility Records	26

3.2 Resident Tracking and Information-Sharing	26
3.2.1 <i>Tracking Evacuated Residents</i>	26
3.3 Staff Tracking and Accountability	27
3.3.1 <i>Tracking Facility Personnel</i>	27
3.3.2 <i>Staff Accountability</i>	27
3.3.3 <i>Non-Facility Personnel</i>	28
<u>4 COMMUNICATIONS</u>	<u>29</u>
4.1 Facility Communications	29
4.1.1 <i>Communications Review and Approval</i>	29
4.2 Internal Communications	30
4.2.1 <i>Staff Communication</i>	30
4.2.2 <i>Staff Reception Area</i>	30
4.2.3 <i>Resident Communication</i>	31
4.3 External Communications	31
4.3.1 <i>Corporate/Parent Organization</i>	31
4.3.2 <i>Authorized Family and Guardians</i>	31
4.3.3 <i>Media and General Public</i>	32
<u>5 ADMINISTRATION, FINANCE, LOGISTICS</u>	<u>33</u>
5.1 Administration	33
5.1.1 <i>Preparedness</i>	33
5.2 Finance	33
5.2.1 <i>Preparedness</i>	33
5.2.2 <i>Incident Response</i>	33
5.3 Logistics	34
5.3.1 <i>Preparedness</i>	34
5.3.2 <i>Incident Response</i>	34
<u>6 PLAN DEVELOPMENT AND MAINTENANCE</u>	<u>35</u>
<u>7 AUTHORITIES AND REFERENCES</u>	<u>36</u>
<u>ANNEX A: PROTECTIVE ACTIONS</u>	<u>39</u>
<u>ANNEX B: RESOURCE MANAGEMENT</u>	<u>41</u>
1. Preparedness	41
2. Resource Distribution and Replenishment	41
3. Resource Sharing	42
4. Emergency Staffing	42
<u>ANNEX C: EMERGENCY POWER SYSTEMS</u>	<u>46</u>
1. Capabilities	46
2. Resilience and Vulnerabilities	46

<u>ANNEX D: TRAINING AND EXERCISES</u>	<u>47</u>
1. Training	47
2. Exercises	48
3. Documentation	48
3.1. Participation Records	48
3.2. After Action Reports	48
<u>ANNEX E: HAZARD CHECKLIST</u>	<u>49</u>

1 Background

1.1 Introduction

To protect the well-being of residents, staff, and visitors, Methodist Home developed the following all-hazards Comprehensive Emergency Management Plan (CEMP) that includes considerations necessary to satisfy the requirements for a Pandemic Emergency Plan (PEP).

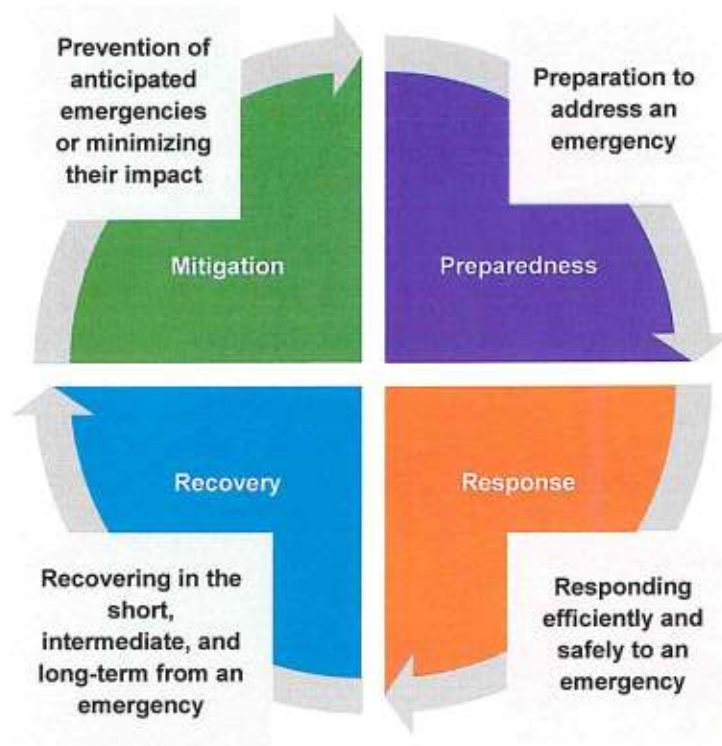
1.2 Purpose

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.

