

**MASONIC CARE COMMUNITY  
COMPREHENSIVE EMERGENCY  
MANAGEMENT PLAN  
(CEMP)**

## EMERGENCY CONTACTS

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The following table lists contact information for public safety and public health representatives for quick reference during an emergency, and will be retained for the purpose of collaborating with appropriate local, tribal, regional, state, and federal emergency preparedness partners. These contacts can be resources during emergency preparedness program development and evaluation, and during real-world emergencies. Using an all-hazards approach to emergency preparedness, Masonic Care Community should have the ability to communicate with all relevant partners, if necessary. However, during an emergency, communication will be prioritized with those entities with an immediate response role such as local public health, local emergency management, and regional healthcare coalitions.

| Emergency Preparedness Contacts |  |               |  |  |
|---------------------------------|--|---------------|--|--|
| Level                           | Description  | Contact Name  | Phone  | Email  |
| Local Public Health             | Oneida County Health Dept  | Phyllis Ellis | 315-798-6400                                       | publichealth@ocgov.net   |
| Local Emergency Management      | 911 Center<br>Director of Emerg Svcs                             | Kevin Revere  | 315-765-2529                                       | 911@ocgov.net  |
| Regional: Healthcare Coalition  | Healthcare Coalition Coordinator                                 | Judy Homer    | 315- 477-8442<br>(Desk)<br>315- 440-5113<br>(Cell) | <a href="mailto:judy.homer@health.ny.gov">judy.homer@health.ny.gov</a> |
| Regional: NYSDOH                | NYSDOH Regional Office (Business Hours)                          |               | 315-477-8472                                       |  |
| Regional: NYSDOH                | NYSDOH Duty Officer (Business Hours)                             |               | 866-881-2809                                       |  |
| Regional: NYSDOH                | NYSDOH Administrator on Duty (After hours)                       |               | 315-477-8500                                       |  |
| Regional: NYSDOH                | New York State Watch Center (Warning Point) (Non-Business Hours) |               | 518-292-2200                                       |  |

|  |   |  |   |  |
|--|---|--|---|--|
| State Public Health Department: Office of Emergency Preparedness | DHS 24-hour Emergency Hotline               | Megan Kash   | Ph: 315-477-8146<br>Cell: 315-374-1541  | <a href="mailto:megan.kash@health.ny.gov">megan.kash@health.ny.gov</a> |
| Office of the State Long Term Care Ombudsman                     | Oneida County                               | Krystal Wheatley<br>315-272-1872<br>kwheatley@rcil.com | 315-733-4666<br>Ext. 205                | Facility Ombudsman – Gary Olivella<br>315-797-4642<br>Ext. 1872        |
| Regional   | NYS Office of Children and Family Services* |  | 315-423-5648                            |  |
| OSHA   | Regional Office                             |  | (315) 451-0808<br>(315) 451-1351<br>FAX |  |
| Fire   | Utica Fire Department                       |  | 315-792-0264                            |  |
| Fire   | Fire Marshall                               | Ray Centolella   | 315-534-0194                            |  |
| EMS  | Kunkel                                      |  | (315) 724-6619<br>(315) 797-2589<br>FAX |  |
| Police   | Utica Police Department                     |  | 315-735-3301                            |  |
| Sheriff  | Oneida County Sherriff                      |  | 911                                     |  |

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

\* Child Care Facility: Call immediately for deaths, hospitalization or hospitalization because of injury, etc., loss of electricity, heat, water, or if closed on a normally scheduled day of business (such as in a weather emergency).

## FACILITY PROFILE

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|   |   |
|---|---|
| Facility Name   | Masonic Care Community of NY  |
| Facility Address  | 2150 Bleecker St. Utica NY 13501  |
| Facility Location (Cross streets, Landmarks, Longitude and Latitude Coordinates)  | 43.089130<br>-75.189390   |
| Facility Telephone #  | 315-798-4800  |
| Facility Fax #  | 315-798-4983  |
| Facility Email  | <a href="mailto:wheelert@mccny.com">wheelert@mccny.com</a>                  |
| Facility Web Address  | <a href="https://www.masonichomeny.org/">https://www.masonichomeny.org/</a> |
| Administrator   | Tamara Wheeler  |
| Emergency Contact Person  | Robert Raffle   |
| Maintenance Coordinator   | Scott Freiermuth  |
| Insurance Agent/Phone #   |   |
| Fire Alarm System/Contact #   | United Alarm Company 1-800-287-4120<br>Emergency24 1-800-424-3624           |
| Security Alarm System/Contact #   | Facility Commander<br>Supported by Syracuse Time and Alarm 315-433-1234     |
| # of Licensed Beds/Average Census   | 320 / 311   |
| Average # of Staff – Days   | 629   |
| Average # of Staff - Evenings   | 169   |
| Average # of Staff – Nights   | 93  |
| Emergency Power Generator   | Caterpillar and Cummins   |
| Type Emergency Power Generator Fuel   | Diesel  |
| Emergency Communication System  |   |
| Like-Facility #1 for Resident Evacuation*(within 10 miles)/Phone #  | Sitrin Health Care Center<br>315-797-3114                                   |
| Like-Facility #2 for Resident Evacuation (within 10 miles)/Phone #  | Presbyterian Home for CNY<br>315-797-7500                                   |
| Like-Facility for Resident Evacuation (beyond 25 miles)/Phone #   | Oneida Extended Care<br>315-361-2016  |
| Other   |   |
| *Our facility has a Memorandum of Understanding (MOU) with at least one nearby facility (within 10 miles) and one out-of-the-immediate-area facility (beyond 25 miles) to accept evacuated residents, if able to do so. |   |

## APPROVAL AND IMPLEMENTATION

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

\_\_\_\_\_

|            |      |
|------------|------|
| Name/Title | Date |
|------------|------|

\_\_\_\_\_

|            |      |
|------------|------|
| Name/Title | Date |
|------------|------|

**RECORD OF CHANGES**

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| Record of Changes |                |               |                       |
|-------------------|----------------|---------------|-----------------------|
| Version #         | Implemented By | Revision Date | Description of Change |
|                   |                |               |                       |
|                   |                |               |                       |
|                   |                |               |                       |
|                   |                |               |                       |
|                   |                |               |                       |
|                   |                |               |                       |
|                   |                |               |                       |
|                   |                |               |                       |

# RECORD OF EXTERNAL DISTRIBUTION

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| Record of External Distribution |                |                        |        |                  |
|---------------------------------|----------------|------------------------|--------|------------------|
| Date                            | Recipient Name | Recipient Organization | Format | Number of Copies |
|                                 |                |                        |        |                  |
|                                 |                |                        |        |                  |
|                                 |                |                        |        |                  |
|                                 |                |                        |        |                  |
|                                 |                |                        |        |                  |
|                                 |                |                        |        |                  |
|                                 |                |                        |        |                  |

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# 1 BACKGROUND

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## 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). The PEP is posted for the public on the Facility website (mccny.com), and will be provided immediately upon request. The CEMP is informed by the conduct of facility-based and community-based risk assessments and pre-disaster collaboration with Oneida County Department of Emergency Services, mutual aid partners and Emergency Preparedness for Inclusive Communities Coalition. The NYSDOH Comprehensive Emergency Management (CEMP) Template was used to assist in the development of this CEMP.

