



Sunshine Children's Home and Rehab Center

Comprehensive Emergency Pandemic Plan

2020

Updated 9/21, 6/22

Emergency Contacts

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

Table 1: Emergency Contact Information

Organization	Phone Number(s)
Emergency Medical Services	Ossining EMS (914) 941-9196
Local Office of Emergency Management	NYS Emergency Mgmt -914-495-9300
NYSDOH Regional Office (Business Hours)¹	Westchester County DOH - 914-813-5000
NYSDOH Duty Officer (Business Hours)	1-866-881-2809
New York State Watch Center (Warning Point) (Non-Business Hours)	518-292-2200

¹ During normal business hours (non-holiday weekdays from 8:00 am – 5:00 pm), contact the NYSDOH Regional Office for your region or the NYSDOH Duty Officer. Outside of normal business hours (e.g., evenings, weekends, or holidays), contact the New York State Watch Center (Warning Point).

Approval and Implementation

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

Linda Mosiello
Linda Mosiello
Administrator
Sunshine Children's Home and Rehab Center

9/10/2020
Date

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1. Background

1.1. Introduction

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

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

1.2. Purpose

The purpose of this plan is to describe the facility's approach to mitigating the effects of, preparing for, responding to, and recovering from a regional, national and/or global pandemic.

1.3. Scope

The scope of this plan extends to any event that disrupts, or has the potential to significantly disrupt, the provision of normal standards of care and/or continuity of operations, regardless of the cause of the incident (i.e., man-made or natural disaster).

The plan provides the facility with a framework for the facility's emergency preparedness program and utilizes an all-hazards approach to develop facility capabilities and capacities to address anticipated events.

1.4. Situation

Risk Assessment

The facility conducted a facility-specific risk assessment on August 19, 2020 and determined that Disease Outbreak may affect the facility's ability to maintain operations before, during, and after an incident.

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

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.

1.5. Planning Assumptions

This plan is guided by the following planning assumptions:

- Emergencies and disasters can occur without notice, any day, and on any shift.
- Emergencies and disasters may be facility-specific, local, regional, or state-wide.
- Local and/or state authorities may declare an emergency.
- The facility may receive requests from other facilities for resource support (supplies, equipment, staffing, or to serve as a receiving facility).
- Facility security may be compromised during an emergency.
- The emergency may exceed the facility's capabilities and external emergency resources may be unavailable. The facility is expected to be able to function without an influx of outside supplies or assistance for 72 hours.

2. Concept of Operations

2.1. Notification and Activation

2.1.1. Activation

Upon notification of an infectious hazard or threat- from the staff, residents or the community- the Infection Control Team will activate the pandemic plan based on the following criteria:

- 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.

If one or more activation criteria are met and the plan is activated, the Infection Preventionist or senior-most on-site facility official—will assume the role of “Incident Commander” and operations proceed as outlined in this document.

2.1.2. Staff Notification

Once an infectious hazard or threat report has been made, an initial notification message will be disseminated to staff in accordance with the facility’s communication plan.

Department Managers or their designees will contact on-duty personnel to provide additional instructions and solicit relevant incident information from personnel (e.g., isolation precautions, PPE usage, etc.)

Once on-duty personnel have been notified, Department Managers will notify off-duty personnel if necessary and provide additional guidance/instruction (e.g., request to report to facility).

2.1.3. External Notification

The facility will also notify external parties utilizing telephone calls and/or electronic notification to provide situational awareness. Recipients to be notified include: relatives and responsible parties, NYSDOH Regional Office, Westchester Department of Health, Westchester OEM and Senior Leadership.

2.2. Mobilization

2.2.1. Incident Management Team

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

Incident Management Team activation is designed to be flexible and scalable depending on the type, scope, and complexity of the incident. As a result, the Incident Commander will decide to activate the entire team or select positions based on the extent of the emergency.

Table 1 outlines suggested facility positions to fill each of the Incident Management Team positions. The most appropriate individual given the event/incident may fill different roles as needed.

Table 1: Incident Management Team - Facility Position Crosswalk

Incident Position	Facility Position Title	Description
Incident Commander	Infection Preventionist, Administrator, Director of Nursing, Nursing Supervisor, Charge Nurse	Leads the response and activates and manages other Incident Management Team positions.
Public Information Officer	Medical Team, Director of Social Work, Administrator	Provides information and updates to visitors, relatives and responsible parties, media, and external organizations.
Safety Officer	Admin Coordinator Infection Prevention Nurse	Ensures safety of staff, residents, and visitors; monitors and addresses hazardous conditions; empowered to halt any activity that poses an immediate threat to health and safety.
Operations Section Chief	Nursing Supervisor/Charge Nurse, Therapeutic Activities Supervisor	Manages tactical operations executed by staff (e.g., continuity of resident services, administration of first aid).