Emergency Management Program/Executive Summary - EMP – 1001 of the EMP Manual provides details on the following areas of emergency preparedness:

- Goals of the plan
- Responsibility for development & implementation
- Community Integration
- Cooperative Planning
- EMP activation
- Staff notification
- Personnel assignment
- Management of space, supplies and security
- Media communication
- Evacuation of facility
- Surge Capacity
- Recovering following an emergency

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.

1.4 Situation

1.4.1 Risk Assessment² (All Hazard Vulnerability Risk Assessment)

The facility conducts an annual all hazard 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 August 5, 2020 and determined the following hazards are still the ones most likely to affect the facility's ability to maintain operations before, during, and after an incident:

- Severe thunderstorm
- Hurricanes
- Snow fall
- Blizzards
- Ice Storm
- Temperature extremes
- Electrical failures
- Pandemics

In the event that an unanticipated hazard should occur that affects the facility's ability to maintain operations, such event will be handled through the Incident Command Structure and added to the current list of possible hazards.

- 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

1.5 The Fire Safety/Emergency Manual provides detail information on the facility's fire prevention efforts, monitoring for compliance and staff training. 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.

The following Facility policies define the process for the all hazard vulnerability assessment which informs the Emergency Management Program:

Hazard Vulnerability Analysis EMP 1004

Hazard Vulnerability Analysis Worksheet EMP 1005

Hazard Vulnerability Assessment Tool EMP 1006

Emergency Management Preparations – EMP 1007:

All staff of the Methodist Home receive education and in-service training on specific roles and duties which may be assigned during an emergency. This policy details the protocol to follow in order to insure all essential functions during an emergency are properly addressed.

Emergency Management Program Committee – EMP 1002

The Methodist Home's Emergency Program Committee is responsible to review and determine potential situations that may cause a disruption in services and establish a baseline for planning mitigation and to set criteria for the management of emergency conditions.

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).

Facility may participate in city wide emergency preparedness exercise programs conducted by the New York City Department of Health and Mental Hygiene and the U.S. Department of Homeland Security.

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.



Incident Command Activation at the Methodist Home is outlined in the following policies of the Emergency Management Program:

Incident Command Policy EMP 1003

Emergency Management Program activation is detailed in EMP – 1001, page 3.

Emergency Management Program Personnel Pool – EMP 1015

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.

This is detailed in EMP – 1001, page 4.

Emergency Call Down Procedure – EMP 1008b details the procedure for communicating with all staff onsite and off duty at the time the Incident Command Team is activated. The procedure details the call down series of telephone calls from one person to the next used to relay specific information.

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

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

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

⁵ "CBRNE" refers to "Chemical, Biological, Radiological, Nuclear, or Explosive"

⁶ To notify NYSDOH of an emergency during business hours (non-holiday weekdays from 8:00 am – 5:00 pm), the Incident Commander will contact the NYSDOH Regional Office - 718 422-7800. 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 or highest level personnel onsite.	Leads the response and activates and manages other Incident Management Team positions.
Public Information Officer	Administrator	Provides information and updates to visitors, relatives and responsible parties, media, and external organizations.
Safety Officer	Director of Plant Operations	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	Manages tactical operations executed by staff (e.g., continuity of resident services, administration of first aid).

Incident Position	Facility Position Title	Description
Planning Section Chief	Director of Finance	Collects and evaluates information to support decision-making and maintains incident documentation, including staffing plans.
Logistics Section Chief	Director of Environmental Services	Locates, etc.
Finance/Admin Section Chief	Director of Finance	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	Director of Nursing	Nursing Supervisor
Public Information Officer	Administrator	Director of Nursing	Director of Finance
Safety Officer	Director of Plant Op	Dr. Of Environmental	Senior Eng. Staff
Operations Section Chief	Director of Nursing	Asst Dir Nursing	Nursing Supervisor
Planning Section Chief	Director of Finance	Senior Accountant	HR Coordinator
Logistics Section Chief	Plant Op	Environ. Services	Senior Engineer Staff
Finance/Admin Section Chief	Finance	Senior Accountant	HR Coordinator

2.2.2 Command Center

The designated location for the Incident Command Center is Dining/Special Event Room adjacent to the Bistro on the second floor and the secondary/back-up location is the Board Room located in the Great Room on the second floor, 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. When the Incident Command Center is activated, the Administrator or the onsite authority with jurisdiction authorizes the announcement of the appropriate "Code 99" notification.