This CEMP is a living document that will be reviewed annually, at a minimum, and as changes occur.

## 1.2 Purpose

The purpose of this plan is to set forth policy, procedures, and guidelines that describe the Masonic Care Community's approach to mitigating the effects of, preparing for, responding to, and recovering from natural disasters, man-made incidents, and/or facility emergencies.

## 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 Masonic Care Community 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.

Objectives of the plan include:

- To coordinate all efforts of personnel to efficiently and safely care for our residents in the event of an emergency situation.
- To assist in rendering care, supplies and providing space for a sudden influx of patients or residents.
- To assure that each employee will promptly and correctly carry out a specific role in case of an emergency situation.

## 1.4 Situation

### 1.4.1 Risk Assessment

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

The facility conducted a facility-specific risk assessment on 2/2020 and determined the following internal and external hazards may affect the facility's ability maintain operations before, during, and after an incident.

#### Internal

Internal emergency situations are events that threaten the safety of residents and staff within the facility. These shall include:

- Fire
- Bomb threats
- Loss of water services
- Extensive period of high heat & humidity
- Heat failure
- Missing residents
- Hazardous waste & material
- Chemical biological terrorism

(The Oneida County Health Emergency Response and Preparedness Plan for Terrorism and Other Public Health Emergencies Manual are located at the receptionist area of the Health Pavilion)

- Labor strikes
- Infectious Disease

#### External

External emergency situations are events that happen outside the facility that threaten the safety of residents and staff. These shall include:

- Snow storms
- Tornado; Hurricanes
- Flood
- Earthquake
- Major power failure
- Local emergency situations (fire, crash, explosion, etc.)

- Chemical biological terrorism  
(The Oneida County Health Emergency Response and Preparedness Plan for Terrorism and Other Public Health Emergencies Manual are located at the receptionist area of the Health Pavilion)
- Infectious Disease

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 Masonic Care Community's fire prevention efforts (e.g., drills), safety inspections, and equipment testing, please refer to the Fire Alarm Policy & Conducting Fire Drills.

### 1.5 Planning Assumptions

This plan is guided by the following 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.

## 2 CONCEPT OF OPERATIONS

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### 2.1 Notification and Activation

#### 2.1.1 Hazard Identification

The facility may receive advance warning about an impending natural disaster (e.g., snow 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

The need for a centralized authority to meet an internal or external emergency situation is self-evident. The decision to declare a state of emergency and placing the CEMP in operation shall be the function of the Executive Director/designee. Consultation with the Medical Director will be made, time permitting. Upon notification of hazard or threat from staff, residents, or external organizations the decision on whether to activate the plan will be 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).

If one or more activation criteria are met and the plan is activated, the Executive Director/designee will assume the role of “Incident Commander” and operations proceed as outlined in this document. The Incident Commander will remain in the Command Post in the Health Pavilion until the emergency situation is over.

The specific duties of the Incident Commander include, but are not limited to:

- To authorize notification of personnel as delineated on the recall list.
- To coordinate communications among the various departments and control the use of the facility with the public address system in conjunction with the receptionist.
- To utilize those Department Directors not directly involved in the emergency situation as assistants where needed.

- To communicate to facility personnel emergency policy statements as the need arises. This includes recommendations for evacuation made by the Fire Chief, Director of Plant Operations, Director of Safety & Security or Law Enforcement.
- To work with or appoint alternates to assist with discharge or evacuation of residents should the need arise.
- To report to the New York State Department of Health (NYSDOH) immediately any anticipated or actual termination of services vital to the continued safe operation of the facility including air conditioning.

### 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 Directors 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 Directors 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 Directors, keep lines of communication open, and provide status updates in a timely manner.

### 2.1.4 External Notification

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

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



## Notification by Hazard Type

**M** = Mandatory  
**R** = Recommended

Notification Recipient

|   | Active Threat <sup>1</sup> | Blizzard/Ice Storm | Coastal Storm | Dam Failure | Water Disruption | Earthquake | Extreme Cold | Extreme Heat | Fire | Flood | CBRNE <sup>2</sup> | Infectious Disease / Pandemic | Landslide | IT/Comms Failure | Power Outage | Tornado | Wildfire |
|---|----------------------------|--------------------|---------------|-------------|------------------|------------|--------------|--------------|------|-------|--------------------|-------------------------------|-----------|------------------|--------------|---------|----------|
| <b>NYSDOH Regional Office<sup>3</sup></b>             | M                          | M                  | M             | M           | M                | M          | M            | M            | M    | M     | M                  | M                             | M         | M                | M            | M       | M        |
| <b>Facility Senior Leader</b>                         | M                          | M                  | R             | M           | M                | M          | M            | M            | M    | M     | M                  | M                             | R         | M                | M            | M       | R        |
| <b>Local Emergency Management</b>                     | M                          | M                  | R             | M           | M                | M          | M            | M            | M    | M     | M                  | M                             | R         | M                | M            | M       | R        |
| <b>Local Law Enforcement</b>                          | M                          | R                  | R             | R           | R                | R          | R            | R            | M    | R     | M                  | R                             | R         | R                | R            | R       | R        |
| <b>Local Fire/EMS</b>                                 | R                          | R                  | R             | R           | M                | R          | R            | R            | M    | R     | M                  | R                             | R         | R                | R            | R       | R        |
| <b>Local Health Department</b>                        | M                          | R                  | R             | R           | M                | R          | R            | R            | M    | M     | M                  | R                             | R         | R                | R            | R       | R        |
| <b>Off Duty Staff</b>                                 | M                          | M                  | R             | R           | R                | R          | R            | R            | M    | M     | M                  | M                             | R         | R                | M            | R       | R        |
| <b>Relatives and Responsible Parties</b>              | M                          | M                  | R             | R           | R                | R          | R            | R            | M    | M     | M                  | R                             | R         | R                | R            | R       | R        |
| <b>Resource Vendors</b>                               | R                          | R                  | R             | R           | M                | R          | M            | M            | M    | M     | M                  | R                             | R         | M                | M            | R       | R        |
| <b>Authority Having Jurisdiction</b>                  | M                          | M                  | R             | M           | M                | M          | M            | M            | M    | M     | M                  | M                             | R         | R                | M            | M       | M        |
| <b>Regional Healthcare Facility Evacuation Center</b> | M                          | M                  | M             | M           | M                | M          | M            | M            | M    | M     | M                  | R                             | R         | R                | M            | M       | M        |

<sup>1</sup> “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.

<sup>2</sup> “CBRNE” refers to “Chemical, Biological, Radiological, Nuclear, or Explosive”

<sup>3</sup> 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 315-477-8472. 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 (IMT)

The following documents the chain of responsibility for activating emergency operations plans at Masonic Care Community. Individuals listed are responsible for assessing emergent situations and activating the emergency operations plan when appropriate.

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

| Individuals Responsible for Emergency Operations Plan Activation |                                     |  |
|--|-------------------------------------|--|
| Name   |                                     |  |
| Primary  | Executive Director, Robert Raffle   |  |
| Backup 1   | Administrator, Tamara Wheeler       |  |
| Backup 2   | Assistant Administrator, Andrea Fox |  |

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.

