

LEWIS COUNTY HEALTH SYSTEM

Environment of Care

Subject: RHCF Emergency Management Plan

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1 Background

1.1 Introduction

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

The racial make-up of Lewis County is 98.17% Caucasian, 0.39% African American, 0.28% Native American, 0.23% Asian, 0.05% Pacific Islands. The median age of residents is 37 years, with 27.8% being under the age of 18 and 13.8% who were over 65 and the balance of the population (58.4%) being evenly distributed between these two age groups.

Located at 7785 North State Street, Lowville NY, Lewis County Residential Health Care Facility is a 160 bed, long-term and short-term rehab care facility.

The facility can meet the long-term physical, spiritual and general medical needs of the resident population. There is a 40-bed designated dementia unit to meet the special care needs of resident's with dementia. The facility's 2nd floor is designated for short term rehabilitation needs. The rehabilitation facility's nursing and therapy staff specialize in:

- Orthopedic conditions
- Post-surgical conditions
- Joint replacement
- Amputations
- Stroke
- Reconditioning due to illness or injury
- Musculoskeletal disorders
- Pain disorders

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

1.2 Purpose

The purpose of this plan 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).

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.

This plan specifically covers the Residential Health Care Facility, however, works collaboratively with the Lewis County General Hospital Emergency Operations plan and Hospital Incident Command System (HICS).

1.4 Situation

1.4.1 Risk Assessment

The facility conducts an annual risk assessment, known as the hazard vulnerability analysis, 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 conducts a facility-specific risk assessment each year, and determines which hazards may affect the facility's ability to maintain operations before, during, and after an incident. The HVA can be found in the emergency operations section of the Environment of Care

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

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.

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

1.5 Planning Assumptions

This plan is guided by the following planning assumptions:

- Emergencies and disasters can occur without notice, any day, and on any shift.
- Emergencies and disasters may be facility-specific, local, regional, or state-wide.
- Local or state authorities can declare an emergency.
- The facility engages in regional health care preparedness activities to ensure that patient care is well-coordinated within the hospital, across health care providers, and with state and local public health departments and emergency systems
- 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 96 hours.
- Power systems (including emergency generators) could fail.
- During an emergency, it may be difficult from some staff to get to the facility, or alternately, they may need to stay in the facility for a prolonged period of time.

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., winter storm 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 visitors—the Nurse Manager/Supervisor at the scene 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 event will potentially impact multiple departments and/or the Hospital.
- The Hospital has determined to implement a protective action.
- The Hospital is testing the plan during internal and external exercises (e.g., fire drills).

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

The Incident Command Center is the main building of LCGH, in 3 West. If it is unsafe it will be relocated to the Public Health Conference Room. The Hospital Command Center phone extension is 5811.

Other established centers will be simultaneously established unless otherwise notified:

Center	Location	Supervisor
Family Support Area	John Herrman Conference Room	Dir Social Services or designee
Media Center	Avis Graves Building	Director of Marketing and Public Relations
Personnel Pool	Nursing Home Family Room first floor	Dir HR or designee

Employees not involved in patient care or do not have an assignment from their supervisor or the Incident Command Center should report to the Personnel Pool (first floor Nursing Home Family Room) after hearing an emergency alert or after being summoned through the hospital recall system.

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 status updates in a timely manner.

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.

Planning and communication with receiving and transferring hospitals is detailed in the Coalition Hospital Mutual Aid MOU. Additionally, individual MOUs can further expand on resource and care requirements if necessary.

The NYSDOH Regional Office is a mandatory notification recipient regardless of hazard type, while other notifications may be hazard specific. **Table 1: Notification by Hazard Type** provides a comprehensive list of mandatory and recommended external notification recipients based on hazard type.

Table 1: Notification by Hazard Type

		Example Hazard	Active Threat ¹	Blizzard/Ice Storm	Workplace Violence	Facility Evacuation	Water Disruption	Patient Surge	Extreme Cold	Mass Casualty	Fire	Flood	CBRNE ²	Infectious Disease	HazMat Spill	IT/Comms Failure	Power Outage
Notification Recipient	NYSDOH Regional Office	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
	Local Emergency Management	R	M	M	R	M	M	M	M	M	M	M	M	M	M	R	M
	Local Law Enforcement		M	R	M	R	R	R	R	R	R	R	M	M	R	R	R
	Local Fire/EMS		M	R	M	M	R	M	R	M	M	R	R	M	R	R	R
	Local Health Department	R	M	R	R	R	R	R	R	R	R	R	M	M	R	R	R
	Off Duty Staff		M	M	M	M	M	M	M	M	M	M	M	M	M	M	M

M = Mandatory
R = Recommended

¹ "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.