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.
- Personnel Assignments will be made by the Incident Command Coordinator as per EMP – 1001 page 4.

2.3.2 Protective Actions

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

In response to guidance from the Department of Health and the Centers for Medicaid and Medicare Services Methodist Home took steps to protect residents and staff to prevent spread of COVID-19 at the facility, for example:

- Cancellation of all outpatient rehab
- Website updated to notify families of new policy banning all visitors
- Screening of all individuals entering the building for temperature and possible exposure to infected individuals
- Rescheduling of all non-essential offsite consults for residents
- Ongoing infection control training of all staff

- Conducting all onsite meetings via teleconference
- Implemented schedule for staff testing and tracking
- Cancellation of communal dining and group programs
- Cancellation of onsite renovation work
- Limited off site medical consults for residents to only those medically necessary that could not be provided at the Home
- Suspended all non-essential contractors and vendors
-
-

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.

Staffing Emergencies Policy – Reference # 92

This policy provides guidance to Department Directors on managing staffing needs during an emergency in which certain staff may not be able to report to work and/or may be delayed in doing so.

Emergency Management Communications Staff Response Record – EMP 1008c

This log is used to document all communications and responses with off-site staff during an emergency. This will assist the Planning Chief with anticipated time of arrival and total number of employees expected to report to the facility.

Facility is able to utilize current contract for back up temporary personnel.

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
Services: Resume clinical appointments in the community		N/A
Programs: Scheduled visits by family members and/designated representative	Visits to residents scheduled by facilitated by Social Services by Recreation	Appointments can be made via the 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

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.	Director of Plant Operations	New Age Electric
Clean-up of facility grounds (e.g., general housekeeping, removing debris and damaged materials).	Director of Plant Operations Director of Environmental Services	N/A
Internal damage assessments (e.g., structural, environmental, operational).	Director of Plant Operations	N/A
Clinical systems and equipment inspection.	Director of Nursing Director of Plant Operations	Tarry Tech; Sigma Care; Rapid Response; Phillips Telemetry

⁷ 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).	Director of Plant Operations	Central Consulting, Spiezel Architectural Group
Communication and transparency of restoration efforts to staff and residents.	CEO, Dir of Nursing, Dir of Plant Operations	New Era Technology, TarryTech Consultants
Recurring inspection of restored structures.	Director of Plant Operations	

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.

The Administrator notifies all families/designated representatives of all changes in NYDOH visitation guidelines. Social Services and the Director of Therapeutic Recreation implement and adhere to these guidelines in schedule visits with family members.

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.

Throughout the COVID-19 pandemic there has been an ongoing assessment of resource inventory.

3 Information Management

3.1 Critical Facility Records

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

Resident discharge summary and medication record

Facility utilizes an electronic health record, Sigma Care Matrix, which is a cloud-based platform with a backup onsite server.

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.

Methodist's policy reference # EMP-1031 e-FINDS (Evacuation of Facilities in Disasters System) instructs staff on the use of the NYS DOH patient tracking system in the event an evacuation is required.

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

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>

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.

The Methodist Home's HIPAA Privacy and Security Policy and Procedures Manual address resident privacy and confidentiality in the following policies:

Permitted Uses & Disclosures of Protected Health Information 01

Accounting of Disclosures of Protected Health Information 02

Minimum Necessary Requirement Policy 03

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.

Reference: Methodist Home for Nursing and Rehabilitation EMP 1031 – e-FINDS (Evacuation of Facilities In Disasters System).

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 Smart Linx punch in system to run reports to identify staff in the building as well as 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.

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.

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 personnel pool log and the payroll system. *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.