### 2.2.2 Roles and Responsibilities-Emergency Management Command

The facility will implement, to the extent possible, an Incident Command System (ICS) to provide command and control during an emergency incident. The ICS positions that will be established will include:

- Facility Incident Commander
- Public Communications/Information Officer
- Safety & Security Officer
- Continuity of Operations Lead
- Planning Lead
- Logistics Lead
- Finance/Admin Lead

The ICS positions identified above will form the Incident Management Team (IMT).

Incident Management Team – Facility Position Crosswalk outlines the facility positions that are recommended to fill each of the Incident Management Team positions. The most appropriate individual given the event/incident may fill different roles as needed.

| Incident Management Team – Facility Position Crosswalk |  |  |
|--|--|--|
| Incident Position                                      | Facility Position Title                          | Description  |
| Facility Incident Commander                            | Executive Director                               | Leads the response and activates and manages other Incident Management Team positions.   |
| Public Communications/Information Officer              | Director of Strategic Marketing and Philanthropy | Provides information and updates to visitors, relatives and responsible parties, media, and external organizations.  |
| Safety & Security Officer                              | Director of Safety & Security                    | 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. |
| Continuity of Operations Lead                          | Administrator                                    | Manages tactical operations executed by staff (e.g., continuity of resident services, administration of first aid).  |
| Planning Lead  | Administrator                                    | Collects and evaluates information to support decision-making and maintains incident documentation, including staffing plans.  |
| Logistics Lead   | Director of Safety & Security                    | Locates, distributes, and stores resources, arranges transportation, and makes alternate shelter arrangements with receiving facilities.   |
| Finance/Admin Lead                                     | Controller                                       | 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, the below Orders of Succession Table identifies primary and secondary 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.

| Orders of Succession                      |  |                         |
|---|--|-------------------------|
| <b>Incident Position</b>                  | <b>Successor 1</b>                               | <b>Successor 2</b>      |
| Facility Incident Commander               | Executive Director                               | Administrator           |
| Public Communications/Information Officer | Director of Strategic Marketing and Philanthropy | Executive Director      |
| Safety & Security Officer                 | Director of Safety & Security                    | Security Supervisor     |
| Continuity of Operations Lead             | Administrator                                    | Assistant Administrator |
| Planning Lead                             | Administrator                                    | Assistant Administrator |
| Logistics Lead                            | Director of Safety & Security                    | Security Supervisor     |
| Finance/Admin Lead                        | Controller                                       | Assistant Controller    |

### 2.2.3 Essential Services Roles and Responsibilities

The following are considered to be essential services during emergency events. The Receptionist at the direction of the Executive Director/designee or Nursing Supervisor will contact each individual as requested. Roles and responsibilities for identified services will be clearly stated, and individuals providing these services will be made aware of their responsibilities upon arrival to the campus. A primary and secondary point of contact should be established for each service, so that in the case of an emergency, the service can be activated and coordinated appropriately.

| <b>Essential Services</b> | <b>Point of Contact</b>       | <b>Secondary Point of Contact</b>      |
|---------------------------|-------------------------------|--|
| Administration            | Administrator                 | Assistant Administrator                |
| Human Resources           | Director of Human Services    | Human Resource Manager                 |
| Dietary                   | Director of Food & Nutrition  | Assistant Director of Food & Nutrition |
| Housekeeping              | Director of Housekeeping      | Assistant Director of Housekeeping     |
| Maintenance               | Director of Plant Operations  | Maintenance Supervisor                 |
| Nursing                   | Director of Nursing           | Assistant Director of Nursing          |
| Pharmacy                  | Paul Nolan                    | Brandi VanValkenburg                   |
| Safety and Security       | Director of Safety & Security | Security Supervisor                    |

## 2.2.4 Command Center

The IMT will gather in a Command Center located in the Meditation Room or secondary location (4<sup>th</sup> Floor Conference Room), unless circumstances of the emergency dictate the specification of a different location upon activation of the CEMP, in which staff will be notified of the change at time of activation. This will serve as the centralized location for incident management and coordination activities.

The Facility Command location will be equipped with communication systems primary and secondary needed to communicate during an emergency incident response. The following equipment and materials will be stored in or near the Command Center. This will include but not limited to:

- Communication systems
- Contact lists and directories
- Emergency Response equipment and inventory lists
- Triage resources and labeling
- General office supplies
- Flash lights
- White boards/flip charts
- Facility blue prints
- Emergency Preparedness Plan – copy
- Other:

## 2.3 Response

### 2.3.1 Assessment

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

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

### 2.3.2 Protective Actions

Refer to Annex A

### 2.3.3 Staffing

Based on the outcomes of the assessment, the Planning Lead will develop a staffing plan for the operational period (e.g., remainder of shift). The Continuity of Operations Lead will execute the staffing plan by overseeing staff execution of response activities. The Finance/Administration Lead 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 the Pre-Identified Recovery Services table below.

#### Pre-Identified Recovery Services

| Service   | Description of Service   | Point(s) of Contact   |
|---|--|---|
| Center for Family Life and Recovery<br>502 Court Street, Suite 401<br>Utica, NY 13501 | Day and evening appointments for in person or telephonic counseling for the following: mental health, depression, alcohol, drugs, grief, bereavement, family and other relationship issues, stress, chronic illness, child and adolescent issues                             | Utica- 502 Court Street Suite 401<br>Utica, New York 315-733-1726<br><br>Rome – 510 Erie Blvd. West, Rome, New York 315-733-1726<br><br>Herkimer – 205 N. Washington Street, Herkimer, New York 315-7331726<br><br><a href="http://www.whenthereshelpthereshope.com">www.whenthereshelpthereshope.com</a> |
| Center for Family Life and Recovery<br>502 Court Street, Suite 401<br>Utica, NY 13501 | Triple P – Positive Parenting Program- for caregivers of children ages 0-12 years old - groups to take place via zoom or in person   | Kristina Lindberg 315-768-2678 or <a href="mailto:klindberg@cflrinc.org">klindberg@cflrinc.org</a><br><br>Lauren Platt 315-768-2653 or <a href="mailto:lplatt@cflrinc.org">lplatt@cflrinc.org</a>   |
| Excellus MD Live<br>165 Court Street<br>Rochester, NY 14647                           | Telemedicine Service offered through Excellus by MD LIVE – Fast access to behavioral and medical care 24/7/365- done through the comfort of your home, desk or hotel room- mental health, depression, cold, flu, headache, etc. Offered with either a doctor or psychiatrist | web-ExcellusBCBS.com/Member<br><br>Text- Excellus to 635483<br><br>Voice – Call – 1-866692-5045   |

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.



The Infrastructure Restoration Activities table below outlines entities responsible for performing infrastructure restoration activities and related contracts/agreements.

#### Infrastructure Restoration Activities

| Activity   | Responsible Entity   | Contracts/Agreements   |
|--|--|--|
| <b>Internal assessment of electrical power.</b>  | Plant Operations;<br>Huen Electric                                 | Arc Flash Study is performed every 5 years.<br>Last study: 3/1/2018  |
| <b>Clean-up of facility grounds (e.g., general housekeeping, removing debris and damaged materials).</b> | Grounds Department   | N/A  |
| <b>Internal damage assessments (e.g., structural, environmental, operational).</b>                       | Plant Operations   | Engineering services available as needed                             |
| <b>Clinical systems and equipment inspection.</b>  | Plant Operations: Preventative Maintenance;<br>Syracuse Biomedical | Syracuse Biomedical performs annual inspections of medical equipment |
| <b>Strengthen infrastructure for future disasters (if repair/restoration activities are needed).</b>     | Plant Operations   | Engineering services available as needed                             |
| <b>Communication and transparency of restoration efforts to staff and residents.</b>                     | Director of Strategic Marketing and Philanthropy                   | N/A  |
| <b>Recurring inspection of restored structures.</b>  | Plant Operations   | Engineering services available as needed                             |

#### 2.4.4 Resumption of Full Services

Department Directors 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

Lead 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 facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.