² "CBRNE" refers to "Chemical, Biological, Radiological, Nuclear, or Explosive"

Relatives and Responsible Parties		M	M	R	M	R	R	R	R	R	M	R	M	R	M	M
Resource Vendors		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Authority Having Jurisdiction		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R

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 2 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 2: Incident Management Team - Facility Position Crosswalk

Incident Position	Facility Position Title	Description
Incident Commander	Nurse Supervisor, Nurse Manager, Chief Operations Officer	Leads the response and activates and manages other Incident Management Team positions.
Public Information Officer	Communications Director	Provides information and updates to visitors, relatives and responsible parties, media, and external organizations.
Safety Officer	Emergency Preparedness Director	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	Chief Nursing Officer/Nursing Home Administrator	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	Chief Medical Officer	Collects and evaluates information to support decision-making and maintains incident documentation, including staffing plans.
Logistics Section Chief	Facilities Director	Locates, distributes, and stores resources, arranges transportation, and makes alternate shelter arrangements with receiving facilities.
Finance/Admin Section Chief	Chief Financial Officer	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 3** 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 3: Orders of Succession

Incident Position	Primary	Successor 1	Successor 2
Incident Commander	Nurse Supervisor, Nurse Manager	Chief Operations Officer	Administrator on-call
Public Information Officer	Incident Commander	Communications Director	Administrative Team Member
Safety Officer	Incident Commander	Emergency Preparedness Director	Administrative Team Member
Operations Section Chief	Incident Commander	Nursing Home Administrator	Chief Nurse Officer
Planning Section Chief	Incident Commander	Chief Medical Officer	Administrative Team Member
Logistics Section Chief	Incident Commander	Facilities Director	Plant Operations Supervisor
Finance/Admin Section Chief	Incident Commander	Chief Financial Officer	Controller

2.2.2 Command Center

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

The designated location for the Command Center is on LCGH W3 and the secondary/back-up location is in Public Health Conference room unless circumstances of the emergency dictate the specification of a different location upon activation of the CEMP, in which case staff will be notified of the change at time of activation.

2.3 Response

2.3.1 Assessment

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

- Number of residents injured or affected.
- Status of resident care and support services.
- Extent or impact of the problem (e.g., hazards, life safety concerns).
- Current and projected staffing levels (clinical, support, and supervisory/managerial).
- Status of facility plant, utilities, and environment of care.
- Projected impact on normal facility operations.
- Facility resident occupancy and bed availability.
- Need for protective action; and
- Resource needs.
- Necessity for a waiver in accordance with section 1135 of the Social Security Act. Guidelines are in the LCGH/RHCF 1135 Waiver policy

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 4**.

Table 4: Pre-Identified Recovery Services

Service	Description of Service	Point(s) of Contact
Lewis County Behavior Health & Wellness Center	Provides comprehensive mental health services to individuals who have mental health concerns, emotional distress, and co-occurring disorders.	7550 South State St. Lowville, NY 13367 Phone: (315) 376-5450 http://www.tlsnny.com/behavioral_health.htm
American Red Cross	The American Red cross partners with organizations after disaster strikes to help people recover and address lingering community needs. They work together with community leaders, government, and relief agencies, to organize and execute recovery strategies.	203 N. Hamilton Street Watertown, NY 13601 315-782-4410 https://www.redcross.org/local/new-york/eastern-new-york/about-us/locations/north-country.html

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,
- 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 5 outlines entities responsible for performing infrastructure restoration activities and related contracts/agreements.

Table 5: Infrastructure Restoration Activities

Activity	Responsible Entity	Contracts/Agreements
Internal assessment of electrical power.	LCGH Plant Operations	The internal damage assessment of internal power will be completed by the in-house electrician.
Clean-up of facility grounds (e.g., general housekeeping, removing debris and damaged materials).	LCGH Plant Operations	Clean-up of facility grounds are completed with the in-house staff.
Internal damage assessments (e.g., structural, environmental, operational).	LCGH Plant Operations	The County's code enforcement department would be contacted to perform a structural assessment.
Clinical systems and equipment inspection.	Biomed Engineer	General Electric
Communication and transparency of restoration efforts to staff and residents.	LCGH Communications Director	The would be conducted as part of regular media and public briefings
Recurring inspection of restored structures.	LCGH Plant Operations	The County's code enforcement department would be involved in ongoing inspections of the rebuild progress.

2.4.4 Resumption of Full Services

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

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

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

2.4.5 Resource Inventory and Accountability

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

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

3 Information Management

3.1 Critical Facility Records

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

- Medical record data
- Facility financial and accounting information
- Facility operations data

The facility maintains an Information Systems Contingency Planning policy that addresses the protocols for how sensitive data will be stored and managed in times of crisis.