Incident Position	Facility Position Title	Description
Planning Section Chief	Director of Nursing, Nursing Supervisor	Collects and evaluates information to support decision-making and maintains incident documentation, including staffing plans.
Logistics Section Chief	Social Workers, Administrative Assistant	Locates, distributes, and stores resources, arranges transportation, and makes alternate shelter arrangements with receiving facilities.
Finance/Admin Section Chief	Business Office Manager, Human Resource	Monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.

If the primary designee for an Incident Management Team position is unavailable, **Table 2** identifies primary, secondary, and tertiary facility personnel that will staff Incident Management Team positions.

While assignments are dependent upon the requirements of the incident, available resources, and available personnel, this table provides initial options for succession planning, including shift changes.

Table 2: Orders of Succession

Incident Position	Primary	Successor 1	Successor 2
Incident Commander	Administrator	Infection Preventionist	Director of Nursing
Public Information Officer	Administrator	Director of Social Work	
Safety Officer	Administrative Coordinator	Infection Prevention Nurse	
Operations Section Chief	Nursing Supervisor	Therapeutic Activities	
Planning Section Chief	Director of Nursing	Nursing Supervisor	
Logistics Section Chief	Social Worker	Administrative Asst	
Finance/Admin Section Chief	Business Office Manager	Human Resource	

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. Staffing

Based on the outcomes of the assessment, the Planning Section Chief will develop a staffing plan for the operational period (e.g., remainder of shift). The Operation Section Chief will execute the staffing plan by overseeing staff execution of response activities. The Finance/Administration Section Chief will manage the storage and processing of timekeeping and related documentation to track staff hours.

2.4. Recovery

2.4.1. Recovery Services

Recovery services focus on the needs of residents and staff and help to restore the facility's pre-disaster physical, mental, social, and economic conditions.

Recovery services may include coordination with government, non-profit, and private sector organizations to identify community resources and services (e.g., employee assistance programs, state and federal disaster assistance programs, if eligible). Pre-existing facility- and community-based services and pre-established points of contact are provided in **Table 3**.

Table 3: Pre-Identified Recovery Services

Service	Description of Service	Point(s) of Contact
Westchester Office of Emergency Management	Provide essential supplies and support.	914-231-1850
Emergency Services/EMS	Transportation	American Medical Response 845-375-8747
Employee Assistance Program	Various support and resources for staff.	https://www.theeap.com

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.

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. Resumption of Full Services

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

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

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

2.4.4. 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.

Upon plan activation, the Incident Commander may designate a staff member as the Public Information Officer to serve as the single point of contact for the development, refinement, and dissemination of internal and external communications.

3. Communications

3.1 Internal Communications

3.1.1. Staff Communication

The facility maintains a contact list of all staff members. Contact may involve, telephone, text, email Schedule Anywhere and/or the SmartNotice system. The facility will ensure that all staff are familiar with internal communication equipment, policies, and procedures.

3.1.2. 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 electronic notification, one on one phone calls, facility website and newsletters.

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

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

3.2. 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.

3.2.1. Authorized Family and Guardians

The facility maintains a list of all identified authorized family member's and guardian's (responsible parties') contact information. Such individuals will receive information about the facility's preparedness efforts upon admission.

During an incident, the facility will notify responsible parties about the incident, status of the resident, and status of the facility by phone call and Smart Notice, which also includes text and/or email. Additional updates will be provided on a regular basis to keep residents 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
- Relocation (if applicable)

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

3.2.2. Media and General Public

During an emergency, the facility will utilize their contracted Public Relations Company to keep relatives and responsible parties aware of the situation and the facility's response posture.

4. Administration, Finance, Logistics

4.1. Administration

4.1.1. Preparedness

As part of the facility's preparedness efforts, the facility has conducted the following tasks:

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- Identified and developed 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, at a minimum, CEMP review;
- Ensure CEMP is in compliance with local, state, and federal regulations; and

4.2. Finance

4.2.1.Preparedness

Sunshine's finances are budgeted to include supplies and services during a pandemic.

4.2.2.Incident Response

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

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

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

4.3. Logistics

4.3.1. 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.