#### 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

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#### 3.1 Critical Facility Records

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

- 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)

Electronic medical records (SigmaCare and MatrixCare LPC) are cloud based products that are hosted off-site. As per LPC cloud contract data is backed up multiple times each day and the back-ups are stored in a separate off-site location. All paper-based medical records are stored in areas that are free from water damage, insects and theft and are protected from loss, destruction and unauthorized use. Records are stored in a manner that maintains confidentiality of information contained in the records. Medical records are kept in secure locations, which allow easy accessibility of resident information by authorized personnel.

Medical records shall be retained in their original or legally reproduced form for a period of at least six years from the date of discharge or three years after the resident's age of majority (18 years), whichever is longer, or at least six years after death.

If computer systems are interrupted or non-functional, the facility will utilize paper-based recordkeeping in accordance with internal facility down-time 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")<sup>4</sup> and the Resident Evacuation Critical Information and Tracking Form<sup>5</sup> to track evacuated residents and ensure resident care is maintained.

##### Resident Confidentiality

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

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<sup>4</sup> 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.

<sup>55</sup> *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*

of protected health information in other circumstances. Private counsel should be consulted when necessary.

### **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”) and the Resident Evacuation Critical Information and Tracking Form to track staff.

#### **3.3.2 Staff Accountability**

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

The facility will utilize the time clock system to track the arrival and departure times of staff. Sign In/Sign Out sheets will be used if needed. During every operational period (e.g., shift change), Department Managers or designees will conduct an accountability check to ensure all on-site staff are accounted for.

If an individual becomes injured or incapacitated during response operations, Department Managers or designees will notify the Incident Commander to ensure the staff member’s status change is reflected in the time clock system. Sign In/Sign Out sheets will be used if needed.

#### **3.3.3 Non-Facility Personnel**

The Facility Incident Commander or Logistics Lead, if activated will ensure that appropriate credentialing and verification processes are followed. Throughout the response, the Incident Commander or Planning Lead, 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

The facility has developed a communication plan as well as communication systems and capabilities to be provided to take care of daily routine business and emergency response activities. Where possible, redundancy will be built into the communication network that will support both internal and external alerting, notification and information flow. The facility will maintain the following communication system:

| Communications System |                                   |                                    |                           |                   |
|-----------------------|-----------------------------------|------------------------------------|---------------------------|-------------------|
| Type                  | Location                          | Vendor or Supporting Service       | Back Up Redundant Service | Staff Responsible |
| Business Switchboard  | Reception Desk of Health Pavilion | Cisco                              | Emergency cell phone      | Receptionist      |
| Business Cell Phone   | Reception Desk of Health Pavilion | Kyocera<br>315-982-7657<br>Verizon | NA                        | Receptionist      |
| 2 way Radio           | Security, Grounds and Maintenance | JPJ Electronics                    |                           | Security          |
| Pagers                |                                   | N/A                                |                           |                   |
| Weather Radio         |                                   |                                    |                           |                   |
| IP Phone              | Throughout facility               | Cisco                              |                           | IT Staff          |
| Internet Access       | Throughout facility               | Spectrum                           | Northland Communications  | IT Staff          |

#### 4.1.1 Communications Review and Approval

All media/stakeholder communications are to be directed to the Director of Strategic Marketing and Communications (315-798-4730) in concert with the Executive Director/Administrator. Only authorized spokespersons are permitted to speak to the news media, only after final approval has been received of all official statements. In the event that members of the media arrive to the campus unannounced, the individual(s) will be detained until the Communications office is able to be contacted.

Messages should be scripted to address the specific needs of each audience, including:

- Resident/Resident Representative
- Employees
- Government Regulators
- Elected Officials
- Suppliers
- Management
- Neighbors in the Community

- News Media

Efforts will be made to coordinate the release of information and to ensure that the core of each message is consistent while addressing the specific questions from each audience. The following are typical channels that may be used to disseminate a statement or other communications to stakeholders:

- Press conference with press statement
- Interview with the media
- Telephone
- Emergency hotline
- Phone chain
- Live interview
- Email
- In-facility briefing
- Social media (Facebook/Twitter/YouTube)
- Web site

## **4.2 Internal Communications**

### **4.2.1 Staff Communication**

The facility maintains an Employee Contact list of all staff members, including emergency contact information. Employee contact information including primary telephone number and email address are requested upon hire, are updated as changes occur, and are reviewed annually. Employee contact information is maintained in the Evolution payroll software and complete listing is distributed in EXCEL format on a weekly basis to the Director of Information Technology, as well as to the Director of Safety & Security. A printed copy will be placed with the facility Communications Plan and will be updated on a weekly basis by the Director of Safety & Security/designee. To prepare for impacts to communication systems, the facility also maintains redundant forms of communication with on-site and off-site staff through the use of the robo-call system, emails, and individual telephone calls if needed. The facility will ensure that all staff are familiar with internal communication equipment, policies, and procedures.

### **4.2.2 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 information contained in the admission packets, newsletters, Resident Council meetings, etc.

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

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

### **4.3 External Communications**

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

#### **4.3.1 Authorized Family and Guardians**

The facility maintains contact information for designated resident representatives, including telephone number and email if available. The contact information is updated by the Social Services Dept. The Information Systems staff have setup a crystal report that pulls Emergency Contact (E1) data for the active resident census. The report will be automatically exported from the AOD database on a daily basis to the EP Contacts folder which is located on the MCC network and accessed via a shortcut of the following authorized users: Director of Safety & Security, Executive Director, Administrator, and Assistant Administrator. Due to security restrictions on the folder level, The Emergency Contacts (E1) Report is secured to protect confidential information.

During an incident, the facility will notify responsible parties about the incident, status of the resident, and status of the facility. Additional updates may be provided on a regular basis through the use of the robo-call system, social media and/or facility website 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 the robo-call system among other methods, to provide information to families on the status and location of residents.

## 5 ADMINISTRATION, FINANCE, LOGISTICS

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### 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

### 5.2 Finance

#### 5.2.1

Facility-specific financial functions to account for preparedness-related costs (e.g., purchase of preparedness supplies) include all required emergency supplies will be requested by each respective department on a facility purchase requisition. Each purchase requisition will be supported by a purchase order. The Purchasing Department will secure the requested item through our vendor contracts/agreements. Upon receipt of requested product, the receiving report will be forwarded to Accounts Payable for payment. Accounts Payable matches the invoice amounts and prices to the receiving report and purchase order and processes the invoice for payment.