If computer systems are interrupted or non-functional, there is a two-fold approach to medical records. First if the building is compromised and an evacuation is ordered, there is a very likely chance that the cloud EMR is still available. The cloud EMR could be accessed from a remote location and print or download all the records necessary, from a secure off-site location. The secure off-site location would be established in the Avis Graves Training Room at Lewis County Search and Rescue. Records could be downloaded there, or access could be granted to caregivers in the destinations, so that they could access the records.

The second tier would be the Health Information Exchange (HIE), primary clinical data is sent to the HIE, and destination facilities would have access to the HIE to retrieve that information.

Resident Tracking and Information-Sharing

3.1.1 Tracking Evacuated Residents

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

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.

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.

Resident Confidentiality

The facility will ensure resident confidentiality throughout the evacuation process. The Health Insurance Portability and Accountability Act Privacy Rule allows resident information to be shared to assist in emergency relief efforts. Providers and health plans covered by the Privacy Rule can share resident information in the following ways:

- Health care providers can share resident information as necessary to provide treatment.
- Coordinating resident care with others (such as emergency relief workers).
- Providers can share resident information to seek payment for services.
- Notification of the individual’s location, general condition, or death.
- Providers can share resident information with anyone to prevent or lessen a serious and imminent threat to the health and safety of a person.

When a health care provider shares information with disaster relief organizations authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a resident’s permission to share the information if doing so would interfere with the organizations’ ability to respond to the emergency.

3.2 Staff Tracking and Accountability

3.2.1 Tracking Facility Personnel

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

3.2.2 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 Kronos Workforce Management system to track the arrival and departure times of staff. During every operational period (e.g., shift change), Department Managers or designees will conduct an accountability check to ensure all on-site staff are accounted for.

If an individual becomes injured or incapacitated during response operations, Department Managers or designees will notify the Incident Commander to ensure the staff member's status change is reflected in Kronos Workforce Management.

3.2.3 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.

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.

Those systems are defined along with crisis communications protocols in the Communications Plan.

4.1.1 Communications Review and Approval

Upon plan activation, the Incident Commander will designate a Public Information Officer to serve as the single point of contact for the development, refinement, and dissemination of internal and external communications, if the size of the event requires such designation. For smaller events, the Incident Commander will approve and disseminate all external communication.

Key Public Information Officer functions include:

- Develop situational reports/updates for internal audiences (staff and residents) and external audiences.
- Develop coordinated, timely, consistent, and reliable messaging and/or tailor pre-scripted messaging for public dissemination.
- Conduct direct resident and relative/responsible party outreach, as appropriate; and
- Address rumors and misinformation.

4.2 Internal Communications

4.2.1 Staff Communication

The facility maintains a list of all staff members, including emergency contact information, in the Emergency Preparedness binder in the Command Post. The employee listing is updated monthly. 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 Labor Pool 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 Labor pool for most incidents is in the Family room on the first floor across the hall from the Beauty Shop. The labor pool area 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 labor pool area will ensure full staff accountability. The labor pool 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 and the facility's preparedness 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 communicate with families within 24 hours of an incident, then 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 Relatives and Responsible Parties

The facility maintains a list of all identified relatives' and responsible parties' contact information, including phone numbers and email addresses at RHCF Administrative Assistant. Relatives and responsible parties will receive information about the facility's preparedness efforts upon admission.

During an incident, the facility will notify relatives and responsible parties within 24 hours about the incident, status of the resident, and status of the facility by phone call and Broad blast notification. Additional updates may be provided on a regular basis to keep residents relatives/responsible parties apprised of the incident and the response.

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

- Nature of the incident.
- Status of resident.
- Restrictions on visitation; and
- Estimated duration of protective actions

When incident conditions do not allow the facility to contact residents' relatives/responsible parties in a timely manner, or if primary methods of communication are unavailable, the facility will utilize local or state health officials, the facility website, and/or a recorded outgoing message on voicemail, among other methods, to provide information to families on the status and location of residents.

4.3.2 Media and General Public

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

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

Table 6: Emergency Contact Information

Organization	Phone Number(s)
Local Fire Department	(315) 376-2511
Local Police Department	(315) 376-6511
Emergency Medical Services (LCSR)	(315) 376-7711
Fire Marshal	(315) 376-5683
Local Office of Emergency Management	(315) 376-5305
NYSDOH Regional Office (Business Hours)	(315) 477-8442
NYSDOH Duty Officer (Business Hours)	866-881-2809
New York State Watch Center (Warning Point) (Non-Business Hours)	518-292-2200

POC	Phone Number(s)
NYSDOH Syracuse Regional Office	(315) 477-8472 business hours (315) 477-8500 after hours
Dr Shirley Tuttle-Malone	(315) 376-5287 office
NYS Long Term Care Ombudsman Program	(315) 785-8703 ext 228

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; and
- Ensure CEMP is in compliance with local, state, and federal regulations.
- Ensure the CEMP integrates with LCGH Emergency Operations Plan.