The Medical Director is responsible for reviewing and approving the credentials of non-facility clinical personnel. The Human Resource Coordinator is responsible for preparing the credentialing package for review. When utilizing 1135 waivers, the HHS and CMS requirements will be strictly followed.

Non-facility personnel are logged in at the reception desk.



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

4.1.1 Communications Review and Approval

All communications to residents and their families/designated representatives are approved by the Administrator & CEO. In order to meet new requirements by the Department of Health and CMS as a result of COVID-19, the Methodist Home developed the COVID-19 Pandemic Communications Policy. This policy outlines specific circumstances under which residents and

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

families/designated representatives must be updated on the status of pandemic exposure and testing at the facility.

Communications will be via emails, zoom conferences, Methodist Home Live Stream Channel and phone calls.

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 Emergency Call Down Procedure list of all staff members, including emergency contact information. Each Department Director has an updated copy, list is available online as part of the Emergency Management Program and it is also available in the Nursing Station. 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 one on one communication, tablets, face time, and amazon echo devices. The Emergency Preparedness Program is presented at least annually to the Resident Council meeting.

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

This is not applicable.

4.3.2 Authorized Family and Guardians

The facility can generate a report off of the Electronic Health Record of all identified authorized family member's and guardian's (responsible parties') contact information, including phone numbers and email addresses. This can be accessed virtually or at the physical location. Such individuals will receive written 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 electronically via email, postings on the website, scheduled zoom conferences and one to one communication by phone. 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
- and any other information required by federal or local agencies

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, 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;
- Training
- Procurement of supplies

5.2 Finance

5.2.1 Preparedness

[Facility-specific financial functions to account for preparedness-related costs (e.g., purchase of preparedness supplies)] List below is comprehensive.

5.2.2 Incident Response

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

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

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

5.3 Logistics

5.3.1 Preparedness

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

5.3.2 Incident Response

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

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

Incident Command Policy EMP 1003

This policy describes the procedure and responsible parties.

6 Plan Development and Maintenance

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

Table 10: Plans, Policies, and Procedures

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

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
Internal Relocation is the movement of residents away from threat within a facility.	<ul style="list-style-type: none"> Need to consolidate staffing resources. Consolidation of mass care operations (e.g., clinical services, dining). Minor flooding. Structural damage. Internal emergency (e.g., fire). Temperature presents life safety issue. 	<ul style="list-style-type: none"> Determined by facility based on safety factors. If this protective action is selected, the NYSDOH Regional Office must be notified.
Evacuation is the movement of residents to an external location (e.g., a receiving facility) due to actual or anticipated unsafe conditions.	<ul style="list-style-type: none"> Mandatory or advised order from authorities. Predicted hazard impact threatens facility capacity to provide safe and secure shelter conditions. Structural damage. Emergency and standby power systems failure resulting in facility inability to maintain suitable temperature. 	<ul style="list-style-type: none"> Refer to the <i>NYSDOH Evacuation Plan Template</i>.
Lockdown 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.	<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:

Facility has added items specific to this site:

- 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
- Walkie Talkies and batteries
- Wet vacs
- flashlights

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:

Staffing Emergencies Policy #92 provides guidance.

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.
✓	Off-duty personnel will be notified of the request and provided with instructions including: <ul style="list-style-type: none"> ■ Time and location to report ■ Assigned duties ■ Safety information ■ Resources to support self-sufficiency (e.g., water, flashlight)

<input checked="" type="checkbox"/>	Once mobilized, off-duty staff will report for duty as directed.
<input checked="" type="checkbox"/>	If staff are not needed immediately, staff will be requested to remain available by phone.
<input type="checkbox"/>	To mobilize additional off-duty staff, the facility may need to provide additional staff support services (e.g., childcare, respite care, pet care). These services help to incentivize staff to remain on site during the incident, but also need to be carefully managed (e.g., reduce liability, manage expectations).
<input type="checkbox"/>	

4.2. Other Job Functions

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

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

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

In accordance with employment contracts, collective bargaining agreements, etc., and at the determination of the Incident Commander, all or some staff members may be changed to 12-hour

emergency shifts to maximize staffing. These shifts may be scheduled as around regular work hours, in six or 12-hour shifts, or as needed to meet facility emergency objectives.