#### 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 Lead 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**

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

- Regularly monitor emergency supply levels and anticipate resource needs during an incident;
- Collaborate with the Director of Purchasing to identify multiple providers of services and resources to have alternate options in case of resource or service shortages; and
- Coordinate with the Finance Lead to ensure all resource and service costs are being tracked.
- Ensure emergency supplies are re-stocked 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:

### Plans, Policies, and Procedures

| Activity  | Led By                                       | Frequency   |
|---|--|---|
| Review and update the facility's risk assessment.   | Director of Safety & Security                | Annually  |
| Review and update contact information for response partners, vendors, and receiving facilities.                 | Director of Purchasing; Administrator        | Annually or as response partners, vendors, and host facilities provide updated information.                                       |
| Review and update contact information for staff members   | 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). | Social Workers; Care Plan Coordinator        | At admission/readmission, at each IDCC Meeting, and as residents, relatives, and responsible parties provide updated information. |
| Post clear and visible facility maps outlining emergency resources  | Director of Safety & Security                | Annually  |
| Maintain electronic versions of the CEMP in folders/drives that are accessible by others.                       | Director of IT                               | Annually  |
| Revise CEMP to address any identified gaps.   | Director of Safety & Security; Administrator | Upon completion of an exercise or real-world incident.  |
| Inventory emergency supplies (e.g., potable water, PPE, batteries, flashlights)                                 | Director of Purchasing                       | Quarterly   |

## 7 1135 WAIVER INFORMATION

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When the President of the United States declares an emergency under the Stafford Act or National Emergencies Act, and the Health and Human Services Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is allowed to assume additional actions on top of their usual authorities. One of these actions is to waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program requirements, under section 1135 of the Social Security Act, to ensure that sufficient health care services are available to meet the needs of affected populations. The 1135 waivers may include adjustments to the conditions of participation or other certification requirements. Once an 1135 waiver is authorized at the federal level, Masonic Care Community will be able to submit requests to the State Survey Agency (DQA) to operate under the authority of the waiver. MCC will be required to justify the use of the waiver, the expected modifications to usual standards, and the duration of the waiver use.

CMS is requiring that all 1135 Waiver requests be electronically submitted directly to CMS, and that the below process is followed:

1. The facility requesting the 1135 Waiver will provide to the Centers for Medicare and Medicaid Services (CMS) Northeastern Regional Office (RO), at a minimum the following information, using this email address: [rosfoso@cms.hhs.gov](mailto:rosfoso@cms.hhs.gov), and copy the respective Central Regional New York State Department of Health office
  - A letter delineating all specific, relevant federal laws or regulations for which a waiver is being sought.
  - Clear reasons and justifications for the request.
  - The State must have activated an emergency preparedness plan or pandemic preparedness plan in the area in which the SNF is located, and
  - The facilities Emergency Operations Plan (EOP) must have been activated for the specific waiver being requested.

CMS has advised the New York State Department of Health (NYSDOH) that the appropriate Regional Office or Central Office in Albany will be included in the review process and will be tasked with providing CMS with a recommendation for each 1135 Waiver request. In order to expedite the 1135 Waiver request process, NYSDOH asks that all facilities electronically copy with all of the above information at the time it is sent to CMS, and asks facilities to include all other background documentation necessary to support the 1135 Waiver request. Because NYSDOH will be involved in the review process, it is possible that a representative from NYSDOH or CMS may contact the facility to verify and/or clarify information in the request.

2. The facilities 1135 Waiver request will undergo an expedited review process by the CMS National Validation Team, a committee established for the review of these requests, which will evaluate each request and make a determination as to whether the request will be approved or denied. CMS will track each request to ensure decisions are promptly returned to the requesting facility.

3. CMS will contact the facility directly to inform the facility of CMS's decision to approve or deny all or parts of the 1135 Waiver request, and will also notify NYSDOH of their decision.
4. The facility Administrator will execute the facility Communications Plan when the President declares an emergency or disaster under the Stafford Act or the National Emergencies Act. The Secretary must have also declared a public health emergency under section 319 of the Public Health Service Act. The facility Administrator will develop a plan to communicate any waived requirements the facility has sought and how this effects current policy.

The 1135 Waiver-At-A-Glance document (linked below) provides more detail on what 1135 waivers are, and when and how they may be implemented.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf>

## 8 HIPAA DECISION FLOWCHART

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HIPAA is not waived in emergency events. Masonic Care Community must be aware of the need to protect resident information at all times. However, certain information can be shared during emergency events if the protected health information is disclosed for public health emergency preparedness purposes. The At-A-Glance Disclosure Decision Flowchart (linked below) can be used as a guide to assist in making choices about disclosing protected health information. If there is uncertainty about the appropriateness of disclosing information, the facilities should err on the side of caution or contact appropriate authorities for guidance.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/OCR-Emergency-Prep-HIPPA-Disclose.pdf>

## 9 AUTHORITIES AND RESOURCES

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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.

## ANNEX A: PROTECTIVE ACTIONS

The Incident Commander/designee 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 the below Protective Actions table.

| Protective Action   |  | Potential Triggers  | Authorization   |
|---------------------|--|---|---|
| Defend-in-Place     | <b>Defend-in-Place</b> 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"> <li>• Unforeseen disaster impacts cause facility to shelter residents in order to achieve protection.</li> </ul>   | <ul style="list-style-type: none"> <li>• May be initiated by the Incident Commander <b>ONLY</b> in the absence of a mandatory evacuation order.</li> <li>• Refer to the facility <b>Doctor Red</b> procedures.</li> <li>• Does not required NYSDOH approval.</li> </ul> |
| Shelter-in-Place    | <b>Shelter-in-Place</b> 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"> <li>• Disaster forecast predicts low impact on facility.</li> <li>• Facility is structurally sound to withstand current conditions.</li> <li>• Interruptions to clinical services would cause significant risk to resident health and safety.</li> </ul>   | <ul style="list-style-type: none"> <li>• Can only be done for coastal storms.</li> <li>• Requires <u>pre-approval</u> from NYSDOH prior to each hurricane season and <u>re-authorization</u> at time of the incident.</li> </ul>  |
| Internal Relocation | <b>Internal Relocation</b> is the movement of residents away from threat within a facility.  | <ul style="list-style-type: none"> <li>• Need to consolidate staffing resources.</li> <li>• Consolidation of mass care operations (e.g., clinical services, dining).</li> <li>• Minor flooding.</li> <li>• Structural damage.</li> <li>• Internal emergency (e.g., fire).</li> <li>• Temperature presents life safety issue.</li> </ul>                               | <ul style="list-style-type: none"> <li>• Determined by facility based on safety factors.</li> <li>• If this protective action is selected, the NYSDOH Regional Office must be notified.</li> </ul>  |
| Evacuation          | <b>Evacuation</b> 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"> <li>• Mandatory or advised order from authorities.</li> <li>• Predicted hazard impact threatens facility capacity to provide safe and secure shelter conditions.</li> <li>• Structural damage.</li> <li>• Emergency and standby power systems failure resulting in facility inability to maintain suitable temperature.</li> </ul> | <ul style="list-style-type: none"> <li>• Refer to the facility <b>Code Green</b> procedures.</li> <li>• If this protective action is selected, the NYSDOH Regional Office must be notified.</li> </ul>  |

|          |  |  |   |
|----------|--|--|---|
| Lockdown | <p><b>Lockdown</b> 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"> <li>• Presence of an active threat (e.g., active shooter, bomb threat, suspicious package).</li> <li>• Direction from law enforcement.</li> </ul> | <ul style="list-style-type: none"> <li>• Refer to the facility <b>Code Purple</b> procedures</li> <li>• Determined by facility based on the notification of an active threat on or near the facility premises.</li> </ul> |
|----------|--|--|---|

### Emergency Color Code System

The Masonic Care Community utilizes the following codes to report emergency situations.

| Code               | Definition   | Reportable to NYSDOH             |
|--------------------|--|----------------------------------|
| <b>Doctor Red</b>  | Fire Emergency<br>(All Facilities)   | Yes                              |
| <b>Code Blue</b>   | Cardiac or Respiratory Arrest<br>(All Facilities, <b>except</b> for Wiley Hall and Acacia Village residents) | No                               |
| <b>Code Yellow</b> | Missing Resident<br>(Wiley Hall and Health Pavilion)   | Yes                              |
| <b>Code Green</b>  | Building Evacuation<br>(Full or Partial)   | Yes                              |
| <b>Code Purple</b> | Lockdown   | No                               |
| Doctor Strong      | Workplace Violence   | If involving injury to residents |

Refer to the NYSDOH Nursing Home Incident Reporting Manual for specific reporting details.