5.2 Finance

5.2.1 Preparedness

The Emergency Preparedness Department procures emergency preparedness materials and supplies for both the Hospital and Nursing Home under accounting code 8742.

5.2.2 Incident Response

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

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

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

5.3 Logistics

5.3.1 Preparedness

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

5.3.2 Incident Response

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

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

6 Plan Development and Maintenance

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

Table 7: Plans, Policies, and Procedures

Activity	Led By	Frequency
Review and update the facility’s risk assessment.	Director of Emergency Preparedness	Annually
Review and update contact information for response partners, vendors, and receiving facilities.	Director of Emergency Preparedness	Annually or as response partners, vendors, and host facilities provide updated information.
Review and update contact information for staff members and residents’ emergency contacts.	HR Representative	Annually or as staff members provide updated information.
Review and update contact information for residents’ point(s) of contact (i.e., relatives/responsible parties).	RHCF Admin Assistant	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.	Plant Operations	Annually
Maintain electronic versions of the EOP in folders/drives that are accessible by others.	Director of Emergency Preparedness	Annually
Revise EOP to address any identified gaps.	Director of Emergency Preparedness	Upon completion of an exercise or real-world incident.
Inventory emergency supplies (e.g., potable water, food, resident care supplies, generator fuel.).	Director of Emergency Preparedness	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.)

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 8**. For more information, refer to the *Evacuation Plan*

Table 81: Protective Actions

Protective Action		Potential Triggers	Authorization
Defend-in-Place	<p>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).</p>	<ul style="list-style-type: none"> ▪ Unforeseen disaster impacts cause facility to shelter residents in order to achieve protection. 	<ul style="list-style-type: none"> ▪ May be initiated by the Incident Commander ONLY in the absence of a mandatory evacuation order. ▪ Does not required NYSDOH approval.
Shelter-in-Place	<p>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.</p>	<ul style="list-style-type: none"> ▪ Disaster forecast predicts low impact on facility. ▪ Facility is structurally sound to withstand current conditions. ▪ Interruptions to clinical services would cause significant risk to resident health and safety. 	<ul style="list-style-type: none"> ▪ Can only be done for coastal storms. ▪ Requires <u>pre-approval</u> from NYSDOH prior to each hurricane season and <u>re-authorization</u> at time of the incident.

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

Annex B: Resource Management

1. Preparedness

The facility maintains an inventory of emergency resources and corresponding suppliers/vendors, including:

- Generators
- Fuel for generators and vehicles
- Food and water for a minimum of 96 hours for staff and residents
- Disposable dining supplies and food preparation equipment and supplies
- Medical and over-the-counter pharmaceutical supplies
- Personal protective equipment
- Emergency lighting, cooling, heating, and communications equipment
- Resident movement equipment (e.g., stair chairs, bed sleds, lifts)
- Durable medical equipment (e.g., walkers, wheelchairs, oxygen, beds)
- Linens, gowns, privacy plans
- Housekeeping supplies, disinfectants, detergents
- Resident specific supplies (e.g., identification, medical risk information, medical records, physician orders, Medication Administration Records, Treatment Administration Records, Contact Information Sheet, last 72 hours of labs, x-rays, nurses' notes, psychiatric notes, doctor's progress notes, Activities of Daily Living (ADL) notes, most recent History and Physical (H&P), clothing, footwear, and hygiene supplies)
- Administrative supplies

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

2. Resource Distribution and Replenishment

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

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

- Procurement from alternate or nontraditional vendors
- Procurement from communities outside the affected region
- Resource substitution
- Resource sharing arrangements with mutual aid partners
- Request for external stockpile support from the state

3. Resource Sharing

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

4. Emergency Staffing

4.1. Off-Duty Personnel

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

Table 9: Off-Duty Personnel Mobilization Checklist

Off-Duty Personnel Mobilization Checklist	
<input type="checkbox"/>	The Incident Commander, Chief Financial Officer, or HR Director will confirm that mobilization of off-duty personnel is permissible (e.g., overtime pay).
<input type="checkbox"/>	Once approved, Department Managers will be notified of the need to mobilize off-duty personnel.
<input type="checkbox"/>	Off-duty personnel will be notified of the request and provided with instructions including: <ul style="list-style-type: none">▪ Time and location to report▪ Assigned duties▪ Safety information▪ Resources to support self-sufficiency (e.g., water, flashlight)
<input type="checkbox"/>	Once mobilized, off-duty staff will report as directed.
<input type="checkbox"/>	If staff are not needed immediately, staff will be requested to remain available by phone.
<input type="checkbox"/>	To mobilize additional off-duty staff, the facility may need to provide additional staff support services (e.g., childcare, respite care, pet care). These services help to incentivize staff to remain on site during the incident, but also need to be carefully managed (e.g., reduce liability, manage expectations).

4.2. Other Job Functions

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. 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
- 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.
- Meal preparation
- Food Service Activities

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. Employees retain the right to decline.