4.3.2. Incident Response

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

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

5. Plan Development and Maintenance

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

Table 4: Plans, Policies, and Procedures

Activity	Led By	Frequency
Review and update the facility’s risk assessment.	Administrator	Annually
Review and update contact information for response partners, vendors, and receiving facilities.	Administrative Assistant	Annually or as response partners, vendors, and host facilities provide updated information.
Review and update contact information for staff members and residents’ emergency contacts.	Human Resources and Director of Social Work	Annually or as staff members and residents’ provide updated
Review and update contact information for residents’ point(s) of contact (i.e., relatives/responsible parties).	Social Workers	At admission/readmission, at each Care Plan Meeting, and as residents, relatives, and responsible parties provide updated information
Post clear and visible facility maps outlining emergency resources at all nurses’ stations, staff areas, hallways, and at the front desk.	Director of Facilities	Annually
Maintain electronic versions of the CEMP in folders/drives that are accessible by others.	Administrator	Annually
Revise CEMP to address any identified gaps.	Administrator	Upon completion of an exercise or real-world incident.
Inventory emergency supplies (e.g., potable water, food, resident care supplies, communication devices, batteries, flashlights,	Director of Materials Management and Food Service	Quarterly

Infectious Disease/Pandemic Emergency Checklist

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

The following Infectious Disease/Pandemic Emergency Checklist outlines the hazard-specific preparedness, response, and recovery activities the facility will implement involving infectious disease as well as those incidents that rise to the occasion of a pandemic emergency.

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.

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

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

- o development of a Communication Plan,
- o development of protection plans against infection for staff, residents, and families, including the maintenance of a 3-month (90 day) supply of infection control personal protective equipment and supplies (including consideration of space for storage), and
- o A plan for preserving a resident's place in and/or being readmitted to a residential health care facility or alternate care site if such resident is hospitalized, in accordance with all applicable laws and regulations.

Infectious Disease/Pandemic Emergency Checklist

Preparedness Tasks for all Infectious Disease Events

<input type="checkbox"/>	Staff will be educated on infectious diseases (e.g., reporting requirements (see Annex K of the CEMP toolkit), exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment, regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80), and Federal and State guidance/requirements. Competency-based trainings are conducted with all employees at orientation using visuals and lectures. Review is conducted annually and as needed.
<input type="checkbox"/>	Policies developed for infection prevention, control, and reporting policies. Infection control policies are reviewed annually and as needed by the Infection Control Team.
<input type="checkbox"/>	Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those rates. This will allow for immediate identification when rates increase above these usual baseline levels. Environment of Care rounds are conducted monthly and reviewed by the Safety & Infection Committee quarterly.
<input type="checkbox"/>	Sunshine has CLIA-certifications on specific testing devices to conduct resident and staff testing. Records are maintained and quality controls conducted. Additional services are also provided through outside laboratory services.
<input type="checkbox"/>	The Infection Preventionist submits required reports on the Health Commerce System as needed.
<input type="checkbox"/>	Notify Pharmacy, and vendors to stock up on medications, environmental cleaning agents, and personal protective equipment, etc.
<input type="checkbox"/>	The Infection Control team will review administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).
<input type="checkbox"/>	Director of Facilities will review environmental controls (contaminated waste, laundry, cleaning schedule, etc)
<input type="checkbox"/>	The Infection Control Team will ensure that residents are isolated/cohorted and or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance.
<input type="checkbox"/>	The Director of Facilities will ensure social distancing measures are put into place where indicated. Social distance markers and barriers are placed in eating areas and lobby. Communal dining area was revised for social distancing. Communal rooms evaluated to identify maximum occupancy in order to maintain social distancing.

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<input type="checkbox"/>	<p>. In conjunction with state and federal recommendations, all plants to resume are discussed with the Infection Control Team prior to implementation and with approval by the Infectious Disease Consultant, Infection Preventionist and Administrator.</p>
<p>Additional Preparedness Planning Tasks for <u>Pandemic Events</u></p>	
<input type="checkbox"/>	<p><i>In accordance with PEP requirements,</i> A pandemic communication plan that includes all required elements of the PEP was developed in the COVID 19 Management policy</p>
<input type="checkbox"/>	<p><i>In accordance with PEP requirements,</i> A plan for protection of staff, residents and families against infection that includes all required elements of the PEP was developed in the COVID 19 Management policy</p>
<p>Response Tasks for <u>all Infectious Disease Events:</u></p>	
<input type="checkbox"/>	<p>The facility will implement their COVID-19 Exposure Policy obtain and maintain current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease.</p>
<input type="checkbox"/>	<p>The Infection Preventionist or designee will complete reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19.</p>
<input type="checkbox"/>	<p>The Infection Control Practitioner has clearly posted signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Hand sanitizers and face/nose mask are available upon arrival to the facility and as needed.</p>
<input type="checkbox"/>	<p>The facility will implement the COVID-19 Management Policy to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility prevention program policies.</p>
<input type="checkbox"/>	<p>The facility will implement the COVID-19 Staffing policy to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.</p>
<input type="checkbox"/>	<p>The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.</p>
<input type="checkbox"/>	<p>The facility will implement the COVID-19 Training Policy to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information.</p>
<input type="checkbox"/>	<p>The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents.</p>