## **ANNEX B: RESOURCE MANAGEMENT**

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### **1. Preparedness**

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

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

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

### **2. Resource Distribution and Replenishment**

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

The Incident Commander or Planning Lead, if activated will track the status of resources used during the incident. When defined resource replenishment thresholds are met, the Planning Lead 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.

The facility, via the Facility Assessment, has appropriate and needed “Memorandums of Understanding (MOU)” negotiated and signed with emergency response and support partners and vendors, copies available in the Facility Assessment. The following partners/organizations are considered planning partners and are encouraged to participate in facility emergency planning efforts. They include but are not limited to:

| Type                        | Organization Name                  | Contact Information   | MOU, Agreement, Contract Effective Date |
|-----------------------------|------------------------------------|-----------------------|---|
| Temporary Housing Agreement | Sitrin Health Care Center          | Brenda Cobane         | 2/5/20                                  |
| Temporary Housing Agreement | Valley Health Services             | Kathleen Eisenhut     | 2/3/20                                  |
| Temporary Housing Agreement | Presbyterian Home for CNY          | Bryan Ehlinger        | 2/3/20                                  |
| Temporary Housing Agreement | Oneida Extended Care               | Fortunatoe Scerbo III | 2/4/20                                  |
| Temporary Housing Agreement | The Pines at Utica Center          | Ross Kerska           | 2/7/20                                  |
| Temporary Housing Agreement | Lutheran Care Skilled Nursing      | Donna Kelley          | 2/6/20                                  |
| Temporary Housing Agreement | Waterville Residential Care Center | Amy Jennings          | 2/3/20                                  |

### 4. Emergency Staffing

#### 4.1 Off-Duty Personnel

Notify off-duty staff as needed. If staff are not needed immediately, staff will be requested to remain available by phone. Off-duty staff notification will take place by the Receptionist as requested by the Incident Commander/designee by calling Department Directors, who will in turn notify their staff. Off-duty staff will be notified of the request to report, and will be provided with instructions including:

- Time and location to report (Nursing Pool or General Pool) based upon their job description.
- Assigned duties

- Safety information
- Resources to support self-sufficiency (e.g., water, flashlight)

To mobilize additional off-duty staff, the facility may need to provide additional staff support services (e.g., provide meal voucher, assist with coordination of transportation).

Refer to the Staff Contact Information grid which will be used to maintain contact information for Department Director staff. This information will be updated as necessary so that in an emergency event, the appropriate individual can be reached in a timely fashion. Reasons for contact may include cancelling shifts, determining which staff are actually on duty or on site, or reaching out to staff to help with surge needs. It should be decided whether roles for staff will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

Refer to the Physician Contact Information grid which will be used to maintain contact information for Masonic Care Community physicians. This information will include multiple ways to reach the physician and will be updated as necessary so that in an emergency event, the appropriate individual can be reached in a timely fashion.

Refer to the Volunteer Contact Information grid which will be used to maintain contact information for active volunteers. This information will be updated as necessary so that in an emergency event, the appropriate individual can be reached in a timely fashion. Reasons for contact may include cancelling shifts, determining which volunteers are actually on duty or on site, or reaching out to volunteers to help with surge needs. It should be decided whether roles for volunteers will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

## **4.2 Manpower Pools**

### Nursing Pool

The nursing pool will consist of the following: All available Neighborhood Managers, Certified Nurse Aides, Resident Aides, Clinical Staff, Unit Clerks, Registered Nurses, Licensed Practical Nurses, MDS Nurses, Education Nurses, Infection Control Coordinator, Assistant Director of Nursing.

This pool will be directed by the Director of Nursing/designated representative. The nursing pool will be located in the Atrium of the Health Pavilion, unless otherwise indicated at the time of the emergency situation.

Human Resources will contact off duty employees with input from Nursing.

### General Manpower Pool

The general manpower pool will consist of those people not needed in their own departments at the time of the emergency situation or emergency action drill. These individuals shall include Occupational Therapy, Physical Therapy, Speech and Hearing, Community Life, Education Secretary, Volunteers, Environmental Services, Beauty Shop, general office staff, Transport staff, Plant Operations and Information Technology.

The general manpower pool will be located in the Atrium hallway unless otherwise indicated at the time of the emergency situation, and will be directed by Human Resources/designated representative.

Human Resources will contact this group's off duty employees with input from applicable Department Directors.

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.

### **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

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### 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,<sup>6</sup> 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.

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<sup>6</sup> 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

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### 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:

| Activity   | Led By                        |
|--|-------------------------------|
| Conduct comprehensive orientation to familiarize new staff members with the CEMP, including PEP specific plans, the facility layout, and emergency resources.  | Director of Education         |
| Incorporate into annual educational update training schedule to ensure that all staff are trained on the use of the CEMP, including PEP specific plans, and core preparedness concepts.              | Director of Education         |
| Maintain records of staff completion of training.  | Director of Education         |
| Ensure that residents are aware appropriately of the CEMP, including PEP specific plans, including what to expect of the facility before, during, and after an incident.                             | Social Services               |
| Identify specific training requirements for individuals serving in Incident Management Team positions.   | Director of Safety & Security |
| Ensure local emergency services are aware appropriately of the CEMP, including evacuation routes, emergency service access routes, room confirmation indicators, and other key elements of the plan. | Director of Safety & Security |

## 2. Exercises

The facility evaluates personnel knowledge of the CEMP, including the PEP specific plan and appropriate competencies by conducting realistic exercise scenarios to include movement of residents and loss of services. Exercise scenarios will be based upon Hazard Vulnerability Assessment (HVA) identified situations of high probability.

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

| Activity  | Led By                        | Frequency |
|---|-------------------------------|-----------|
| Conduct one operations-based exercise (e.g., full-scale or functional exercise). <sup>7</sup> | Director of Safety & Security | Annually  |
| Conduct one discussion-based exercise (e.g., tabletop exercise).                              | Director of Safety & Security | Annually  |

## 3. Documentation

### 3.1 Participation Records

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

### 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.

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<sup>7</sup> 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**

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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. Infectious disease emergencies can include outbreaks, epidemics and pandemics. The facility follows effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic.

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.