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.

Annex C: Utilities Management

1. Capabilities

Management of utilities during emergencies is handled by Plant Operations. Plans for continued provision of key utilities (water, electricity, sewage, and waste disposal, etc.) have been formulated by Plant Operations Department and are outlined in the Utility Management Plan.

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, the facility will ensure provision of the following subsistence needs through the activation, operation, and maintenance of permanently attached onsite generators:

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

2. Resilience and Vulnerabilities

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

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

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 10: Training

Activity	Led By	Frequency
Conduct comprehensive orientation to familiarize new staff members with the EOP, the facility layout, and emergency resources.	Director of Emergency Preparedness	Orientation held on first day of employment.
Incorporate into annual educational update training schedule to ensure that all staff are trained on the use of the EOP and core preparedness concepts.	Director of Emergency Preparedness	Annually
Maintain records of staff completion of training.	Staff Development	On-going
Ensure that residents are aware appropriately of the EOP, including what to expect of the facility before, during, and after an incident.	Director of Emergency Preparedness	Annually during Resident Council meeting Repeat briefly at time of incident.
Identify specific training requirements for individuals serving in Incident Management Team positions.	Emergency Preparedness and Security Committee	As needed

2. Exercises

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

Table 11: Exercises

Activity	Led By	Frequency
Conduct one operations-based exercise (e.g., full-scale, or functional exercise).	Director of Emergency Preparedness	Annually
Conduct one discussion-based exercise (e.g., tabletop exercise).	Director of Emergency Preparedness	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 Relias Learning Management system.

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.

Annex E: Workplace Violence Plan

INTRODUCTION

Lewis County Health System (LCHS) has a duty to provide a safe and secure environment for patients, staff, and visitors. Violent or abusive behavior will not be tolerated, and decisive action will be taken to protect staff, patients, and visitors.

It is recognized that some patients and residents who, in the expert judgment of the relevant clinician are not competent to take responsibility for their actions. While these individuals are not fully exempt from this policy, their affected mental and emotional state will be considered when taking any action.

This includes:

- An individual who becomes abusive as a result of an illness or injury.
- Patients who suffer dementia or may be under the influence of drugs or alcohol.
- Patients who in the opinion of a clinician require urgent treatment.

APPLICATION

Definition of Abusive/ Disrespectful Behavior: Conduct or comments that are inappropriate, demeaning or otherwise offensive behavior intended to create an uncomfortable, hostile and/or intimidating environment.

All members of LCHS staff, including the Residential Health Care and Home Health are responsible for adherence to this policy.

This policy will apply to all abusive/violent visitors, residents, and patients.

PROCEEDURES

Resident Health Care Facility

Staff members engaged with a resident who is displaying inappropriate behavior should remember the principles outlined in Teepa Snow's Positive Approach to Care Giving.

If the resident is being disruptive by raising his/her voice, or using profanity, the staff member will speak in a calm voice and attempt to determine the cause of the patient's behavior.

Following the principles of six puzzle pieces, attempt to calm the resident.

Only someone familiar with the patient and who has been trained in Positive Approach to Care Giving should interact with a resident.

Positive Approach to Care Giving is a required training for RCHF Staff.

The Manager/Staff should always consider his/her safety, and either leave the door open or have a second person present during the interview.

The Manager/Staff should never position him/herself so that the angry resident can block the door from the room.

The Primary Restraint Technique (PRT) is never to be applied to an RCHF resident.

TRAINING:

Employees will receive Handle With Care Training as time and staffing levels permit. At a minimum, Plant Operations staff should be trained and have annual recertification in Handle With Care. Trainers are:

- Randy Lehman
- Bobbi Kahl
- Tracy Goldthrite

Program	Audience/Frequency	Topics
Security Orientation	New Employees	<ul style="list-style-type: none"> • Security Responsibilities • Reporting Incidents • Identification & Access Control • Obtaining Emergency Assistance • Security Response • Security of Information • Workplace Violence
Handle with Care basic training	All Clinical Staff (priorities ER, Med Surge, and ICU) , Home Health Staff	<ul style="list-style-type: none"> • Behavior De-escalation and Management • Safety measures • Fundamental Physical Control Techniques •
Active Shooter Response	All Employees – Voluntary Video Viewing.	<ul style="list-style-type: none"> • Threat identification • Run, Hide, Fight • Secure in Place
Satellite Clinic Safety	Staff – Just in time training or as requested	<ul style="list-style-type: none"> • Handle with Care • Secure in place skills •
Clinical Restraints	Clinical and Security Annually	<ul style="list-style-type: none"> • Need for restraints • Restraint Orders • Safe Application

Annex F: Infectious Disease/ Pandemic Emergency

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites, or fungi. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. 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 facility follows effective strategies for preventing infectious diseases. Each county Local Health Department-(LHD) maintains prevention agenda priorities compiled from community health assessments submitted by local health departments. The checklist items noted in this Annex include the identified LHD priorities and focus areas.