4.3. Surge Staffing

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

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

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

Annex C: Emergency Power Systems

1. Capabilities

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

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

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

2. Resilience and Vulnerabilities

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

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

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

Annex D: Training and Exercises

1. Training

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

Table 13: Training

Activity	Led By	Frequency
Conduct comprehensive orientation to familiarize new staff members with the CEMP, including PEP specific plans, the facility layout, and emergency resources.	Assistant Dir of Nursing, Plant OP	Orientation held within [30] 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.	The monthly In Service training schedule is developed by the Director of Nursing.	Several in services are scheduled and provided throughout each month.
Maintain records of staff completion of training.	Assistant Dir of Nursing	ongoing
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.	Information provided at Resident Council meetings, through the live stream channel, and in one to one communications	Repeat briefly at time of incident.
Identify specific training requirements for individuals serving in Incident Management Team positions.	Outside Consultant	annually

2. Exercises

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

Table 14: Exercises

Activity	Led By	Frequency
Conduct one operations-based exercise (e.g., full-scale or functional exercise). ¹⁴	Operations & Compliance manger	Annually
Conduct one discussion-based exercise (e.g., tabletop exercise).	Operations & Compliance Manager	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 attendance records.

After Action Reports

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



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

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

Annex E: Infectious Disease/Pandemic Emergency

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

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

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

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

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

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

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

Preparedness Tasks for all Infectious Disease Events

<input type="checkbox"/> Required	Provide staff education on infectious diseases (e.g., reporting requirements (see Annex K of the CEMP toolkit), exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment, regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80), and Federal and State guidance/requirements. Director of Nursing develops the annual in service training schedule. Several in services are conducted throughout the month. Trainings are added on to the schedule as needed, based on changes in regulatory requirements and for operational procedure changes.
<input type="checkbox"/> Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies. The Home has policies and procedures providing guidance for infection prevention, control and monitoring as applicable to the Department of Nursing and Environmental Services. These policies and procedures are reviewed annually and as needed throughout the year to ensure adherence to best practices for infection control.
<input type="checkbox"/> Recommended	Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those rates. This will allow for immediate identification when rates increase above these usual baseline level. The Infection Control Preventionist conducts weekly infection control rounds, documents daily tracking of infections which are reported monthly to the Quality Assurance Committee. (Refer to Policies; Asymptomatic Testing Protocol and Sample Collection for SARS-CoV2 Diagnostic Testing).
<input type="checkbox"/> Recommended	Develop/Review/Revise plan for staff testing/laboratory services. The facility has contracts with Northwell Health Labs and Acutis Labs to conduct testing of residents and staff.
<input type="checkbox"/> Required	Review and assure that there is, adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys. Three RNs have access to the reporting system.
<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). Nursing Department maintains a 3 day supply of over the counter medications. Facility has an automatic dispensing system (ADS) which contains an inventory of over 150 medications based on established par levels.
<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). The Administrative Team met to review and update the visit policy in response to the COVID 19. The policy was updated to meet new requirements to eliminate all visitation. Human Resources provides timely written updates to all regarding out of state travel and testing requirements.
<input type="checkbox"/>	Develop/Review/Revise environmental controls (e.g., areas for contaminated waste) The

Required	facility has policies and procedures for the management, storage and disposal of contaminated waste. Director of Environmental Services is responsible for the training and supervision of the housekeeping staff and Director of Nursing is responsible for training and supervision of all nursing and CAN staff. The Facility has a contract with a contaminated waste pick up company.
<input type="checkbox"/> Required	Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. The Facility tracks its inventory on an electronic spreadsheet. The documented inventory listed all supplies needed to support the operations for a period of 60 days. This includes 60 days of PPE supplies and sanitizers.
<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.
<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. The Facility developed a policy and procedure to address cohorting of residents to prevent the spread of COVID-19: Cohorting Residents to Prevent the Spread of COVID 19.
<input type="checkbox"/> Recommended	Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated. The facility conducts all staff meetings, regardless of size through virtual communication rather than in person. Residents dine in their rooms rather than a communal setting. Visitations are limited, conducted in an outdoor setting and scheduled in order to avoid clusters of people gathering in one area. Public areas and elevators have marking to assist people with appropriate social distancing. Tables arranged in the Patio adhere to social distancing requirements.
<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. Once the Facility has met the requirement, visitations were scheduled on a limited and control basis. Off-site appointments for residents that are medically necessary were resumed.
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Preparedness Planning Tasks for Pandemic Events