The following information pertaining to Infectious Disease/Pandemic Emergency, outlines the hazard-specific preparedness, response, and recovery activities the Masonic Care Community has in place to plan for circumstances that are unique to an incident involving infectious disease as well as those incidents that rise to the occasion of a pandemic emergency. Additional information can be found in the Infection Control and Prevention policies and procedures and Novel Coronavirus policy. These policies are reviewed and updated accordingly annually at a minimum. This is led by the Infection Control Coordinator in collaboration with the Medical Director.

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. Community Health Assessments compiled by the Local Health Department along with information from an internal risk assessment was used to create this plan and to set priorities, policies and procedures. Additional resources used for the development of this plan and associated policies and procedures include:

- Centers for Disease Control and Prevention (CDC)
- LeadingAge National and LeadingAge New York
- New York State Department of Health (NYSDOH)
- Centers for Medicare & Medicaid Services (CMS)
- Association for Professionals in Infection Control and Epidemiology (APIC)
- Occupational Safety and Health Administration (OSHA)

This plan 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.



## 1. Communicable Disease Reporting

Reporting of any suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10, 2.14), as well as by 10 NYCRR 415.19. Under this Code, nursing homes are required to report the diseases listed in form number DOH-389 (4/20) as assigned.

Any outbreak or significant increase in nosocomial infections above the norm or baseline in residents or staff will be reported to the Oneida County Health Department by the Infection Control Coordinator within 24 hours of diagnosis as per Masonic Care Community policy.

All diseases listed in this form will be called in to the Oneida County Health Department, where the resident resides, Communicable Disease section, as well as in conjunction with the NYSDOH Regional Epidemiologist for Masonic Care Community of New York. Any disease bolded in red, warrants an immediate action and reporting to the Local health department in conjunction with the NYSDOH Regional Epidemiologist. After the phone reporting has been completed, a Nosocomial Outbreak Reporting Application (NORA) report must be submitted utilizing the Health Commerce System Application supported by the NYSDOH. The Executive Director and/or Administrator will ensure that all activated HERDS surveys activated on the Health Commerce System are completed as indicated. Guidance will be given from the local health department and the NYSDOH Regional Epidemiologist as required.

Categories and examples of reportable healthcare-associated infections include:

- An outbreak or increased incidence of disease due to any infectious agent (e.g., staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or staff.
- Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
- Food borne outbreaks.
- Infections associated with contaminated medications, replacement fluids, or commercial products.
- Single cases of healthcare-associated 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 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.

The NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program will be consulted for general questions and infection control guidance or if additional information is needed about reporting. Contact information is below:

NYSDOH Central Office Healthcare Epidemiology and Infection Control Program:

[https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional\\_epi\\_staff.htm](https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm).

New York State Watch Center (Warning Point) for assistance after hours, nights and weekends: 518-292-2200.

New York State Department of Health's Bureau of Communicable Disease Control:

(518) 473-4439 (Business hours)

(866) 881-2809 (After hours)

(518) 474-0548 (to obtain reporting form DOH-389)

Roles are routinely reviewed to assure that there is adequate facility staff who have access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g., NORA, HERDS surveys).

## **2. PEP Communication Requirements**

A record of all authorized family members and guardians, which includes secondary (back-up) authorized contacts, as applicable is maintained in the EMR for each resident. The facility maintains contact information for authorized contacts and guardians, including telephone number and email if available. The contact information is obtained at the time of resident's admission to the facility and is updated by the Social Services Department as changes occur. The Information Systems staff have setup a crystal report that pulls Emergency Contact (E1) data for the active resident census. The report will be automatically exported from the MatrixCare-AOD database on a daily basis to the EP Contacts folder which is located on the MCC network and accessed via a shortcut of the following authorized users: Director of Safety & Security, Executive Director, Administrator, and Assistant Administrator. Due to security restrictions on the folder level, The Emergency Contacts (E1) Report is secured to protect confidential information.

Daily update will be provided to authorized family members and guardians upon a change in a resident's condition; and all residents and authorized families and guardians will receive update at least once per week on the number of pandemic-related infections and deaths, including residents with pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19). Weekly update will also include the current facility visitation status. Complete visitation plan is posted on the facility website. Methods used for the above communication include the Social Worker and/or Neighborhood Manager making individual calls, or the use of the robo-call system and facility website for large scale notifications. Documentation of individual notifications will be entered into the respective resident's Interdisciplinary Notes by the individual placing the call.

Daily resident announcements include the number of new suspected/confirmed COVID-19 cases, clusters of 3 or more residents and staff displaying respiratory symptoms, and notification of any changes in facility operations. Additional resident and family notifications are made in accordance with applicable New York State Executive Orders and/or NYSDOH guidance.

All residents are provided with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians upon request. Refer to Video Visitation Policy.

### 3. PEP Infection Control Requirements

#### 3.1 Personal Protective Equipment Supply & Storage

The Masonic Care Community has vendor agreements in place for developing supply stores maintain, or contract to maintain, at least a two-month (60 day) supply of personal protective equipment based on facility census. Emergency supplies will be stored in the facility Warehouse located on the campus of Masonic Care Community. Emergency supplies include all personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents. COVID-specific guidance on optimizing PPE and other supply strategies available on CDC’s website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html> was used as a reference.

The following PPE supplies are to be maintained:

- N95 respirators
- Face shield
- Eye protection
- Gowns/isolation gowns
- Gloves
- Masks
- Sanitizers and disinfectants (EPA Guidance for Cleaning and Disinfecting)

Emergency Supply Vendor Contracts/Agreements

| Product               | Product Name                                      | Vendor              | Contact Information                         |
|-----------------------|---|---------------------|---|
| N95 Respirators       | 3M Particulate Respirator 8210, N95               | Mohawk Healthcare   | Tom Spellman, Jr.<br>(315) 797-0570 ext 216 |
| Face shield           | Protective Face Shield, CM-105                    | Mohawk Healthcare   | Tom Spellman, Jr.<br>(315) 797-0570 ext 216 |
| Eye protection        | Safety Glasses with Clear Lens, BK110             | MCR Safety          | Customer Service<br>1-800-955-6887          |
| Gowns/isolation gowns | Pullover Gown with Sleeves & Open Back, DG312-ELA | Disposablegowns.com | Al Zanamò<br>(315) 733-0884                 |
| Gloves                | Aquasoft Powder-free Nitrile Exam Gloves          | Mohawk Healthcare   | Tom Spellman, Jr.<br>(315) 797-0570 ext 216 |
| Masks                 | Face Masks  | Northern Safety     | Sam Ouder Kirk<br>(315) 975-7095            |
| Sanitizer             | Purell Advanced Hand Sanitizer Foam               | Bunzi               | Joann McGaffin<br>1-800-836-7632            |
| Sanitizer             | Gelrite Instant Hand Sanitizer w/Vitamin E        | Mohawk Healthcare   | Tom Spellman, Jr.<br>(315) 797-0570 ext 216 |
| Disinfectant          | CaviWipes by Metrex                               | Mohawk Healthcare   | Tom Spellman, Jr.<br>(315) 797-0570 ext 216 |
| Water                 | 5-gallon Jugs of                                  | Hummel’s            | Harry Vickers                               |

|                   |   |                   |   |
|-------------------|---|-------------------|---|
|                   | Water   |                   | (315) 796-8778                              |
| Water             | 16.9-oz Bottled Water   | Mohawk Healthcare | Tom Spellman, Jr.<br>(315) 797-0570 ext 216 |
| Stock Medications | Acetaminophen 325mg, Ibuprofen 200mg, Sorbitol, Acetaminophen extra-strength, Chewable Baby Aspirin, Milk of Magnesia, Ferrous Suldate 325mg, Maalox, Tums, Bacitracin Foil Packets, Fiberlax, Docusate Sttol Softener, Multi-Vitamins, Aspirin 325mg, Vitamin C 500mg, Robitussin DM, Robitussin Plain, Bisocodyl 5mg, Senokot, Vitamin B-12, Desitin, Artificial Tears, Bengay, Petroleum Jelly Packets, Vitamin D3 | Mohawk Healthcare | Tom Spellman, Jr.<br>(315) 797-0570 ext 216 |
| Disposables       | Nitrile and Vinyl Exam Gloves, Attends Incontinent Products, Bathing Wipes, Comfort Shampoo and Conditioning Caps, Bath Cleansing Washclothes, Premoistened Incontinence Washclothes  | Mohawk Healthcare | Tom Spellman, Jr.<br>(315) 797-0570 ext 216 |