This checklist also includes all elements required for inclusion in 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 pandemic.

Ebola Virus Disease (EVD)-Ebola is caused by infection with a virus of the family [*Filoviridae*](#), genus *Ebolavirus*. Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of five Ebola virus strains

Novel Coronavirus (COVID-19) pandemic will place a huge burden on the U.S. healthcare system largely due to the high rate of infection and the lack of a vaccine treatment. Global efforts are focused concurrently on containing spread of this virus and mitigating the impact of this virus.

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.

<input type="checkbox"/>	RHCF Administrator, Director of Infection Control, Director of Emergency Preparedness, local and state public health authorities, and others as appropriate, review and revise internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as necessary.
<input type="checkbox"/>	Develop/Review/Revise and Enforce infection prevention, control, and reporting policies. See Policy & Procedure Format and approval
<input type="checkbox"/>	Develop Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptom monitoring human resource issues for employee leave). See COVID-19 Response Plan
<input type="checkbox"/>	Develop/Review/ Revise environmental controls (e.g., areas for contaminated waste). See COVID-19 Environmental Cleaning and Disinfection Policy
<input type="checkbox"/>	Maintain supply of personal protective equipment (e.g., surgical masks, gloves, gowns).
<input type="checkbox"/>	Develop vendor supply plan for re-supply of food, water, medications, supplies, and sanitizing agents. See LCGH EOC
<input type="checkbox"/>	Provide staff education on infectious diseases (e.g., reporting requirements, exposure risks, symptoms, prevention, and infection control, use of personal protective equipment). See COVID-19 Response Plan
<input type="checkbox"/>	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. See Active Surveillance (Record, Review, React) Policy
<input type="checkbox"/>	Develop/Review/Revise plan for staff testing/laboratory services- currently use in-house laboratory for testing or staff.
<input type="checkbox"/>	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- Administrator, DON, ADON, IP, COO, CFO have access to HERDS system for reporting
<input type="checkbox"/>	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). See LCGH Emergency Management Plan- 7.4.2
	Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. See COVID-19 Response Plan

<input type="checkbox"/>	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. See COVID-19 Response Plan within Nursing Home
<input type="checkbox"/>	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. See COVID-19 Response Plan within Nursing Home.
<input type="checkbox"/>	Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated. See COVID-19 Response Plan within Nursing Home.
<input type="checkbox"/>	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. See Annex 2- COVID-19 Response Plan within Nursing Home.

Additional Preparedness Planning Tasks for Pandemic Events

<input type="checkbox"/>	<i>In accordance with PEP requirements,</i> Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP. See COVID-19 Response Plan.
<input type="checkbox"/>	<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. See COVID-19 Response Plan.

Response Tasks for all Infectious Disease Events

<input type="checkbox"/>	Obtain guidance from the NYSDOH and the U.S. Centers for Disease Control and Prevention on disease-specific response actions.
<input type="checkbox"/>	Implement appropriate infection control policies and procedures.
<input type="checkbox"/>	The Director of Infection Control will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks, if practical.
<input type="checkbox"/>	Advise visitors to limit visits to reduce exposure risk to residents. If necessary, close facility to new admissions and limit visitors when there are confirmed cases in the community.
<input type="checkbox"/>	Advise staff to observe for signs and symptoms of illness and not to report to work if sick. If necessary, activate surge staffing strategies.
<input type="checkbox"/>	Limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with facility infection control and prevention program policies.

<input type="checkbox"/>	<p>Conduct recommended cleaning/decontamination in response to the infectious disease in accordance with facility policy for cleaning of isolation rooms.</p>
<input type="checkbox"/>	<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: See Annex 2- COVID-19 Response Plan</p>
<input type="checkbox"/>	<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 2-COVID-19 Response Plan</p>
<input type="checkbox"/>	<p>The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting. See Annex 2-COVID-19 Response Plan</p>
<input type="checkbox"/>	<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. See Authority of Infection Control Practitioner Policy</p>
<input type="checkbox"/>	<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. See Annex 2-COVID-19 Response Plan and COVID-19 Response within the Nursing Home</p>
<input type="checkbox"/>	<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: See COVID-19 Response Plan within Nursing Home</p>
<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>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: See COVID-19 Response Plan within Nursing Home</p>
<input type="checkbox"/>	<p>The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents: See Annex 2-COVID-19 Response Plan</p>

<input type="checkbox"/>	<p>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.</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: See COVID-19 Response Plan within Nursing Home</p>
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Additional Response Tasks for Pandemic Events