<input type="checkbox"/> Required	<i>In accordance with PEP requirements,</i> Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP. The Facility developed and updates as needed the COVID-19 Pandemic Communications Policy.
<input type="checkbox"/> Required	<i>In accordance with PEP requirements,</i> Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP. The Facility developed and has updated as needed the Corona Virus (COVID-19)

	Pandemic Outbreak Policy.
<input type="checkbox"/>	
<input type="checkbox"/>	
Response Tasks for <u>all Infectious Disease Events</u>:	
<input type="checkbox"/> Recommended	<p>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:</p> <p>The Facility follows the Incident Command Structure to manage every aspect of the pandemic. It monitors daily information from CMS, DOH, NYSDOH, CDC and OCR to insure its policy and procedures reflect the up to date guidance from these agencies.</p>
<input type="checkbox"/> Required	<p>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). Nursing complies with all daily reporting requirements to the CDC and HERDS. Several staff have been trained and have access to the Health Commerce System for back up.</p>
<input type="checkbox"/> Required	<p>The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting Nursing complies with all daily reporting requirements to the CDC and HERDS. Several staff have been trained and have access to the Health Commerce System for back up.</p>
<input type="checkbox"/> Recommended	<p>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. This has been implemented and updated on an ongoing basis.</p>
<input type="checkbox"/> Recommended	<p>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. 1. Each resident has their own room. Resident is kept in isolation, if infected. 3. Resident is transferred to the designated area of the unit for cohorting.</p>
<input type="checkbox"/> Recommended	<p>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:</p> <p>Designated staff take care of patients who are infected.</p>

<input type="checkbox"/> Recommended	The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms. Environmental Services has written protocols for staff to follow and these are carefully monitored.
<input type="checkbox"/> Required	The facility will implement the following procedures to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information. The facility provides information at monthly Resident Council Meetings, zoom conferences with families, notification to residents and family members when a staff or resident is COVID positive and COVID related deaths; emails to families; live stream channel in resident's rooms and one to one communications.
<input type="checkbox"/> Recommended	The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents provide information regarding facility-maintained list of external stakeholders to be contacted and mechanisms for sharing information. Information is provided to vendors via email, postings on the website, and one to one communications.
<input type="checkbox"/> Required	Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to residents and staff. If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection: The Facility followed Executive Orders guidelines initially limited visitations and then eliminating visitations until the Facility met the standards for partial reopening. The Facility will continue to notify families of any changes in guidelines.
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Response Tasks for Pandemic Events:

<input type="checkbox"/> Recommended	Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures). Facility follows its policy on PPE use: Use of PPE for Corona Virus (COVID -19) Pandemic Outbreak
<input type="checkbox"/> Required	<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: list facility planned procedures, timeline to post, etc. The Facility will post its Plan by the 9/14/20 deadline.
<input type="checkbox"/> Required	<i>In accordance with PEP requirements</i> , the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition: This is accomplished via email and by phone.

<input type="checkbox"/> Required	<i>In accordance with PEP requirements</i> , the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection:
<input type="checkbox"/> Required	<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: The Recreation Department works with the Residents to schedule video conferencing meetings at no cost to them.
<input type="checkbox"/> Required	<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): The resident will be readmitted to the first available bed, if their previous room is not available.
<input type="checkbox"/> Required	<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 The resident will be readmitted to the first available bed, if their previous room is not available.
<input type="checkbox"/> Required	<i>In accordance with PEP requirements</i> , the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) <u>or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic</u> . As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile. This includes, but is not limited to: <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) The facility maintains a 60 day stock pile of PPE, sanitizers. Facility tracks and inventories stock pile in spreadsheet in an electronic format. This is reviewed on a daily basis.
<input type="checkbox"/>	
<input type="checkbox"/>	

Recovery for all Infectious Disease Events

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