### 3.2 Hospital Admissions/Re-admissions

Hospitalized residents will be admitted and/or readmitted to the facility 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); 42 CFR 483.15(e) and 42 CFR § 483.80.

Prior to admission and/or re-admission, the Pre-admission screen will be reviewed to determine if the resident is exhibiting symptoms of any respiratory infection (i.e. cough, fever, shortness of breath, sore

throat), and/or signs/symptoms consistent with a communicable disease to determine appropriate placement of the resident. The facility Triage location will be used for assessment upon admission if indicated.

All new admissions/readmissions/returns from the hospital will be provided an isolation facemask upon entry.

Each resident's place at the facility will be preserved when the resident is hospitalized in accordance with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e), unless the resident and/or designated representative informs the facility that he/she does not wish to return, or the facility is unable to safely meet the needs of the resident.

### **3.3 Transmission Reduction**

#### **3.3.1 Transmission Reduction Measures**

The facility has established plans for transmission reduction when there are only one or a few residents with a pandemic disease in the facility which include, but are not limited to:

- Use of a specifically designated household as an alternate care location to cohort residents
- Cohort residents identified with same symptoms/COVID-19 confirmation
- Discontinue sharing of a bathroom with residents outside of the cohort
- Implement consistent assignment of employees
- Proper identification of the area for residents with COVID-19, including demarcating reminders for healthcare personnel; and
- Limit only essential personnel to enter the room with appropriate PPE and respiratory protection.
- Procedures for preventing other residents from entering the area.

#### **3.3.2 Transmission Based Precautions**

The facility has policies and procedures in place for the care of residents who have, or may have, a contagious disease. Refer to Transmission Based Precautions. Transmission based precautions are used in addition to Standard Precautions.

Transmission Based Precautions are divided into 3 types based on the route of infection with an additional sub-type created by the CDC for Long Term Care.

##### Airborne Precautions:

Prevent the spread of infectious dust particles or small particle droplets that remains suspended in air. Airborne Precautions require special air handling and ventilation.

Protective Equipment includes: N95's

\*MCC does not have the capability to have a negative pressure room so residents requiring placement on airborne precautions would require transfer to the hospital for further care.

### Droplet Precautions:

Prevent the spread of large particle droplets that do not remain suspended in the air and travel only short distance (usually 3-10 feet) through the air. Transmission via droplet requires close contact between the source and the recipient and may be spread by coughing, sneezing, talking, and certain medical procedures (i.e.; suctioning). Transmission involves contact of the conjunctivae, nose, or mouth of a susceptible person with droplets generated from a person who has clinical disease, or is a carrier of the microorganisms.

Protective equipment includes:

- Wear a mask when working within 6-10 feet of the resident or upon entering the resident room.
- Gloves/gowns as designated in Standard Precautions.
- Limit movement and transport of the resident from the room to essential purposes.
- If transport or movement is necessary place a mask on the resident, if possible.

### Contact Precautions:

In addition to Standard Precautions use Contact Precautions for specified residents known or suspected to be infected with epidemiologically important microorganisms that can be transmitted by direct contact with the resident (hand or skin-to-skin contact that occurs when performing resident care activities that require touching the resident's dry skin) or indirect contact (touching) with environmental surfaces or resident care items in the residents environment.

Protective equipment includes:

- Wear gloves/gowns as designated by the signage
- Place a mask on if indicated per Standard Precautions
- Limit movement and transport of the resident from the room to essential purposes

### Enhanced Barrier Precautions:

In addition to Standard Precautions use Enhanced Barrier Precautions for specified residents known to be infected/colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the resident, when Contact Precautions do not apply, (hand or skin-to-skin contact that occurs when performing resident care activities that require touching the resident's dry skin) or indirect contact (touching) with environmental surfaces or resident care items in the residents environment.

Protective equipment includes:

- Wear gloves/gowns as per the CDC guidance during high-contact resident care activities to include but not limited to:
  - Dressing
  - Bathing/Showering
  - Transferring
  - Providing hygiene
  - Changing linens
  - Changing briefs or assisting with toileting
  - Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
  - Wound care: any skin opening requiring a dressing
- Place a mask on if indicated per Standard Precautions

### 3.3.3 Environmental Controls (e.g., areas for contaminated waste)

The facility has policies and procedures in place for the storage and handling of contaminated waste. Refer to Regulated Medical Waste Segregation, Collection, Transport and Disposal & General Refuse policy.

General waste is all waste not classified as Regulated medical waste, recyclable waste, chemotherapy waste, radioactive waste and/or hazardous waste. Environmental controls in place at Masonic Care Community for the safe handling of such items include: gloves worn at all times while handling waste, including education on holding waste away from the body. All waste is emptied, at a minimum, of once a day in order to maintain safety, and all bags are placed in hard sided containers within the collection areas. Carts used to collect the waste are cleaned and disinfected daily and as needed.

Regulated Medical Waste is waste that requires segregation from general waste. Environmental controls in place at Masonic Care Community for the safe handling of such items include: segregating regulated medical waste from general refuse at the point of origin utilizing red infectious waste bags and red sharps containers, both which are marked with biohazard symbols. Special gloves have been supplied to all waste handlers to protect them from injury when handling regulated medical waste, and are sanitized daily, or more often as needed. Education provided to staff on holding waste away from the body and aprons, goggles, and masks are also made available as needed by the staff. These items are removed, tied closed, and placed in a larger red bag inside a labeled, red, hard sided container within the collection areas. The items are collected with carts utilized only for regulated medical waste, and brought to the basement storage area for pickup by contracted vendor. All lids of the outer containers in the pickup location are secured/closed with locking ties, and the door to the room is locked as well. Carts used to collect regulated medical waste are cleaned and disinfected daily and as needed.

### **3.4 Training**

To empower facility personnel to implement plans, policies, and procedures during an infectious disease event, staff are provided education on infectious diseases (e.g., reporting requirements, exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment-donning/doffing, 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. This education is provided upon hire, annually and as changes occur. Competencies include proper donning/doffing of PPE. This is led by the Director of Education and Infection Control Coordinator. Refer to Respiratory Protection Plan.

Residents are provided with education on disease symptoms, transmission reduction methods (including proper hand hygiene, mask usage) in a method that is easily understood.