<input type="checkbox"/>	<p>Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures). See COVID-19 Response Plan within Nursing Home</p>
<input type="checkbox"/>	<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: PEP will be posted on website on 9/15/20</p>
<input type="checkbox"/>	<p><i>In accordance with PEP requirements,</i> the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition: See COVID-19 Response Plan within Nursing Home</p>
<input type="checkbox"/>	<p><i>In accordance with PEP requirements,</i> the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection: See COVID-19 Response Plan within Nursing Home.</p>
<input type="checkbox"/>	<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: See COVID-19 Response Plan within Nursing Home</p>
<input type="checkbox"/>	<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): See COVID-19 Response within Nursing Home.</p>
<input type="checkbox"/>	<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): See COVID-19 Response within Nursing Home</p>

<input type="checkbox"/>	<p><i>In accordance with PEP requirements</i>, the facility will implement the following planned procedures to maintain at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) <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.</p> <p>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 <u>pandemic</u>) <p>See <u>Annex 2- COVID Response Plan</u></p>
Recovery for all Infectious Disease Events	
<input type="checkbox"/>	<p>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. See Annex 2- COVID Response Plan</p>
<input type="checkbox"/>	<p>The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians, and other relevant stakeholders</p>

Reporting

1.1. Importance of Reporting

- NYSDOH is charged with the responsibility of protecting public health and ensuring the safety of health care facilities.
- Reporting is required to detect intra-facility outbreaks, geographic trends, and identify emerging infectious diseases.
- The collection of outbreak data enables the NYSDOH to inform health care facilities of potential risks and preventive actions.
- Reporting facilities can obtain consultation, laboratory support and on-site assistance in outbreak investigations, as needed.
- Facilities should direct all press inquiries to the local or state health department.

1.2. What should be reported?

NYSDOH Regulated Article 28 nursing homes:

- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees should be reported electronically via the NYSDOH Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, facilities may fax an Infection Control Nosocomial Report Form (DOH 4018): <https://www.health.ny.gov/forms/doh-4018.pdf>. Facilities are expected to conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Nosocomial infection outbreaks could also be reported to the LHD.
- A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) should be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it should also be reported to the NYSDOH electronically via the NORA or alternately, by faxing an Infection Control Nosocomial Report Form (DOH 4018): <https://www.health.ny.gov/forms/doh-4018.pdf>.

Categories and examples of nosocomial/facility associated infections that should be reported to the county local health department (LHD) and NYSDOH include:

- An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridium difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
- Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
- Foodborne outbreaks.
- Infections associated with contaminated medications, replacement fluids, or commercial products.
- Single cases of nosocomial infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
- A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
- Clusters of tuberculin skin test conversions.
- A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
- Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
- Closure of a unit or service due to infections.

1.3. Communicable Disease Reporting

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10). Reports should be made to the local health department in the county in which the resident resides and need to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately to local health departments by phone.

For more information on communicable disease reporting:

- Facilities should contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to the NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here: https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.
- Call your local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.

1.4. Internal Notification

The facility will 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 will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents.

Annex G: Inclement Weather

A blizzard has a wind speed of 35 mph or higher with blowing snow and extremely limited visibility. An ice storm also reduces visibility and can immobilize ground and air transportation leaving a facility isolated. Ice storms include freezing rain and sleet, both of which cause sheets of ice to form on the ground, which can cause falls. Ice may also build on tree limbs, wires, and awnings. Blizzards and ice storms can cause extreme cold and power outages, and impede travel to and from the facility, impacting delivery of vital services and supplies.

Preparedness	
<input type="checkbox"/>	Procure enough rock salt/snow melt to clear primary passageways.
<input type="checkbox"/>	Monitor weather forecasts via radio and television (e.g., National Weather Service).
<input type="checkbox"/>	Begin preparations for a blizzard/ice storm as soon as a watch (storm is 36 – 48 hours out) or warning (storm is occurring or will occur in 24 hours) is issued.
Response	
<input type="checkbox"/>	Ensure all staff and residents remain inside the facility.
<input type="checkbox"/>	Determine which staff will remain on site for up to 72 hours, as shift changes may not be possible during a blizzard due to blocked roads. Develop and disseminate a schedule to ensure all staff have breaks to rest, eat, and sleep.
<input type="checkbox"/>	If the heating system fails, prepare to evacuate, if possible. Contact the NYSDOH Regional Office for guidance on whether to evacuate.

Annex H: Hostage Situation, Internal

An active threat is an individual or group of individuals actively engaged in killing or attempting to kill people in a confined and populated area, often through the use of firearms.