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<input type="checkbox"/>	<p>If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the COVID-19 Visitation Policy following procedures to close the facility to new admissions, limit or restrict visitors when there are confirmed cases in the community or in-house and/or to screen all permitted visitors for signs of infection.</p>
Additional Response Tasks for <u>Pandemic Events</u>:	
<input type="checkbox"/>	<p>Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures)</p>
<input type="checkbox"/>	<p><i>In accordance with PEP requirements</i>, Sunshine's PEP is posted on the facility website and is available immediately upon request. Updates will be placed on the facility website as they occur.</p>
<input type="checkbox"/>	<p><i>In accordance with PEP requirements</i>, the facility will implement the COVID 19 Communication policy to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition.</p>
<input type="checkbox"/>	<p><i>In accordance with PEP requirements</i>, the facility will implement the COVID-19 Communication policy to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection.</p>
<input type="checkbox"/>	<p><i>In accordance with PEP requirements</i>, the facility will arrange access to remote videoconference or equivalent communication methods with family members and guardians.</p>
<input type="checkbox"/>	<p><i>In accordance with PEP requirements</i>, the facility will assure hospitalized residents will be admitted or readmitted after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e). The Infection Control team will review medical updates and provide a safe plan for admission.</p>
<input type="checkbox"/>	<p><i>In accordance with PEP requirements</i>, All efforts will be made to hold a bed for a resident that is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).</p>

<input type="checkbox"/> Required	<p><i>In accordance with PEP requirements</i>, the facility will maintain or contract to have at least a three-month (90-day) supply of personal protective equipment.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> - N95 respirators - Face shield - Eye protection - Gowns/isolation gowns - Gloves - Masks - Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic) <p>Supplies are maintained in a secure, monitored area</p>
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Recovery for <u>all Infectious Disease Events</u>	
<input type="checkbox"/> Required	<p>The facility will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.</p>
<input type="checkbox"/> Required	<p>The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders</p>

Authorities and References

This plan may be informed by the following authorities and references:

- Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended, 42 U.S.C. 5121-5207)
- Title 44 of the Code of Federal Regulations, Emergency Management and Assistance
- Homeland Security Act (Public Law 107-296, as amended, 6 U.S.C. §§ 101 et seq.)
- Homeland Security Presidential Directive 5, 2003
- Post-Katrina Emergency Management Reform Act of 2006, 2006
- National Response Framework, January 2016
- National Disaster Recovery Framework, Second Edition, 2016
- National Incident Management System, 2017
- Presidential Policy Directive 8: National Preparedness, 2011
- CFR Title 42, Chapter IV, Subchapter G, Part 483, Subpart B, Section 483.73, 2016
- Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006
- March 2018 DRAFT Nursing Home Emergency Operations Plan – Evacuation
- NYSDOH Healthcare Facility Evacuation Center Manual
- Nursing Home Incident Command System (NHICS) Guidebook, 2017
- Health Insurance Portability and Accountability Act (HIPAA) of 1996, Privacy Rule
- NYSDOH Healthcare Facility Evacuation Center Metropolitan Area Regional Office Region Facility Guidance Document for the 2017 Coastal Storm Season
- NFPA 99 – Health Care Facilities Code, 2012 edition and Tentative Interim Amendments 12-2, 12-3, 12-5, and 12-6
- NFPA 101 – Life Safety Code, 2012 edition and Tentative Interim Amendments 12-1, 12-2, 12-3, and 12-4
- NFPA 110 – Standard for Emergency and Standby Power Systems, 2010 edition and Tentative Interim Amendments to Chapter 7
- 10 NYCRR Parts 400 and 415
- NYS Exec. Law, Article 2-B
- Public Health Service Act (codified at 42 USC §§ 243, 247d, 247d-6b, 300hh-10(c)(3)(b), 311, 319)
- Cybersecurity Information Sharing Act of 2015 (Pub. L. No. 114-113, codified at 6 U.S.C. §§ 1501 et seq.)
- Chapter 114 of the Laws of New York 2020