Preparedness	
<input type="checkbox"/>	Conduct a walk-through of the facility to determine vulnerabilities (e.g., publicly accessible entrances), identify emergency escape routes, and determine necessary security measures (e.g., additional locks, cameras).
<input type="checkbox"/>	Train staff on security-related responsibilities and empower staff to report unusual, dangerous, or suspicious activity.
<input type="checkbox"/>	Train staff on the “Run, Hide, Fight” options to enable staff to quickly act during a real-world situation.
<input type="checkbox"/>	Create and implement policies for access control and security: <ul style="list-style-type: none">▪ Require all persons to display an authorized identification badge or pass.▪ Ensure locked doors remain closed and locked.▪ Control dissemination of keys and/or keypad code access.
<input type="checkbox"/>	Identify emergency escape routes for each facility office, which may or may not be the same as normal fire evacuation routes.
<input type="checkbox"/>	Identify outside gathering areas within a half mile of the facility and communicate location to staff members for staff, residents, and visitors to convene during an active threat, as appropriate.
<input type="checkbox"/>	Conduct drills with law enforcement officials to familiarize first responders with the facility (e.g., entrances/exits, building layout, notification procedures).

Annex I: Evacuation Plan

Evacuation is the movement of residents to an external location (e.g., a receiving facility) due to actual or anticipated unsafe conditions.

Preparedness

<input type="checkbox"/>	Develop an Evacuation Plan with internal and external stakeholders (Facilities, HR, Fire Department, Office of the Aging, Emergency Management Office, etc.)
<input type="checkbox"/>	Train staff on evacuation responsibilities. Practice the movement of actual people (actors) to ensure the process is accurate
<input type="checkbox"/>	<p>Train staff on the different types of evacuation.</p> <ul style="list-style-type: none"> Emergent Evacuation Urgent Evacuation Planned Evacuation Sheltering-in-Place
<input type="checkbox"/>	<p>Create and implement policies for evacuation, sheltering-in-place, facility lockdown:</p> <ul style="list-style-type: none"> ▪ Staff roles and responsibilities in each scenario.
<input type="checkbox"/>	Identify emergency escape routes for each facility office.
<input type="checkbox"/>	Identify outside gathering areas away from the facility and communicate location to staff members for staff, residents, and visitors to convene as appropriate.
<input type="checkbox"/>	Conduct drills with fire department and EMS to familiarize first responders with the facility (e.g., entrances/exits, building layout, notification procedures).
<input type="checkbox"/>	If the situation warrants, follow the procedures outlined in the 1135 waiver policy to apply for a waiver in accordance with section 1135 of the Social Security Act
<input type="checkbox"/>	Establish a communication process for determining the transfer of residents to available beds with partner facilities
<input type="checkbox"/>	<p>Categorize Patients/Residents by mobility level utilizing the Patient Resident Emergency Critical Evacuation Information Sheet for designation of Transportation Assistance Levels (TAL) (See Appendix F). TAL categorization shall be conducted by clinical staff on the Patients/Residents units.</p> <p>The mobility TAL category determined for each Patients/Residents shall be identified by A, NA or WC. These items are located in the HCC to ensure they are available to each unit as they prepare Patients/Residents for evacuation.</p>

Annex J: Supplies Inventory (Emergency Menu)

Day 1	Day 2	Day 3
Juice 4oz Cereal .75oz RTE bowl Canned fruit 4oz Coffee 8oz Milk 8 oz	Juice 4oz Cereal .75oz RTE bowl Canned fruit 4oz Coffee 8oz Milk 8oz	Juice 4oz Cereal .75oz RTE bowl Canned fruit 4oz Coffee 8oz Milk 8oz
PBJ Sandwich Potato Chips 1.5oz Canned vegetable 4oz Tea 8oz Milk 4oz	Tuna Sandwich Potato chips 1.5oz Canned Vegetable 4oz Tea 8oz Milk 4oz	PBJ Sandwich Pretzels 1.5oz Canned vegetable 4oz Tea 8oz Milk 4oz
Soup 6oz Sandwich Canned fruit 4oz Tea 8oz Milk 4oz	Soup 6oz Pasta and sauce 8oz (or Sandwich) Canned Fruit 4oz Tea 8oz Milk 4oz	Soup 6oz Sandwich Canned fruit 4oz Tea 8oz Milk 4oz

Juice (Cases)	3
Cereal (Cases)	3
Canned Fruit (LG Can)	18
Peanut Butter (Jars)	4

Jelly (Jars)	4
Tuna (LG Pack)	15
Bread (Loaves)	50
Canned Vegetables (LG Can)	18
Tea (Box)	3
Soup (LG Can)	12
Pasta Sauce (LG Can)	6
Coffee (Case)	1
Powdered Milk (5# Bag)	6

APPROVAL	1. Environment of Care _____ 2. Standards Review Committee Signed by: EOC CHAIRMAN
Interdisciplinary Involvement	Education as required and designated at Standards Review Committee Meetings.
Created:	10
Revised:	
Reviewed:	10/22
Category*	Environment of Care
Form:	The following forms are attached to this policy, and any changes to the form must be done through the ACCESS REPOSITORY. # _____
Location	